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FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,

Physician to the Farringdon Dispensary.

Gastro-enteric flatus is mainly of two kinds—one having the odour of the contents of that part of the alimentary canal from which it proceeds; the other being inodorous. The former is evolved from the contents of the stomach or bowels, and results from chemical changes in those contents; the latter is developed wholly irrespective of the presence of decomposing or fermenting materials. The process of evolution in the one case is usually slow and gradual; in the other it is generally rapid and very often astonishingly sudden. The source, character, and treatment of flatulence proceeding from chemical changes in the contents of the alimentary canal are so well understood by the Profession, that I shall say only a few words concerning this part of the subject; but inasmuch as there is a great diversity of opinion concerning the source and mode of origin of that kind of flatus which is not due to the presence of fermenting or decomposing materials, I shall adduce certain facts tending to confirm the idea that gas is evolved from the alimentary mucous membrane, and that when so evolved it is not merely a symptom of disorder of the nervous system, but is also a direct product of *nervous energy* operative on that membrane. If this proposition be established, the way will, of course, be opened in the direction of both prevention and rational treatment of this distressing and often wonderful malady.

The kind of flatulence in question is remarkable not only because it is without odour, and is, in most cases, rapidly or suddenly developed, but also because the amount of gas thus developed is often extraordinarily great. Dr. Inman, in his informing and thoughtful essay "On Flatulence," appended to his work "Foundation for a New Theory of Medicine," cites a case described to him by Dr. George Johnson of a young woman attended by him, "who appeared to be in great suffering from hysterical spasms. The most prominent symptom was sudden and enormous tympanitis, alternating with as sudden and complete flattening of the abdomen; no wind passing either by the mouth or the anus. The phenomena occurred many times in his presence." Dr. Inman also mentions several remarkable cases which came under his own observation. A lady, aged fifty-four, who had been suffering from excessive tympanitis, from which she had slowly recovered, enjoyed perfectly good health for some months. She then heard that her son "in a distant country was threatened with what she considered to be extreme danger. She could have no more tidings for a month, and was so devoured with anxiety, that she could eat nothing. A little wine and water was all she took. In the course of two or three days the abdomen began to swell again, and by the end of a month was enormously distended with flatus." Another lady under the care of Dr. Inman had "an attack of painful flatulent distension of the stomach in an evening whenever she had an unusually harassing day. . . . During one illness the stomach was so extraordinarily sensitive, that the exertion of talking, &c., consequent on the presence of many visitors in the sick room, was enough to determine the coming on of the complaint." Dr. Inman justly remarks that "the enormous size which the abdomen sometimes acquires is such as to interfere materially with the patient's movements:" one lady whom he attended "was so bad," he says, "that she was unable to put on her own stockings." In my own practice I have seen a considerable number of remarkable cases of flatulence, some of which closely resembled those published by Dr. Inman, and especially the one last quoted. I have satisfied myself over and over again that the gas generated in these cases is, as a general rule, quite inodorous—a fact affording a strong presumption that its source is not in the decomposition of material within the intestinal canal.

John Hunter first suggested that gas is exhaled by the gastro-enteric mucous membrane from the blood, and his idea has since been adopted by several pathologists. "If we view merely the results of the experiments of M. Edwards upon respiration, and the absorption and exhalation of various gases by the lungs, in connection with the secretion into the swimming bladder of fishes, this opinion," says Dr. Copland, "will appear not ill-founded, even independently of the support it derives from pathological observation. In such cases we have reason to infer that it is not air, as it exists in the surrounding atmosphere, that is thus exhaled, but its constituent gases. The experiments performed by MM. Gérardin, Magendie, and Chevreul have thrown much light upon the question as to the source of the gases found in the digestive canal, as well as upon their composition; and have shown, that they are partly exhaled from the digestive mucous surface.—It would appear, from the researches of these writers, that they consist, in the *stomach*, of nearly three parts in four of azote, the fourth part being oxygen and carbonic acid; and, in the *intestines*, of carbonic acid, azote, carburetted hydrogen, and hydrogen, in various proportions. It may, therefore, be inferred that the air which collects in the digestive canal is derived from three sources:—1st. From the common air swallowed with the food;—2nd. From the changes or decomposition of the ingesta, and of the contents of the canal generally;—and, 3rd. From the occasional exhalation of gaseous fluids from the mucous surface during certain states of local and constitutional disorder. . . . The air, which is generated so rapidly, and eructated so frequently, during acute inflammatory diseases, particularly in gastritis, hepatitis, &c, must be exhaled from the irritated mucous surface, inasmuch as there is no other source existing in such circumstances to which it can be attributed, especially when the constant vomitings, and frequent evacuations from the bowels, have left nothing in the *prima via* capable of furnishing the enormous quantity of air which is often ejected." Dr. Inman also adopts the theory that a chief source of flatus is the mucous membrane of the stomach and bowels; and he says that in some cases "the stomach secretes air after it has been empty for a considerable time, prolonged fasting being generally accompanied by painful flatulence."

Dr. Copland, with whom Dr. Inman agrees, says that "the *remote causes* of flatulency are the nervous and hypochondriacal temperaments; and all the influences and habits which depress or exhaust the energy of the organic nervous system, or lower the tone of the digestive canal."[*]

Dr. Chambers puts forward a very singular theory to account for the existence of abnormally large quantities of gas in the alimentary canal. He says:—"The flatus in the digestive canal I think arises from the deficiency of absorption, produced by congestion of the portal system. You must not look upon wind as a purely abnormal denizen of the alimentary canal. It would be a very abnormal state of things indeed if there were none found there. The greater part of it is carbonic acid and atmospheric air, derived from and swallowed with the food. But in health its quantity is limited and kept from inconvenient excess by its continuous passage by endosmosis into the portal and venous blood. Now it is a familiar law of osmosis that the ratio of the rapidity of its current bears a direct relation to the motion of the fluid towards which it sets. Obviously, then, obstructions to the circulation, by diminishing the quickness of the moving blood, must impede absorption, and so allow the flatus to accumulate. It must be viewed as a collection not as an effusion."[†]

The doctrine expressed by Dr. Copland and Dr. Inman, and that propounded by Dr. Chambers concerning the cause of flatulency deserve attentive consideration. How far I concur in their views, and in what respect I dissent from them, I shall endeavour to point out; but as it will be easiest for me to do so after I have explained my own, and as the brief criticism which I have to offer will then be most appreciable by my readers, I shall reserve it until the end of the discussion which I now enter on.

Dr. Copland in a passage already quoted, refers to the secretion of gas into the swimming-bladder of fishes for confirmation of the idea that in man intestinal gas is sometimes exhaled from the blood, and as, I believe, a careful examination of the structure and function of the swimming-bladder of fishes will throw much more light than has hitherto been thrown on the mode of origin of gastro-enteric flatus, I shall premise so much concerning that interesting organ as seems needful for the purpose of my argument. The air-bladder (which exists in most osseous fishes) is the homologue or prototype of the lungs of air-breathing vertebrates. Its proper walls consist of a shining silvery fibrous tunic, the fibres, which are contractile and elastic, being arranged for the most part transversely and circularly, and in two layers. The internal surface consists of *a mucous membrane*, and between this membrane and the fibrous tunic there is a layer of blood-vessels. Different fishes exhibit remarkable differences in the disposition of these blood-vessels; in the perch and cod, for example, they are so arranged as to have received the name of "vaso-ganglions." But whatever may be the special arrangement of these blood-vessels in different fishes, their main function is the same, viz., to supply the whole of the mucous membrane copiously with blood. Now, inasmuch as the air-bladder contains air, and air only, and inasmuch as that air can only get into the bladder by passing through its internal surface—the mucous membrane, it is certain that that membrane secretes air, and not mucus. The nature of that air differs in different fishes: in marine fishes it is chiefly oxygen; in fresh water fishes nitrogen predominates. As I have already mentioned, the fibrous coat of the air-bladder is elastic and contractile, so that the organ can be either distended or compressed. It is easy to understand, therefore, how the distension is effected, viz., by the secretion or exhalation into the bladder of an additional quantity of gas from the blood by the mucous membrane; but where no muscular fibres so disposed as to effect the compression of the bladder are discoverable, and where there is no duct providing for the exit of air from the bladder, it is not so easy at first sight to understand how the volume of the bladder is lessened. In these cases, however, it seems to me probable that the mucous membrane performs, when needful, the function of an absorbent, and thus withdraws again into the blood a part of the gas which it had previously given out.

Some fishes—the eel and sturgeon amongst others—are provided with an air-tube, the *ductus pneumaticus*, which connects the air-bladder with the œsophagus, and which is the homologue of the wind-pipe in air-breathing vertebrates. Through this tube the air by compression of the air-bladder can be easily expelled from it; and in certain genera of fishes having this air-duct, muscular fibres, the action of which compresses the air-bladder, are found. "The axis vertebra sends out on each side a slender process, which expands at its ends into a large round plate; this is applied to the side of the air-bladder, and can be made to press upon it and expel the air through the duct by the action of a small muscle arising from the skull. In some species of *Gadus* muscular fibres extend from the vertebral column upon the air-bladder." The duct varies in length and width in different genera of fishes, and when it is short, straight, and wide, as in the *Lepidosteus*, thus permitting a copious outflow of air if the bladder is compressed, the œsophageal end of the duct is surrounded by a sphincter muscle which, by its action, checks and controls that outflow.

Nervous energy is supplied to the air-bladder by a branch of the pneumogastric nerve and by fibres united with it from the sympathetic.[*] The functional relation of this nerve-force to the muscles just mentioned is quite intelligible; the nerve filaments are not however restricted to these muscles, and the question arises,—what is the *rôle* of that part of the force which is expended neither on the muscles nor on the blood-vessels of the air-bladder, but on the air-bladder itself? This, in my opinion, is an extremely interesting and important question, because I believe that if we find the correct answer to it, that answer will not only prove a clue to the solution of the main pathological problem I proposed to solve in the course of this paper, but also to the solution of that larger and more important as well as long agitated physiological problem, viz., what is the chief function of the motor fibres of the pulmonary branches of the pneumogastric nerve?

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[*] Dictionary of Practical Medicine. Art.: "Flatulency."

[†] Lectures, chiefly Clinical. By T. K. Chambers. M.D. Fourth Edition. P. 318.

[*] For the facts mentioned in the text concerning the anatomy of the swimming-bladder of fishes, I am chiefly indebted to Professor Owen's work "On the Anatomy of Vertebrates, Vol. I. Fishes and Reptiles;" and to the elaborate article on "Respiration" by Dr. Thomas Williams, published in the "Supplement to the Cyclopædia of Anatomy and Physiology," edited by Dr. Todd.

Those fishes which have an air-bladder but no *ductus pneumaticus*, and no discoverable muscular fibres so disposed as to be capable of compressing the viscus have still, it is to be presumed, the power of increasing and decreasing the quantity of air within it; otherwise they would be unable to effect those changes in their specific gravity necessary to permit of their easy ascent and descent in deep water. Moreover, the air-bladder of the fishes in question as well as of those having a *ductus pneumaticus*, is supplied by nerve-force in the manner just described, and this force cannot but fulfil some important office. Now the one and only office so far as we know of the air-bladder in addition to that of lessening permanently the specific gravity of the fish, is, by its expansion or contraction, so to vary that specific gravity as to enable the animal to maintain a particular level in the water, and to rise or sink according to its needs. It seems clear then that the main function of the nerve-force expended on the air-bladder of simplest structure, can only be that of so influencing its mucous membrane as to cause it not only to secrete gas from the blood into the bladder when the fish needs to become specifically lighter, but also to permit absorption of gas into the blood from the bladder when the fish needs to become specifically heavier than before. The elastic and contractile fibres of the coat of the bladder enable it to expand and contract mechanically according to the varying pressure of the air with it; but whether the absorption as well as the secretion of that air is the result of a positive exertion of nerve-force is a question not admitting perhaps of an easy answer: I incline to answer it in the negative. It seems to me that when the nervous impulse causing the secretion of gas in to the air-bladder is completely arrested the air by the process of osmosis, and aided perhaps by the pressure of the contractile fibres just mentioned, passes back again from the bladder into the blood. If this view be correct, the movement of the air in and out of the air-bladder is expressive of the alternate play of a nervous and of a chemical force; for, as Graham has demonstrated, osmosis is but a phenomenon of chemical action on the septum between the fluids or gases on each side of it. I have used the expression—"the alternate play of a nervous and of a chemical force," as if these two forces were not, as indeed they probably are, fundamentally the same; but whether they are, or not, their *modus operandi* is different, and relatively to each other they may be fairly regarded as active and passive or positive and negative respectively. But whatever may be the agency by which air passes back from the air-bladder into the blood, the main propositions which I desire to insist on are, it seems to me completely established, viz., that the mucous membrane of the air-bladder secretes air, and that the chief function of the nerve-force distributed to that viscus is to effect the secretion.

Now, recognizing these propositions as true, we are, as it seems to me, led inevitably to five conclusions having important practical consequences; *First*, if in fishes the secretion of air is a normal function of a mucous membrane it is quite possible and even probable that the alimentary mucous membrane of man may easily be so modified by influences affecting the state of the general health as to assume the function of secreting air; *Secondly*, if in fishes *having no ductus pneumaticus*, the absorption of air from the air-bladder into the blood by the mucous membrane be a normal function of that membrane, it is quite possible, and even probable, that the alimentary mucous membrane in man does, in certain cases, absorb gas into the blood; *Thirdly*, if the secretion of air into the air-bladder is an expression of nerve-force it follows, reasoning analogically, that the secretion of air by the alimentary mucous membrane of man is an expression of nerve-force; *Fourthly*, seeing that in those fishes in which the air-bladder is devoid of muscular fibres, as well as in those in which it is furnished with them, it is mainly innervated by a branch of the pneumogastric nerve, and that the mucous membrane of the air-bladder secretes air by virtue of force derived from that branch, it is evident that the nerve-fibres constituting it, are to a great extent at least, not afferent, but efferent, or motor, or—as I call cerebro-spinal nerves, which cause glands or secreting-surfaces to function—*positive motor;* and, *Fifthly*, that as the air-bladder in fishes is the homologue of the lungs in air-breathing vertebrates, the argument from analogy justifies the inference that the chief part of the fibres of the pulmonary branches of the pneumogastric in man are motor, and that their chief, if not exclusive function, is to cause the bronchial mucous membrane to perform its appropriate office—the secretion of bronchial mucus. This last conclusion might be confirmed by other weighty considerations, but as the discussion of it is not relevant to the subject of the present essay, I simply indicate it here in its connexion with the group of facts with which I am now more immediately concerned.

(*To be continued.*)

PRACTICAL OBSTETRICS.

By Francis E. Clarke, B.A., M.B., &c.

Two very difficult cases of midwifery have within the past four months, occurred in my practice, and although there is nothing extraordinary or novel connected with either, I take the liberty of placing both on record, inasmuch as I see that many of our readers are interested in practical obstetrics, and contribute from time to time the result of their experience in that branch of medical science, and moreover, because I have not failed to recognize the importance of an intimate acquaintance with the practice indicated by each particular circumstance or presentation, more especially to those physicians and surgeons whose lots are cast and have perchance fallen on the varied and wearisome paths of country practice, and know not at what moment they may be called upon, under the most adverse circumstances, to attend the rarest cases which could possibly be combated with, in any one of the three great departments of therapeutics.

On the morning of the 18th of August, at seven o'clock, I was called upon to see a women in labour two days of her first child. She had had frequent pains during the whole time but of an extremely feeble character; the liquor amnii had escaped the preceding night, and she felt considerably exhausted. On examination *per vaginam*, I found that passage extremely narrow and undilatable, having a hard fibroid tumour pressing anteriorly, which also tended to render the external orifice extremely small. The head presented, but so high that I found considerable difficulty in reaching it with my finger, the os was dilated to about the size of a sixpenny coin having a thin hard margin. The hardness of the os uteri was indeed most remarkable, I never before felt anything at all like it; subsequently, when I succeeded in dilating it somewhat, it appeared to the finger when "run round it" inside, to give the feel of a damp band of chamois leather held at its greatest degree of tension. The countenance and pulse of the patient betokened exhaustion, and having fully satisfied myself of the nature of the case I administered an opiate. On my second visit some three or four hours afterwards I found that a tranquil sleep had been obtained, from which the woman had awakened much refreshed. The os uteri however was as undilated and seemed as undilatable as before. I now ordered a warm stimulating enema (chloride of sodium), and prescribed a sixteenth of a grain of tartar emetic every ten minutes. This treatment was continued during the day for some hours, and towards night finding no improvement whatever, I put the woman sitting over the steam of boiling water, and endeavoured to dilate the os gradually with my finger and succeeded in getting it to about the size of a florin—more it would not dilate, and the pains being now severe I feared rupture of the uterus. At this critical juncture, I fortunately procured the advice and assistance of Mr. W. W. Brereton, L.K.Q.C.P., and L.R.C.S.I., who having made an examination discussed with me the respective advantages of the various procedures that might be had recourse to; he agreed with me in my opinion that further measures with a view to relax and dilate the soft parts (such as tobacco enemata, belladonna applications &c.), were inexpedient after the many attempts I had made and length of time I had employed; we both disliked to attempt incision, which indeed might have been altogether impracticable, owing to the narrowness of the vaginal canal; the forceps were out of the question, and our sole choice seemed to lie betwixt craniotomy under the most conflicting circumstances and Cæsarian section. The os was only dilated to a florin if indeed as large, the cervix expanded tightly over the head, hard and thin, the vagina long, narrow and undilatable, and partly occluded by the pressure of a fibroid growth. Was craniotomy to be attempted? or should the Cæsarean operation be our *dernier ressort? Dextrum Scylla latus, lævum implacata Charybdis."* After waiting a little longer we decided on the former, and having attended to the excretion of the intestinal and renal secretions during the day I immediately proceeded to perforate the fœtal cranium, which, with the assistance of Mr. Brereton, who distended the labiæ, I accomplished in the face of much difficulty, the danger of wounding the distended cervix being imminent; eventually we succeeded in safely delivering by means of the crotchet, the force required being very great even after the evacuation of the contents of the cranium. I have nothing further to call attention to save the fact of the patient's fainting and vertigo, whilst the head was being drawn through the forcibly dilated os uteri, a most remarkable occurrence, and one which tends to cause alarm and apprehension in the mind of the operator if he remember not that these symptoms are usually observable during the passage of a head through an undilated os. It must be borne in mind, that such operations in similar cases have to be undertaken literally during the first stage of labour.

The second case which I am about to bring forward, came under my observation on the 2nd ult., about eight o'clock, p.m. On arrival, I found the os uteri fully dilated, the liquor amnii escaped, and the right arm and hand prolapsed into the vagina. I at once without replacing the extremity introduced my hand into the uterus and endeavoured to find the feet with a view to performing version, which unhappily I was unable to accomplish, owing to the powerful contraction of the womb over my hand and the fœtus. In fact I was unable to find the feet at all; no one except they who have tried it know the difficulty of such a manipulation in cases where the "waters" have escaped hours previously, and where the shoulder is well down through the os with the arm prolapsed. Having administered an opiate to check uterine action, I desisted in order to allow the clergyman of that church to which my patient belonged, time to perform his sacerdotal functions, and such due deference being given and his office terminated, on again endeavouring to turn, I found the funis prolapsing with the arm; and as the uterus was quiescent I thought it a good opportunity to persevere, but unfortunately without effect. I now explained to the woman's husband the risk and difficulty of evisceration, and requested him to seek the advice of a consultant. He selected Mr. Brereton, to whose kindness, dexterity and sage counsel I felt so much indebted in the case previously cited, and having summoned him, he arrived when uterine action was so high as to make me apprehensive of further delay, fearing rupture might ensue. I eviscerated the thorax and abdomen, after which we amputated the prolapsed arm and delivered with the blunt hook after a most protracted and difficult operation, the breech first entering the world, subsequently the head.

In the first case the placenta was retained by an irregular contraction and as I am always fearful of such an event in cases involving manual or instrumental assistance, I introduced my hand immediately and removed it. In the second case there was smart "post-partum" hæmorrhage, which was speedily checked by means of the cold douche and a dose of ergot.

One thing is certain, that such operations are much easier in theory than in practice, and had it not been for the timely assistance of my medical brother and the providential guidance of our Omnipotent Creator, I fear life would have been sacrificed; and as the present article merely started on the subject of "Practical Obstetrics," I shall only apologize for its length and abstain from giving my readers any theoretical observations or authorities on the practical points alluded to.

I may add I was consulted about three months since on a "footling" case, but the os uteri being fully dilated, delivery was rapidly and safely accomplished. I trust such a trio of difficult midwifery does not often present itself to country practitioners.

◆

THE MEDICAL LADIES AT EDINBURGH.

By C. R. Drysdale, M.D., M.R.C.P., Lond., &c.

At a meeting of the Royal College of Surgeons of Edinburgh on Monday the 19th December, it was moved by Dr. Andrew Wood, and seconded by Dr. Gairdner, "that in the opinion of this College, it is neither proper nor expedient, that males and females should be associated together in the study of medicine, either in hospitals or in classes." This motion was carried by a large majority on the division; so that we may take it for granted, that the progress of the lady aspirants after medical degrees in Edinburgh may be said to be threatened for a time. Now, in the first place, I confess that I am among the number of those, who has never seen, why women might not study medicine, law, or even divinity, and practice any of these divisions of labour, if they could get anyone willing to accept them as expounders of the art of healing, or of the mysteries of our social and spiritual existence. The principle of "caveat emptor," I have always held, ought to be allowed its full sway in all such matters as this. If a lady, like Miss Garrett, or Miss Dr. Elizabeth Blackwell, can make a handsome income, by advising women, children, and even some men, how they should guide their lives, in order to avoid pain, and secure length of days, I cannot, for the life of me, see what "motives of delicacy" has to do with causing them to remain non-professionals, and thus, in all probability, poorer than they would be in their doctorial capacity. It has, indeed, been truly enough urged, that the young nurses attached to our various medical and surgical hospital wards, are constantly in the habit of witnessing all sorts of *indelicate* operations and sights: but that doctors seldom, or never find fault with nurses on that account. The indelicacy would appear to be limited to the idea of ladies competing with the members of the profession for the honoraria, which are, fortunately, the reward of a successful study of medical science, even in these days, where unpaid labour is so outrageously in fashion.

One by one, the arguments against women taking to industrial and professional life, have been found to be untenable. First of all, it was said that such a thing as women becoming doctors was utterly unheard of; and, therefore, that it could never take place. But, it is clear that such a notion is one of what may be called the exploded fallacies of this century. Everybody once said, that railways had never existed, and would therefore not do; and the same thing was said of electric telegraphs; and yet railways and electric telegraphs now exist everywhere. But the argument, that women are totally unfit for professional life, might evidently be carried logically far further, as, indeed, it is in Oriental states. It might be said, and it *is* said in Turkey, that it is quite indelicate for a woman to be seen out of doors at all, or, at any rate, with her face uncovered. But it may here be noticed, that everything that tends towards greater liberty in classes of persons habitually governed by some other class, is censured by the governing classes as indelicate. The real truth is, that men have become accustomed to think that every woman is more or less fragile, and in need of the protection of some man. In vain it may be argued, that some women are by no means weak either in body or in mind; that a Miss Harriet Martineau, or a Madame Dudivant are just as able to take care of their own lives as the ablest man of the day. Such facts make no impression on the man, who has a good stout "ideal" of what a woman ought to be. He can only see that women, *in general*, are weaker than men, and infer that, on this account, the whole sex must be put under a condition of permanent disability for the sake of the majority. The consequence of such sublime theories of course is, that the most able women, are compelled to remain in a position of obscurity and forced, in many instances, against their will, and for the sake of a livelihood, to "suckle fools and chronicle small beer," in the house of some stolid male citizen, whose true interest, did he but know it, would be to make the wife, instead of himself, the head of the house.

There seems to be a singular attraction for some of our best women now-a-days towards the study of medicine. I don't, for instance, remember that any lady has applied as yet, to be admitted to the society of attorneys or of barristers of this law-loving country; but already, we have some eight or ten ladies knocking with all their might at the portals of our Medical Colleges. One of the latest, and most graceful acts of the Parisian Academy of Medicine, was the granting of its degree in medicine to Miss E. Garrett; but, in the modern Athens of Scotland, it seems that this fact is overlooked. Miss Garrett studied in company with male students in Paris, and as all know is now quite a personage in London. Does it not seem unworthy of the fame of the land of Scott and Burns to put so many difficulties in the way of the faithful band of seven, who are now students in its capital. For, notice this outcry about the indelicacy of males and females studying together is, of course, a great piece of injustice to that band of female medical students. By the rules of the examining bodies in this country, it is necessary, that every person, who comes up for examination, shall give certificates of attendance on the practice of a qualified hospital for a certain number of years. This attendance in Edinburgh is now impossible, so that the interests of the present lady students, is simply sacrificed to the feeling of indelicacy, so much spoken of, I must not be held to give a decided opinion for, or against the study of medicine, conjointly or apart. Both systems might, I hold, be easily tried; if women are to enter the ranks of the "soldiers against death and disease;" but the Edinburgh opposition to the ladies, is of the most unkind description. Those familiar with Dr Andrew Wood's former arguments in the Senatus, will feel little surprise at anything, that either he, or his colleague Dr Laycock have to say against women's rights. It is not from such opponents that the cause of women has much to fear. Their style of rhetoric, is too apt to frighten the more moderate of their own party. It is on the more thoughtful of the anti-mixed classes adherents, that I would urge the necessity, of at least allowing the ladies at Edinburgh, to complete *their* studies, which they cannot do, unless permitted to attend hospital and dissections along with students of the male sex.

It is needless to say that this would create a precedent. Such need not be the case. I have no doubt, the conduct of the students and some of the professors in Edinburgh, will have the effect of making some of the smaller hospitals in London and elsewhere open their doors to the students of the weaker sex; and thus give them the opportunity they ask for, of studying in localities not frequented by male students.

Thus, the battle of Edinburgh will only do harm to that school, without much retarding the admission of women into that profession which they are, it must be confessed, so likely to succeed in, both pecuniary, and to the advancement of human learning. Science, truly is of no sex; but doctors have to trust both sexes; and those best conversant with the art of medicine, as it exists in London and Paris at present, know how many rash uterine operations have been performed by men upon the sister sex, which I venture to say female doctors would hardly have thought of, or been permitted by their own sex to attempt.

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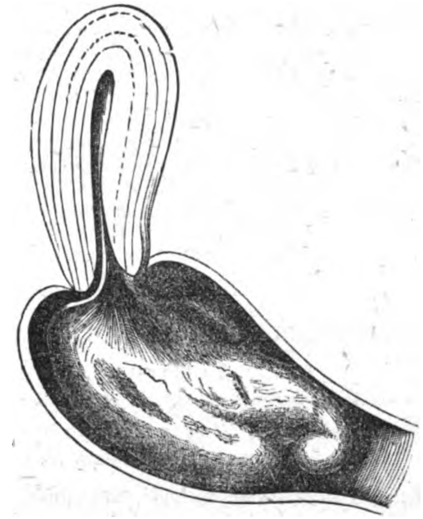
CASE OF FIBROUS POLYPUS OF THE UTERUS.

By Dr. Tannahill,
Physician-Accoucheur to the Glasgow Maternity Hospital;
(Communicated to the *Glasgow Medical Journal* by
C. K. M'Kellar, House-Surgeon).

C. P., aged thirty-three, married, was admitted to the Glasgow Maternity Hospital in August, 1870, complaining of strong bearing-down pains, attended by a profuse discharge of blood from the vagina. She was rather a spare woman, but not particularly emaciated or anæmic. She stated that she had been married for thirteen years, but never had any children or miscarriages. Before marriage she was quite well, and for six years afterwards; the menstrual periods not being attended with anything unusual. About five years ago she noticed her health beginning to fail, but could not assign this to any cause in particular. Shortly after she felt a severe pain in the hypogastric region, which she describes as a "cramp," and ever since she has suffered very much at the monthly periods, there being great pain at those times at a spot just above the pubis, as well as a profuse hæmorrhage, continuing often for about a fortnight. The pain always ceased immediately on the cessation of the discharge. Of late these attacks have been much worse. Throughout all this time the menstrual periods have been regular, and when she applied to a practitioner in town a fortnight ago for advice, it was merely on account of the pain which attended them;—for this she got some anodyne medicine.

On admission, about ten o'clock, p.m., she complained, as above stated, of pains very much resembling those of the second stage of labour, and they had, like the discharge, been gradually getting worse for a week.

On examination, per vaginam, I found a large tumour, so low as to be quite apparent to the eye when the labia were held aside. It had a liver-red colour, and its apex was cleft, giving it very much the feel as well as the shape of the prolapsed uterus. Forty minims of solution of hydro-chlorate of morphia were administered to ease the pain, and as this did not seem to have any effect, in an hour and a half twenty-five grains of hydrate of chloral was given; this last caused the patient to fall gradually into a sound sleep. I did not think the hæmorrhage was sufficiently great to demand any very active treatment that night. On the following morning Dr. Tannahill saw the patient, and on careful examination found that the tumour had its attachment at a point in the cavity of the uterus, an inch within the os on its anterior wall. The patient being put under the influence of chloroform, he proceeded to twist the tumour from its pedicle, which was accomplished with great difficulty, owing to the fact of its completely filling up the cavity of the vagina, so that the hand could not be used with any freedom. After the tumour was removed, no hæmorrhage ensued. Patient got twenty-five grains chloral, and on the following morning was found to be much better, the pains being quite gone. She had slept well, and the pulse was good. From this day patient continued to improve rapidly, and on dismissal, six days afterwards, was quite recovered.



The accompanying wood-cut represents the form and situation of the tumour; the appearance and microscopic structure of which are thus described by Dr. Joseph Coats, Pathologist to the Glasgow Royal Infirmary:—"It is of an irregularly oval shape, and divided by a deep cleft into two unequal portions, one of which is six or eight times as large as the other. Its total weight is fourteen ounces. In the fresh state the growth presented a very deep port-wine colour externally, and on section this colour was seen to exist throughout the tumour except at a point near its attachment, which had more of a white fibrous aspect. On microscopic examination, the most striking appearance is the very great abundance of blood and blood-vessels, the former occurs as ecchymoses in nearly every part of the tumour, obscuring the proper tissue. The latter are very numerous, and generally pretty large in size. The proper tissue of the tumour consists of fibrous tissue mixed with smooth muscle and a considerable number of round cells. The case appears to be one of very vascular fibro-muscular polypus."

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Hospital Reports.

LONDON HOSPITAL.

Two wards, one for male and the other for female patients, containing together thirty beds, have been set apart from the general wards for the express purpose of Clinical teaching. The care of these wards is taken during the Winter Session by three physicians in rotation for two months each, and during the Summer Session by the three Senior Physicians or Assistant-Physicians who have the charge of out-patients in rotation for one month each. The cases for the Clinical Medical Wards are selected from the applicants for admission into the hospital, for the systematic illustration of the various diseases of internal organs.

The Clinical Professor for the time being meets his class in the Clinical Wards twice a week. One visit is entirely devoted to bedside instruction; and at the other in addition to bedside instruction, the Professor delivers a Clinical Lecture. There is, therefore, one regular Clinical Medical Lecture a week during the Winter and Summer Sessions.

The Physicians not on Clinical duty still give bedside instruction to the students accompanying them in their visits to the General Wards, and in the summer, Dr. Davies, who attends early in the morning, holds the class which he has been accustomed to hold for many years for practical auscultation and percussion. The Clinical Medical Wards have been instituted for the convenience of students who are required to attend hospital practice, both to give them variety of instruction and to encourage accuracy of observation.

Further facilities are afforded to students to gain skill in examining patients by the appointment of Ward Clerks, who record in their note-books the history and progress of the cases. From the Ward Clerks four Medical Assistants are selected every three months, one for each physician. The Ward Clerks and the Medical Assistants are aided by the Resident Medical Officers in note-taking and in their chemical and microscopical observations. A room is specially fitted up with microscopes and chemicals for the use of the Physicians, the Medical Officers, and the Medical Assistants and Clerks.

The out-patient department is also utilised. The Physicians and Assistant-Physicians with the care of out-patients impart instruction at each visit, the large numbers of medical patients enabling them to select cases presenting variety of symptoms and points for comparison and contrast. Practice can be obtained in auscultation and the other means of physical diagnosis under the direction of the Physicians and Assistant-Physicians.

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Literature.

SAINT BARTHOLOMEW'S HOSPITAL REPORTS.*

We have received the Sixth Volume, being the volume for 1870, of Saint Bartholomew's Hospital Reports. It contains twenty-seven original articles, together with the Hospital Statistics for 1869, prepared by the Medical and Surgical Registrars, Dr. Philip J. Hensley, Dr. W. Ainslie Holmes, Mr. F. Howard Marsh, and Mr. J. Astley Bloxam. In the tables for this year the forms have been somewhat altered. The percentage of mortality in each disease and at each age have been omitted, but two diagrams have been introduced. The Nosology of the College of Physicians has been followed throughout. The tables occupy fifty-six pages.

The original articles, which occupy 156 pages, are as follows:—"On the Production of some of the Loose Bodies in Joints," by James Paget, F.R.S.; "On a Plan for Reducing Dislocation of the Shoulder," by George Lowe, with a plate; "Notes on the Question of the Unity or Duality of the Poison of Syphilis," by William S. Savory, F.R.S.; "Six Cases of Lithotomy," under care in the Stamford Infirmary, by William Newman, M.D. London; "Fractures Injuring Joints," by George W. Callender; "On Extraction of Cataract," by Philip Chilwell Delagarde; "On Masked Epilepsy," by R. Thorne Thorne, M.B., London; "Observations on a Peculiar Condition of the Bones of two Insane patients who had Fractured Ribs," by Edward Latham Ormerod, M.D. Cantab; "Medical and Surgical Landmarks," by Luther Holden; "Observations on the Physiological Action of Apocodeia and of the Hydrochlorate of Cotarnamic Acid," by J. Wickham Legg, M.D., London; "On the Formation of Aneurisms, and especially Intracranial Aneurisms in Early Life," by W. S. Church, M.D. Oxon.; "On the Treatment of Wounds," by Holmes Coote; "Case of Multiple Lymphoid Tumours within the Abdominal Cavity," by Professor Turner; "Notes on the Surgery of Childhood," by Howard Marsh; "Clinical Remarks on Deformities," by Alfred Willett; and "Notes on the Indian Medical Service," by M. C. Furnell.

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* Saint Bartholomew's Hospital Reports. Edited by Dr. Andrew and Mr. Callender. Vol. VI. London: Longmans, Green, and Co. 1870.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

DEC. 19TH, 1870.

JOHN GAY, ESQ., President.

OPHTHALMOSCOPE DEMONSTRATIONS OF SOME DISEASES OF THE EYE.

MR. JABEZ HOGG gave some demonstrations with his ophthalmoscope of some diseases of the eye. A patient was shown whose case illustrated the affection named by Desmarres, "Synchesis scintillans," the vitreous sparkling with shining particles of cholesterine diffused through it; another patient was an example, of "Choroide Retinitis Pigmentosa" a disease that Mr. Hogg often found to be hereditary in a family. A third illustrated "Choroiditis Disseminata"—a fourth was a case of "Staphyloma Posticum," which had materially improved under the internal use of various preparations of iron.

MR. WICKHAM BARNES showed portions of bone coughed up by a patient who had had ozæna, antecedent syphilis was suspected. Mr. Barnes had also the vomer, and one of the turbinate bones that had come away from another patient.

The **PRESIDENT** said, that some years ago he had collected several cases where diseased facial bones had come away, they were all cases of syphilis that had been largely dosed with mercury.

MR. BARNES was not aware that either of his patients had taken mercury.

DR. WILTSHIRE alluded to a case he had seen of disease of the frontal sinuses of long standing, there was reason to believe it to be of a syphilitic nature.

MR. HAINWORTH thought that too many of these cases were assumed to be of syphilitic origin, the bones of the face might become necrosed, just like bones in other parts of the body. He had seen the superior maxilla come away by necrosis without there being any evidence of syphilis in the case.

MR. HENRY SMITH showed half-a-sovereign which he had removed from the larynx of a man in King's College Hospital, last Thursday. On Sunday, while drunk, the man swallowed the coin, and on Wednesday came to the hospital suffering much from dyspnœa.

SIR WM. FERGUSSON, and **DR. GEO. JOHNSON** saw the patient with Mr. Smith, and Dr. Johnson showed the coin in the laryngoscope lying horizontally across, between the ventricles of the larynx, a small chink only being open as the only passage to the lungs. Various attempts were made to seize the half-a-sovereign with forceps, but, as these failed, Mr. Smith opened the crico-thyroid membrane, and with a probe, pushed the coin out of the mouth. The case well showed the value of the laryngoscope, by it, the exact position of the coin was fully seen.

MR. GANT said, that he believed that this man came to the Royal Free Hospital; he was then drunk, and made off while they were gone to summon Mr. Gant to the case.

DR. MILLER mentioned a case where he had extracted a half-penny that had been swallowed, by means of a probang thus giving relief to suffocative dyspnœa.

MR. BARNES mentioned a case where a boy was suffocated by a cherrystone in the rima glottidis.

MR. SMITH some years ago had a boy admitted to King's College Hospital, who had swallowed a cherrystone. There being no urgent symptoms, it was decided, in consultation, not to perform any operation. In the night, however, the stone got into the rima glottidis, and the boy was suffocated. At the *post-mortem* examination, the stone was found in the trachea. Mr. Smith had urged tracheotomy the previous day.

MR. HAINWORTH brought before the Society a young man who had been troubled with enlarged tonsils, but was now much relieved, and able to sing well. The plan of cure followed by Mr. Hainworth in these cases, was to transfix the tonsil with a curved bistoury, and then to cut from within outwards. The gland after this operation, gradually diminished in size, and as its excretory ducts were not interfered with, there did not ensue that dryness in the throat which was often distressing after the tonsil had been excised entirely.

DR. THUDICHUM narrated some of his recent experiences at the Seat of War. Before proceeding to describe the various kinds of injuries sustained by the wounded, he showed to the Fellows the instruments with which these injuries had been inflicted. The Prussian needle-gun invented by Dreyser in 1835, and also the French chassepot-gun, which was an improvement on the Prussian arm, with the cartridges for use in these guns were all shown. The needle-gun weighed ten pounds six ounces, and carried a bullet weighing 480 grains that was an inch long, and required a charge of seventy grains of powder. At the highest elevation, the range of this gun was seven hundred yards. The chassepot-gun was lighter than the other, and two-thirds of its bore, it took a charge of eighty-five grains of powder, and a bullet weighing 380 grains, it was an effective weapon at 1,500 yards. After much firing it begins to leak at the breach, and allow windage. Dr. Thudichum noticed the serious nature of the wounds inflicted by the percussion shells which explode instantly, and give people no time to lie down on the ground, he also spoke of the nature of the wound varying according to the velocity of the bullet. The further reading of the paper was postponed until Monday, January 2nd, 1871.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XVIII.

PRECIPITATION OF SEWAGE WITH THE SALTS OF ALUMINA AND IRON.

THE A B C process of Messrs. W. C. and R. G. Sillar, and G. W. Wigner, which was patented in the summer of 1868, consists mainly in the use of alum, blood, and clay for the defæcation of sewage, the other agents being the compounds of manganese and of magnesia, chloride of sodium, and animal or vegetable charcoal. They claim, in fact, "first, the deodorising and purifying sewage by means of these chemical substances, and the so obtaining a sediment which may be used as manure; second, the deodorising and purifying sewage by means of the mud already precipitated from sewage, as above described; and, thirdly, the addition of an acid to the mud in order to retain ammonia, and fit it for use as a manure." The proportions of the ingredients which they recommended for ordinary sewage were—"alum, 600 parts; clay, 1,900 parts; magnesia, 5 parts; manganate of potash, 10 parts; animal charcoal, 15 parts; vegetable charcoal, 20 parts; and magnesian lime-stone, 2 parts. These substances are mixed together and added to the sewage to be purified until a further addition produces no further precipitate. The quantity required will be about four pounds of the mixture to one thousand gallons of sewage. In many cases it is preferable to mix the above compound with a small quantity of water, and add it in a liquid state to the sewage. The sewage must then be thoroughly mixed with the compound, and allowed to flow into settling tanks. The greater part of the organic and other impurities will be immediately separated in the form of large flakes, which rapidly fall to the bottom, leaving the supernatant water clear and inodorous, or nearly so. The water may then be allowed to flow away into a river, or be disposed of in any other way, and the sediment or mud allowed to accumulate at the bottom of the tank. In some cases it is preferable to add the compound of manganese to the water after the sediment produced by the other ingredients has been allowed to subside. The sediment will be found to possess the power of precipitating a further quantity of sewage; it must, therefore, be pumped or otherwise taken from the tank and mixed with fresh sewage, the sediment being allowed to subside in the same way as before. The sediment may be used five or six times over in this way. When the sediment no longer possesses the power of precipitating the impurities in the sewage it must be removed from the tank and allowed to dry; when partially dry, a small quantity of acid—by preference sulphuric acid—may be mixed with it, which will retain all the ammonia in a soluble form. When dried, the sediment will be a valuable manure." Of the above-named substances the patentees say that the manganese compound, the burnt clay, chloride of sodium and magnesian lime-stone may be omitted, and the proportions of the others may be varied according to circumstances. In the following year (1870) Mr. Wigner obtained a patent for certain improvements in the working machinery of the process, as for the use of a catch-pit with a mud channel and well for collecting the grosser parts of the sewage before its treatment with chemicals, and second, for improved precipitating apparatus, whereby the sediment was more easily collected and removed from the tanks, and, thirdly, for improvements in the construction of filters, for filtering the defæcated sewage water. These patents are now being worked at Leamington, Hastings, and elsewhere, by a company called "The Native Guano Company, Limited." At Leamington the works have been in operation for some time, with a manifest improvement of the river, the local authorities being under an injunction not to pollute it with sewage. The works are on the banks of the Leam, about half-a-mile from the town, and close to a public promenade. The population of Leamington is about 20,000, and the sewage amounts to about 600,000 gallons a day in dry weather, the maximum flow being about 35,000 gallons an hour. When it reaches the works it enters a circular tank, eight feet in diameter and six feet deep, where it is stirred by machinery, and thus mixed with the A B C materials, which are discharged into the tank from a chain of buckets at the rate of about two and a-half gallons per minute, or one part of the liquid materials to 100 of sewage. The sewage then passes into a pair of settling tanks, there being three sets of them for alternate working. Each tank is 32 feet long, 15 feet wide, and 6 feet deep, with a transverse wall a little below the surface of the sewage. The capacity of the tanks is not sufficient for the thorough defæcation of the sewage, nor is it sufficient for intermittent settling, and hence the effluent water is generally a little turbid, as it flows from the tanks over a shallow weir into the outfall channel which conveys it to the river. This channel winds upon itself for a distance of about 850 feet. It is 10 feet wide and 4 feet deep, and the last third of it was at that time converted into a filter of sand and animal charcoal. The superficial area of the filter was about 3,000 square feet, and we were informed that it worked for about three months, when it became foul and was removed. Each of the settling tanks is kept in action for a week, and then the sewage is diverted into another tank, and the sedimentary mud is removed, and converted into a stiff paste by means of centrifugal machines, which revolve at the rate of from 1,500 to 1,600 times a minute. The paste is still further dried by exposing it to the air for two or three days, after which it is sprinkled with dilute sulphuric acid, composed of one part of acid to six of water, the acid being used in the proportion of about one per cent. of the manure. After this it stands in a heap for about a fortnight, during which time it heats considerably, and forms a rotten compost, which is still further dried, and then riddled and sold for manure. We have visited the works on several occasions, and have noticed that the proportions of the precipitating agents have been varied according to the condition of the sewage. Eight sets of samples have been submitted by us to chemical examination, and the following are the results :—

Date, &c.		Dissolved matters per gallon.						Suspended ditto.	
		Total.	Chloride sodium.	Organic matter.	Ammonia.		Oxygen required.	Total.	Organic.
					Present.	Organic.			
		Grains.	Grains.	Grains.	Grains.	Grains.	Grains.	Grains.	Grains.
Dec. 11, 1869	Raw sewage . .	66·13	11·04	14·43	2·543	0·220	1·830	113·60	39·92
	Effluent water . .	67·27	9·68	11·27	1·892	0·109	0·951	7·64	2·86
	Ditto filtered . .	60·97	7·21	7·50	0·954	0·093	0·488	3·08	1·12
Jan. 29, 1870	Raw sewage . .	67·81	14·64	11·09	3·769	0·200	1·804	43·44	14·72
	Effluent water . .	51·33	6·01	7·61	0·315	0·060	0·406	1·04	0·30
April 20	Raw sewage . .	94·10	18·76	19·25	3·200	0·352	2·400	50·14	29·06
	Effluent water . .	72·27	12·52	13·70	3·840	0·200	1·600	2·26	1·12
July 14	Effluent water . .	72·33	9·20	6·15	2·520	0·114	0·252	0·60	0·12
Sept. 20	Raw sewage . .	86·67	16·52	17·30	4·125	0·711	3·512	34·64	22·12
	Effluent water . .	74·93	11·57	13·10	3·467	0·150	1·023	1·54	0·52
Sept. 21	Raw sewage . .	81·10	15·58	15·70	5·120	0·440	3·159	29·50	18·14
	Effluent water . .	69·30	8·03	8·70	0·690	0·060	0·320	0·16	0·10
Sept. 30	Raw sewage . .	95·67	18·17	19·50	10·160	0·320	2·708	7·84	5·64
	Effluent water . .	69·67	8·26	7·40	0·971	0·008	0·204	0·00	0·00
Average	Raw sewage . .	81·91	15·79	16·21	4·819	0·374	2·569	46·53	21·60
	Effluent water . .	67·26	8·97	9·17	1·822	0·098	0·613	1·24	0·47

The first set of samples (dated December 11, 1869) were taken continuously, every half-hour, throughout the day, and during heavy rain, by the Royal Rivers' Commissioners, who sealed the samples for the satisfaction of the Company, in order that their identity might be preserved. The second and third sets of samples were taken by Dr. Letheby and Mr. Hawksley during their visits to the works; and the samples dated September the 20th and 21st were taken by Mr. Fewtrell, who went to Leamington for the purpose of securing accuracy in the results. It thus appears that the suspended matters of the sewage are almost entirely removed from it, whilst the dissolved organic matter is reduced from an average of 16·21 grains per gallon to 0·613 of a grain.

The quantity of material used for precipitating the sewage was ordinarily about 28 grains per gallon, and the precipitate, when dried, was generally about three times the weight of the material, a good average being in fact about 80 grains per gallon. Allowing, therefore, for 20 per cent. of moisture in the manure when ready for sale, the average quantity obtained from a gallon of sewage would be 100 grains, or about four tons per day. In the experiments made by Professor Brazier on the sewage of Aberdeen, at the request of the Commissioners of Police, he found that 1 per cent. of the A B C mixture supplied to him by the Native Guano Company, gave from 77 to 120 grains of dry precipitate per gallon of sewage, according to the amount of suspended matter in it. As might be expected, therefore, the chemical composition of the precipitate differs according to the quality of the sewage, and hence the analytical results obtained by different chemists are somewhat discordant. In the following table the sample analysed by the Native Guano Company was obtained by five successive precipitations of sewage with the same deposit. Dr. Voelcker's results are, he says, from samples furnished to him by different parties, and Professor Brazier's are those obtained from the samples of sewage on which he experimented, the dry precipitate being brought to an uniform proportion of 14 per cent. water.

	Native Guano Co.	Professor Brazier.				Dr. Voelcker.				
		No. 1.	No. 2.	No. 3.	No. 4.	No. 1.	No. 2.	No. 3.	No. 4.	No. 5.
Water . . .	14·1	14·00	14·00	14·00	14·00	7·91	6·12	12·14	8·84	6·30
Organic matter . .	22·4	17·54	24·16	16·25	11·18	19·40	22·45	9·04	12·63	14·55
Phosphate of lime .	9·6	6·02	4·79	5·33	4·10	2·40	2·81	2·57	4·27	2·48
Earthy & alkaline salts	11·2	15·46	10·44	8·01	12·24	23·85	9·93	8·03	8·97	9·12
Insoluble matters .	42·7	46·98	46·61	56·41	58·48	47·44	58·69	68·22	65·29	67·55
	100·0	100·00	100·00	100·00	100·00	100 00	100·00	100·00	100·00	100·00
Containing nitrogen .	3·46	1·48	2·22	1·44	1·05	0·96	1·92	0·60	0·70	0·67
Equal to ammonia .	4·20	1·80	2·70	1·75	1·27	1·16	2·33	0·73	0·85	0·81

SCOTLAND.

The *Edinburgh Courant* has been publishing a series of articles entitled "Glimpses of our Juvenile Pauperism," and which, we understand, will form the basis of a volume on the subject. From the evidence brought forward as to boarding-out of pauper children we extract the following by a member of our profession:—

"Bailie Miller, surgeon, Edinburgh, writes—In answer to your enquiry respecting my experience and opinion as to the expediency of boarding-out pauper children instead of bringing them up into the poorhouse, I beg to say that I have been a member of the City Parochial Board for about seven years, and for three years of that time I have acted as chairman of the Medical Relief Committee of the board, and have taken considerable interest in the affairs of the board. I have several times visited officially, along with the inspector and other members of the board, the pauper children boarded-out in various parts of the country. The system is in my opinion the very best that could be adopted. The children are entrusted to the care of decent villagers, carefully selected, where they are brought up along with the children of the villagers, and are treated in every respect as they are; they are clothed in the same manner, attend the same school, and join in the same play. There is nothing about them to indicate that they are paupers; and they grow up under these favourable conditions until they are apprenticed out to learn some trade whereby they may be able to earn a living for themselves, and in course of time are absorbed into the mass of population, becoming useful members of society, no one knowing anything at all about their early history. Our inspectors visit the children at stated intervals to see that they are properly cared for, and that the parties with whom they are boarded do their duty towards them. It is impossible in this short note to point out all the benefits that the children derive from the system, but so far as my experience of the system extends I can see nothing but good in it; and I am only surprised that the plan is not universally adopted throughout the country, as I am fully convinced that it is the best possible system that can be adopted, having respect to the interest of the ratepayer and more especially to the future welfare of the children themselves and the good of society."

Royal College of Surgeons, Edinburgh, and mixed classes.—In a letter to the Editor of the *Scotsman*, Dr. Gillespie, President of the College of Surgeons, states, that his reason for bringing the subject of mixed medical classes before the College, with a view of ascertaining the opinion of the College on the matter, was the erroneous impression under which the students and the general public were labouring as to the connection between the medical schools in the vicinity of Surgeon's Hall where mixed classes are tolerated, and the Royal College of Surgeons. The result he says, was the adoption of a resolution disapproving of the system by a majority of thirty-one to four, and two declining to vote; two of the minority of four being the lecturers to mixed classes of male and female students.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 4, 1871.

1870.

WE have already glanced at some of the great questions that have occupied our attention in the year 1870. In looking back at the ground we have gone over, the next to demand a word is that of the amalgamation of the London Medical Societies, about which so many hopes are entertained, and over the attempt to accomplish which so much labour was wasted. The whole question was discussed by several of the Societies with much patience, and a scheme which was considered practical was elaborated, and yet we are no nearer than before. It is not unlikely that the advocates of union may make another effort to reconcile interests that seem so opposing; and yet we feel half inclined to put to them once more the question, *cui bono?*

It is not to be denied that considerable strength might seem to accrue from a concentration of the Societies, although it is just as competent to argue that a large amount of valuable energy would be sacrificed. There has been room for several Societies. Competition of a certain kind may be a capital stimulant. Not a few good papers would be smothered if only one Society could entertain them, and very likely some men would hesitate to appear before a great academy who are induced to state their opinions at the less pretentious gatherings. On the other hand, in pecuniary matters, what a gain might amalgamation be. Why should not the profession have a building worthy of it? It would surely be a gain if we could possess a great central hall in the metropolis, which would be the home of medical science. The only danger would be that a small number of men would have too great a control; but with so self-denying a profession as ours, there is little fear that this danger would ever be great. If the scheme for amalgamation should again be taken up, we sincerely hope it will be in a larger spirit than before. Whatever the difficulties, we think that all Societies should be embraced. To our notion, to unite only half the Societies would be little better than leaving things as they are. Either we should have our academy co-extensive with all the Societies that now do good service, or we should be content to go on in the way that has already done so much for us. London is a huge place. It is no trifle to go from the suburbs to the centre in an evening after a hard day's work; and unless we can have something that shall attract a great number of members, we may just as well continue to avail ourselves of the convenience of several meeting-places, in different localities, and of the meetings at different hours and on different nights.

Having spoken first of the amalgamation of Corporations, then of Societies, we may add that there has been some talk of calling in the same agency to diminish the number of Schools of Medicine in London. The project has found little favour, except with two or three smaller schools that would obviously gain by the change, though few would be disposed to deny that advantage might accrue from such a union amongst those near to each other as would give students a larger choice of teachers, and—what is of more consequence—the chance of watching the practice of a larger number of men. Many think, however, that such choice would only be an excuse for shirking work, as a man would not be missed from a place that was no longer his own.

The reform of the out-patient departments of our hospitals has excited attention; but this has not led to much action. True, 150 hospital men were brought together, and some elaborate reports have been issued, but at present this is all. The fact is, the profession is in the hands of the managers of Charities.

Talking of meetings, we must not forget to allude to those held at the London College of Surgeons. At last the Fellows and Members have met in their own hall,—have demanded their rightful share in the management of their own concerns,—have—well, we cannot say they have accomplished much, but, at any rate, there is a promise that some day the affairs of a corporation of thousands of members shall not be directed by a self-appointed committee.

The London College of Physicians has not been behind its sister. It is now becoming recognised that this venerable College is likely enough to be the head of the profession for a long time to come. We have so often commented on its adherence to old forms and refusal to enter into modern ways, as well as on the exclusiveness of its Fellows, that we are gratified to be able to take note of signs of progress and liberality. Now that its license is recognised as both a surgical and medical diploma, this College has the game in its own hands, and only needs boldness and decision to emancipate the profession from the thraldom under which it groans. The College might force reform on all the other corporations. We trust that it will, for the sake of the Profession, insist on some genuine movement. There is no reason why the College should not inaugurate the one-faculty system; and a very slight concession to its *members* would relieve the only part of the College that can complain from a very undesirable position.

Hygiene has not been neglected during the year. Lectures on "Public Health" have been delivered at several hospitals,—some as distinct courses, others as supplementary to those on Medical Jurisprudence. Sanitary legislation has also made some way. At the British Association for the Advancement of Science sanitary questions have had their full discussion, and we have fully reported them. To the debate on sewage we may refer as of most importance. On this—the most vital sanitary question of the day—the Medical Press and Circular has contributed much. The Special Report published for the last portion of the year in this journal, and which will be continued, forms, we make bold to say, the most important contributions to the subject that has seen the light for years. It is to us a source of satisfaction to be able to furnish our readers with such an invaluable series of reports, and to know that the facts we have recorded must play an important part in the solution of the many problems involved in the sewage question.

On our announcing our commencement of these reports, one of our contemporaries began a feeble imitation. However, after two chapters it was dropped. It would not be the part of wisdom in anyone to attempt to rival such reports as these it has been our privilege to present. Even the British Association for the Advancement of Science, with the aid of subscriptions from towns, has not been able to obtain anything worthy to be named in the same day.

In summing up a year closing in the din of arms, and with the groans of slaughtered thousands echoing in the memory, we are naturally reminded of our brethren in the Army and Navy, and what might be the need of our country should we too be called to take part in the strife. The Army service seems to be once more looking up a little, and another competitive examination is shortly to be held. But much ought to be done to render the Service what it might be, and we hope the question will be taken up in Parliament.

As to the Naval Service, nothing but discontent prevails, and the Admiralty cannot get men to enter. The fact is, the Profession has at last made up its mind. The Admiralty must be forced to do justice, and to treat the Surgical staff as gentlemen. These terms are not onerous, and not such as the country would refuse, and if the matter is properly brought before the national representatives, and the ugly fact exposed that in case of war the Navy cannot get skilled surgical aid, public opinion will effect the small measure of justice that must be insisted on.

Each reader will, for himself, fill up his retrospect of the past year. One will dwell upon one thing—others will have their attention directed in very opposite channels. Although this is our second article, we have been quite unable to recall the many points in the practice of our art, or in the sciences on which it is based, that have occupied attention. Still, most of these have been reflected in our pages, and we can refer to our two past volumes those who desire further particulars. The growing popularity of this journal, the respect in which its opinions are held, the rapid progress it has lately made, combine to assure us that our efforts are not in vain, but that the Profession more and more appreciates our determination to keep its Wednesday paper on a level with its contemporaries.

But whatever the review of the individual reader, there is scarcely one who has not been reminded by the dying year of those who have been called away from their sphere of usefulness. Death has been busy in our ranks. Aged and young, celebrated and unknown worthies have alike been arrested in their task. Few readers, perhaps, but have had their own houses invaded by disease and death. Both have visited our editorial circle, and heavy have been the trials. We can, therefore, offer sympathy to such as feel as we do; and, having said so much, we must name a few of those whose loss has been more widely felt, though others who have as well done what was given them to do are equally worthy. Still, some have left great names in Medicine, and of these we call to mind as we write, Graefe, Syme, Simpson, Copland, Geogeghan, Aug. Waller, Nunneley, Moore, Chowne, W. A. Miller, Sir James Clark, Sir C. Hood. Others, too, we could name; but what is this muster roll? They are gone, and we are left—and the new year is here, and it brings us each our task.

But if death has robbed us of much, the labours of the living have given us also much. Many valuable new works have appeared, so that medical and scientific literature is well represented. We cannot undertake to enumerate the books published in 1870. A large number have been reviewed in our columns; but in a cursory glance like this, we may name the new edition of the "System of Surgery," so ably edited by Mr. T. Holmes, of which the fourth vol. is just out, and will shortly be reviewed in our pages. Mr. Le Gros Clark's "Lectures on Surgical Diagnosis" form another work on surgery. Mr. Henry Lee's lectures on "Practical Pathology" are chiefly on the surgical aspects of the subject. The new edition of Paget's lectures and Sir William Fergusson's "Practical Surgery" cannot be passed over. In medicine, Reynolds's "System" is not yet completed, but will probably be so during the year, and will then be a Cyclopædia of Modern Medicine. Niemeyer's work, too, is one that has appeared in English, and gives the best account of German practice. The same author's little work on "Phthisis" must also be named as a sort of landmark in our literature.

The volumes of Transactions of the Societies and Hospital Reports, issued during the year, represent an amount of work worthy of the most industrious of professions, and are all familiar to our readers as repositories of valuable information. In science, too, there has been much activity, many original investigations appearing, and the manuals and text-books coming out, one after another, in new editions, revised to the latest date.

Speaking of manuals reminds us of the retirement from active life of the projector of the finest series of Student's Manuals to be found in any language. With the close of 1870, Mr. Churchill, senior, retires from business to private life. We have known him and his books throughout our professional career, and we heartily wish him years of happiness. His two sons, who have been in partnership with him for the last eight years, will carry on the business of the house, which is known all over the civilised world.

The death of Mr. H. Baillière, Medical and Scientific Publisher, has brought about another publishing change in 1870. The business of the deceased gentleman, which was intimately associated with the Continent, has been removed to King William street, Strand, where it is carried on by Messrs. Baillière, Tindall, and Cox.

◆

INDIAN SANITATION.

The Indian Secretary has lately issued a blue-book, forwarded from Bombay and Madras, that contains a large amount of information on the progress of sanitary works in India, and to which we therefore commend attention. From what is stated, we judge there is some idea of trying in Bengal the cultivation of the sunflower, as recommended by Dutch observers for fever-stricken districts.

The blue-book contains an appendix by Dr. Hewlett, giving his report on some thirty towns in England, which he has visited with a view of seeing personally their several plans of sewerage and water supply. Dr. Hewlett thinks that a water-closet system such as has been accepted in Turkey would be suitable for India. But he would employ the "separate system," and make other provision, to economise the water.

The Army Sanitary Commission have considered the question of supplying aërated distilled water to the stations. The only objection to it is the considerable expense of coal to carry out the scheme.

The sanitary reports from the Commissioners of the Punjaub, Bengal, and the North-Western Provinces of India, for the year 1868, together with numerous other papers from the Government of India, are made the subject of a special minute by the Army Sanitary Commission, and the following are the conclusions arrived at :—

"1. That there is nothing special in the sanitary problems presented either in towns, villages, or country districts in India, with this important exception—that sanitary works and measures are of far more pressing necessity in India than they would be in colder climates.

"2. All the experience gained of late years shows that merely local efforts at improving health of troops and people without taking into account the general malaria-producing causes incidental to the climate and country will prove insufficient for the objects in view.

"3. That immediate steps should be taken to have a survey made of the Ganges delta with the object of devising means of regulating the water, draining wet and marshy ground, and improving the culture of the country.

"4. That marshy malaria-producing tracts of country in other districts of India should be examined, with the ultimate view to their being drained and the culture improved.

"5. Sanitary works for Indian cities are of essentially the same character as those required in England.

"No permanent improvement can be expected in any city without combined works of water supply and drainage, which form the foundation of city improvements everywhere.

"The present unsatisfactory condition of certain so-called 'drains' in some places, described in these papers, is due to the apparent absence of knowledge of the true principles on which sanitary works should be executed.

"6. The application of town sewage to agriculture would be practicable as well as profitable in India. Judged by the Madras experiment the money value of farm produce raised by sewage irrigation in India would be greater than in England.

"7. The papers show anew the necessity for providing municipalities, not only with funds, but with engineers practically conversant with the most efficient and economical methods of planning and executing sanitary works.

"8. The facts in regard to villages appear to show that frequent careful inspections made by sanitary inspectors or their subordinates, an occasional visit of a district sanitary engineer, together with the personal influence of magistrates, and a few simple rules for guidance, would in all probability exercise a most beneficial influence on the sanitary improvement of village populations.

"The main removable causes of ill-health in villages are bad water and filth.

"New wells, better regulated tanks, filling up holes, keeping village roads and surface drains in repair, cleansing and prevention of nuisances, for all of which the requisite labour might be obtained in the villages, would remove the principal causes of ill-health in these small groups of population. But there are many villages, apparently, which it would be better to remove and reconstruct.

"9. Nothing would give a greater impulse to village improvements than the erection of model villages and sanitary instruction in public schools.

"10. The reports show that civil surgeons are capable of doing efficient sanitary inspecting work; that it would be advisable to employ these gentlemen, both British and native, as district inspectors; and to strengthen the public health service as proposed by the Governor of Madras by extending the benefits of medical education still further among natives.

"Lastly, while indicating very generally the nature of improvements required, so far as these can be arrived at from the reports, the commission is desirous of repeating that much has been already done by the Government of India for benefiting the public health."

Notes on Current Topics.

About the War and Wounded

CHRISTMAS, merry Christmas has come and gone. The good old winter weather has pierced through and through the comfortable English gentlemen "who live at home at ease." The new year has dawned with still more keen cold. We are talking of how many degrees of frost have been marked, how deep the snow has been. London has been melting its snow by steam-engines. Men have been frozen to death amongst us. Birds are found frozen and starved. Traffic has been suspended by road and by water. Hundreds of signs tell us that no such a winter has been felt for a dozen years. But what is all this? Within a short distance France has all the while been writhing in her agony. The hellish game of war has been played on. Thousands more are added to the slain and maimed. Wounded prisoners are frozen to death, others are literally in want of food and clothes. And still the suffering is held on while the leaders who might have made a glorious peace drag Germany through a career of victory which, if the tide never turns, may be only less rueful than defeat.

How sad it is to think too that the brutalising process goes on so fast. We have already drawn attention to the deterioration of the German soldiers as they have warmed to their fiendish work. The past week has been full of disclosures more shocking still. Reprisals of the utmost cruelty have been carried on with relentless ferocity, and we begin to wonder how long human nature is to be disgraced by such barbarity. Two civilised nations have become worse than barbarians. Pillage, slaughter of innocent non-combatants, every enormity is daily enacted. German officers—we say it on the authority of eye-witnesses—have turned common thieves, and the disgrace will for ever attach to their nation.

Peace and good will indeed! Why never before have they thus been celebrated. The only satisfactory thing to be noted is, that the Christian's God has not been quite so constantly insulted by declaring this wickedness to be all for His glory or by His will. How the poor suffering wounded and starving people have spent their Christmas few of us can realise.

Think of Dr. Russell—so prejudiced for Prussia—confessing to the execution of seventeen non-combatant Frenchmen alone—one of them a priest—because they lived in a village where a Prussian soldier had been killed a few days before, and then of the whole village being burnt and another near at hand. Is this war? We say no—it is base cold-blooded murder, and as it occurs under the nose of King William and his minister, we say they are both murderers. Again, the village of Ablis was utterly destroyed by the barbarians and its wretched inhabitants turned out in this bitter weather—out of wanton cruelty. This too, is not war. To slaughter non-combatants, to destroy food, shelter, clothes, to carry off everything portable, to commit, in fact, every enormity, is a blot upon a civilised nation, and is turning the soldiery into a horde of plunderers and murderers.

There is no need and no excuse for these cruelties, they must give rise to awful reprisals, and surely the blood of the victims will be demanded of Germany's leaders. The details are too sickening. When shall the end be?

⁂

A CORRESPONDENT from Brussels writes:—"Accounts from Prussia state that the impatience of the people at the prolongation of the war becomes more apparent. In Bavaria it is even more openly avowed. I leave to-morrow for Luxemburg. I had intended entering France north of Sedan, and after travelling south as far as Thionville recrossing the frontier at that point. I find, however, that what appears the shortest would be the longest route; and to spend forty hours in a diligence at this time of the year, unless with some particular object, would certainly not be very exhilarating. It is impossible to say how many French refugees there are in Belgium. In Brussels alone there are 40,000—not only, I am sorry to say, old men, women, and children. There are, I am afraid, but too good grounds for the complaints I heard in France of the half-heartedness of the proprietary classes in the national defence. What these really fear is, the phantom of Socialism; but in flying from it they forget that, like their shadow, it lengthens as they leave it. Typhus, in an epidemic form, has broken out in the Belgian provinces bordering on the French frontier. This is not to be wondered at. We have yet to see in its worst horrors that terrible phase of war—the disease which inevitably follows in its tracks."

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Amounts have been already subscribed to the French Peasantry Relief Fund, started by the *Daily News*, to the extent of upwards of £14,007. The Society of Friends are actually engaged in relieving the distress among the French peasants. The Great Eastern Railway Company has, for the present, generously undertaken to convey free to Antwerp parcels sent for the use of the peasantry in the North of France. Although such considerable sums are being contributed, yet it is impossible to relieve more than a tithe of those suffering from distress. Amongst such a crowd of starving, houseless, homeless, destitute, poor half-frozen wretches, it is manifestly impossible to distribute more than a loaf or so per head every two or three days and a blanket or two here and there. When we think of how many blankets it takes to keep an English family warm in good houses and with blazing fires, it will easily be seen that such provision cannot be anything like adequate to the wants of a population starving, and alike without homes or fuel. More funds are urgently needed. Cheques may be crossed to the London and Westminster Bank, Temple Bar Branch, and Post-office orders, should be made payable to W. K. Hales, 20 Bouverie street, E.C.

The Society of Friends offers to receive and transmit clothing, &c., which may be sent to E. R. Ransome, War Victims' Fund Depot, 154 Minories, or (if more convenient) small parcels may be addressed to the same name, 10 Essex street, Strand.

Chloral.

THE new hypnotic has maintained this year the reputation it so rapidly acquired, and is now everywhere admitted to be a valuable addition to our materia medica. Observations have been multiplied in all directions, and it would be by no means easy to present a *resumé* of the whole. The general tendency of the profession is towards an intelligent appreciation of the new drug, and we believe its use will become even more extensive than at present.

M. Bouchut in the *Archives Générales de Médecine* says chloral is a powerful sedative of the motor and sensory nervous system. He points out that the urine passed during the sleep procured by chloral reduces the salts of copper so as to give the notion of a temporary glycosuria. Its action he regards as the same as that of chloroform, but more slow and more lasting in its effect. He also recommends it in chorea.

The *Berliner Klinische Wochenshrift* mentioned unfavourable results from hypodermic injection of chloral, and reported favourably on its administration in enemata.

At the Obstetrical Society of London, Baron Dr. von Seydewitz related two cases of eclampsia cured by chloral.

Dr. Russell Reynolds related in the *Practitioner*, a case in which alarming symptoms were produced by fifty grains. In the last number of the same journal, Mr. Waterhouse gives his experience of it in whooping-cough, a disease in which many others have given it with advantage. He thinks it must be used with the greatest caution if pneumonic symptoms present themselves.

The greatest advantage of chloral is, that it does not lock up the secretions like opium.

The Employment of Unskilled Midwives for the Poor.

IT appears from the reports of local newspapers that the Worcester Board of Guardians are contemplating the substitution of midwives in place of skilled medical men to have the care of poor women during their hour of greatest trial; in fact, reverting to the *cheap and nasty* mode of business which has so often been tried and found wanting. We should have thought that after the disclosures which have, from time to time, come to light with regard to the doings of ignorant midwives (in which Worcester has more than once figured), the Board would not even have mooted such a question.

The midwives of Provincial towns, as a rule, possess no qualification to fit them for so important a post—uneducated and untrained in hospital wards, without medical knowledge or refined feelings, they are entrusted with the lives of the poor, in one of the most anxious branches of a difficult profession; and the consequence is that an incredible amount of suffering (known only to medical men), is inflicted upon helpless and needy women, owing to gross maltreatment and the absence of proper and necessary attendance.

It is injurious to the ratepayers and cruel to the poor, that they should be employed, and we do not for a moment believe that the Poor-law Board would ever sanction their re-election.

Hospitals and Christmas.

SOME London hospitals have been made gay with evergreens, and Christmas has been otherwise made as merry as possible for the inhabitants. The charitable providers of this deserve the happiness their thoughtfulness must have afforded them.

But there is another cry. Our hospitals are in want of money. The awful war has drained the pockets of many, and our own best charities are suffering. It is well that this should be brought into prominent notice. God forbid we should not pity and help the poor sufferers in the war, the wounded, the starving peasantry, the refugees—all who need our aid. But our own poor, too, whom we have always with us. Let us not forget them. This war is an extra drain, and what it takes ought not to be saved from the contributions usually given to the sick poor at home. Many of the London hospitals need extra aid. The great East End Hospital, the London Hospital, situated in a poor district, where want of work and epidemics just now aggravate distress, especially deserves, and has a claim not only on all London but on all the country. May that claim be as nobly recognised as in days gone by!

The Guardianship of Boards of Guardians.

Of all the unreasonable beings in this world it is probable there is nothing like ordinary Boards of Guardians. From the reports of the last number of the *Ashton-under-Lyne News*, we imagine the Ashton Board is an ordinary one. We see at their meeting they had two of their Medical Officers before them, but we fail to see that they know the respect due to a learned and self-denying profession, or that they are fit to form an opinion on the question brought before them. One is a charge of neglecting a woman with a swelled knee, which well illustrates the inability of the board to undertake a quasi-judicial inquiry, and their readiness to believe anything against a doctor. The other shows just as clearly their notion of their own infallibility, and their readiness to fancy themselves blamed. Dr. Pomfret made a report in the usual way, in which he mentioned that a young woman had gone out of the workhouse on a very wet day, and walked a long distance improperly clad, and carrying her baby also insufficiently clothed seven miles, to appear before magistrates to affiliate her child. These guardians, instead of complimenting their Medical Officer on his zeal and humanity for directing their attention to the cause of her illness, fly into a passion, publish far and wide that Dr. Pomfret has made a charge against them, and seem all to join in giving him a scolding, such as a set of old women might be proud of.

When will the country wake to the necessity of having these things attended to by gentlemen?

Difficulties of Sanitation in London.

At the last meeting of the Association of Medical Officers of Health, Mr. John Liddle, calling attention to the increase of small-pox, said that unless the dead, and in some instances the living, could be speedily removed from dwellings, efforts at disinfection must be almost futile. It was therefore most important that houses of refuge should be provided. Dr. Aldis said the Small-pox Hospital was full, and that diseases was extending in his district. A member remarked that a magistrate has power to order burial within twenty-four hours; but it was nevertheless agreed that houses of refuge apart from hospitals are highly desirable. Dr. Aldis, in his paper, drew particular attention to the spread of infectious diseases in the parish of St. George, Hanover square, by the overcrowding of dwellings in the poorer neighbourhoods and the retention of infected subjects therein. He suggested the providing of a more constant supply of water, especially on Sundays, and the use of the usual disinfectants. Professor Gamgee in his paper held that satisfactory evidence has proved that fever may be transferred from house to house by means of milk—not merely through adulteration, or as a consequence of the use of impure water in washing the milk pails, but from the disease of cows giving the milk. He was, however, of opinion that the importance of analysis has been overrated, that simple dilution is most generally practised, but that some of the new companies do business so directly from the country that there is little risk of tampering. Condemning the old town system of cow stables, he was convinced that it is better for the town supply to be supplementary to that of the country, and not the principal source, thus getting rid of the most dangerous seat of contagion. The more we encouraged the country supply, and extended the area from which we could get country milk, the better we should save the people from that poisoning of this article.

The Liverpool Fever Epidemic.

With great satisfaction we observe that the number of cases of fever is rapidly declining. In the Toxteth Union Hospital there are 300 cases of fever, and under out-door treatment 228, a reduction of about 130 on the week. In consequence of this reduction, it was resolved that the engagements of the two assistant out-door medical officers should be terminated by notice.

Uselessness of the Lactometer.

A new periodical, called the *Milk Journal*, and which intends to deal with milk analysis on an extensive scale, contains what to some may appear a startling statement. The specific gravity of milk is said to be untrustworthy as a means of judging the strength of milk. In fact, according to our contemporary, milk diminishes in sp. gr. when kept for a couple of days—so that possibly, after all, many an innocent person has been suspected of tampering with milk that merely underwent a natural change.

We give the exact words of the article:—

> "In making examinations of milk for sanitary or commercial purposes, it is customary to use determinations of specific gravity as indices of the *strength* of milk. It is, however, recognised that, owing to the circumstance of cream being lighter than water, whilst skimmed milk is heavier, the indication of strength afforded by a determination of specific gravity is not very precise. Obviously, if in addition to the specific gravity, the percentage of cream were taken, a connection could be applied so as to rectify the indication of strength derived from specific gravity. In the course of an examination of milk undertaken for this Journal, the observation was made that there is another source of inaccuracy hitherto quite unsuspected. Skimmed milk consists mainly of water, caseine milk, sugar, and a small quantity of mineral salts. Now, the exact molecular condition of the caseine inflences the specific gravity of milk—in other words, samples of milk of the same strength will vary in specific gravity according to the exact molecular condition of the caseine. Especially are these changes in condition brought out if milk be kept for a while. This is illustrated by the following examples.
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> "In attempting to analyze articles of general consumption, with a view to determine the extent of adulteration, it is necessary to operate on a large number of samples obtained from *bonâ fide* purchasers, and to adopt means calculated to ensure comparable results. We do not intend on this occasion to enter fully into the subject of milk analysis, but we may state that plans commonly adopted are of little worth. We have had to notice the untrust-

worthiness of specific gravity determinations of milk—that is to say, the danger of judging of the strength of milk by its specific gravity. To be of any value at all, the specific gravity determination must be made whilst the sample of milk is very fresh. After milk has been kept for two or three days, even in a closed vessel, its specific gravity falls in a very remarkable manner. The following examples exhibit this in an extreme form. The specimens of milk had been kept in corked bottles for four days:—

	Sp. gr. at 60° Fah.	Percentage of Solids dry, at 212° F.	Percentage of Ash.
Sample *a*	1·0004	11·34	0·94
„ *b*	0·9960	10·48	0·75
„ *c*	1·0184	8·92	0·66

Showing that the highest specific gravity sometimes accompanies the lowest percentage of solids. The reason of this want of correspondence between specific gravity and solid contents we have already explained. Meanwhile, in judging of the strength of milk, we propose to adhere to the method of evaporating to dryness in the water-bath, and weighing the residue.

"We have examined seven samples of milk sent to us by different persons, with a request that they should be examined. We have found in 100 parts by weight of each as follows:—

	Total solids, dry at 212° Fah.	Ash.
No. 1.	11·34	0·94
2.	11·33	0·85
3.	11·04	0·72
4.	10·48	0·75
5.	9·39	0·62
6.	5·98	0·57
7.	8·92	0·66

"The sample No. 6 is a gross case of dilution. It is milk supplied to a workman's family in Bethnal green, and contains no less than four parts of water to six of milk. Samples Nos. 5 and 7 are not so bad, but unless dilution had been practised, the milks were exceedingly and abnormally poor.

"We hope to receive samples from milk consumers, which, if sent fresh, and carriage paid, will be examined and reported on in the columns of the journal in rotation as they arrive."

Dr. Waring-Curran, Medical Officer of the No. 2 District of the Mansfield Union, was elected on Wednesday by the Committee of Management, Surgeon to the Mansfield Woodhouse District Hospital.

The *Lahore Journal* says, that the 38th Regiment, now stationed at Peshawur, is suffering so terribly from fever that it must either be soon removed to another station or else extinguished altogether.

There were several accidents on Monday, 26th ult., through skating and sliding on the ice in the parks, in all about fifty, of which about thirty were cases of immersions, two or three were broken limbs, and the remainder contusions of more or less severity.

Silliman's *American Journal of Science and Arts* will, after the close of the present year, become a monthly journal. It was founded by Professor Silliman in 1818, and now numbers 100 volumes, and is regarded as the first scientific journal in America.

A somewhat surprising assertion was made, at an inquest held last week, by Mr. Hardinge, M.R.C.S., who said, in reply to a question by the coroner why he did not send to the workhouse for a nurse to a pauper patient whom he believed to be dying—"medical men, as a rule, do not send to the workhouse for nurses, as it is my experience, and that of most other medical men, to do so would be equivalent to sending for a drunkard and a thief."

The *Journal Officiel* for Dec. 20th says, that the death-rate in Paris, according to last accounts, was on the increase.

For the week ending the 4th ult., it was 2,155, in the following week it rose to 2,788, especially through typhoid fever, bronchitis, and pneumonia. The mortality from small-pox is stationary.

For the week ending Dec. 18th, the mortality was 2,728, or more than treble the ordinary number, which is about 800

The Secretary of the American Ambulance in Paris has written in the following terms of the success of the organisation in that city:—"There is no question, both among surgeons and military men, but that ours is the model field hospital of Paris; the consequence is, we are daily overwhelmed with visitors and compliments. In addition to our tent hospitals, we have put up fine barracks, and provided them with all the material necessary to their several uses, as wards and offices; while we have fed for more than two, at constantly increasing prices, a daily average of more than 100 persons. We have shown how, in the treatment of the wounded, simple means were not only the least expensive, but how, at the same time, they were the most effective from a sanitary point of view. But two or three per cent. of our wounded have died, although many have been severely wounded. All our compound fracture cases have recovered under conservative treatment. Of four amputations of the thigh, consequent upon wounds of the knee-joint, three have been followed by complete recoveries. In the hospitals of the 'French societies' all such amputations have terminated fatally. Neither hospital gangrene, pyæmia, or typhus, have made their appearance in our hospital, although they have been seen nearly everywhere. Results such as these cannot be ignored, and if our success hereafter shall correspond with that already obtained, we shall have exerted, by the establishment of our hospital in Paris, a powerful influence upon the future of European military surgery.

In a correspondence recently published in Dublin between the Rev. P. Conway, P.P., Headford, co. Galway, and the Chief Secretary for Ireland, Mr. Conway says that at Keelkile "he saw eighteen persons sick of a fever of a most malignant type, that he has administered the last rites of the Church to twelve persons whose deaths he would not be astonished to hear of before many days. Some of those were without food, drink, or a nurse to attend them, and two in a bed. One person lives in a house alone, raving in the fever. Mr. Conway saw fifty-six people dead in one day in the year 1848. He says that they were then as to-day sacrificed to death at the shrine of political economy (?) Enclosed in this was a letter to the Lord-Lieutenant, of which this is a copy:—"Keelkile, Headford, Tuam Union, County Galway, December, 23.—My Lord,—It becomes our painful duty to tell your lordship that we have eighteen persons lying sick in a desperate fever; some without food or drink or nurse to look after them; two stretched together in one bed. In the name of the merciful Jesus, send us a doctor in whom we will have confidence; send us a relieving-officer to reside convenient to the people of the parish. The Tuam Board of Guardians are too far away, and care nothing for the poor." Mr. Fortescue's reply is to the effect that, by his Excellency's directions, he has forwarded Mr. Conway's letter to the Poor-law Commissioners.

We do not understand Mr. Conway's rhapsodies about being "sacrificed at the shrine of political economy (!)" The other facts may be thought over by our readers.

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POISONING BY CHLORAL.

The *Canada Lancet* reports the following case of poisoning from 460 grains of hydrate of chloral at the Philadelphia Hospital:—

At half-past five in the morning of September 18, Mrs. B., a nurse in the Woman's Medical Ward, was found in a deep sleep, from which she could only with very great difficulty be even partially awakened. Thirty grains of ipecac. were immediately given, under the supposition that some dangerous narcotic dose must have been taken. As this failed to produce emesis in ten minutes, an attempt was made to administer a mustard emetic, but she could not be forced to swallow it. At six o'clock the respirations were thirty-five in a minute, and heavy and stertorous; the pulse was quick and frequent, numbering 140 in the minute. The face was somewhat flushed, and the extremities cold and livid. No change was observed in the pupils, except that under the influence of light the left one contracted, while the right seemed scarcely affected. A bottle marked "Hydrate of Chloral," which was known to be full only a few minutes before the occurrence of the alarming symptoms, was now discovered nearly empty. Suspecting this medicine to be responsible for the woman's condition, she was transferred to a chair, mustard poultices were applied to the extremities, and vigorous flagellation was resorted to. This severe treatment was pursued for one hour before the least sign of returning consciousness was appreciable. She now endeavoured to raise her hand to her face, which I was slapping with my hand. Before this time every muscle was *most completely* relaxed. Another indication of approaching consciousness was an occasional moan, which the flagellation would draw from her; but the moment the treatment was discontinued she sank back into the most profound slumber. At this juncture a very powerful faradaic current was applied along the spinal column, the course of the phrenic nerve, and to the chest. As soon as the poles came in contact with her body, she showed symptoms of discomfort by writhing and moaning as before. After continuing this mode of treatment for half-an-hour, she began to open her eyes at short intervals, and with some difficulty made us understand she was suffering; but the moment the poles were removed she sank again into the deepest sleep. At nine o'clock it was observed that when the poles were applied, she endeavoured to get off the chair and away from the object causing her suffering. The assistants were now directed to try to make her walk, with one on each side to support her and another behind to stimulate her vigorously with the palm of the hand. She made some effort to walk, but with a very staggering gait, requiring all the strength of the assistants to keep her from falling to the floor. The application of the battery and attempts at walking were continued alternately for two hours, at the end of which time (eleven a.m.) she had so far recovered as to be able to walk unaided and to converse in an intelligent manner. A small quantity of whiskey was now given, and soon after a good drink of beef tea, containing a considerable amount of capsicum. Considering that it would now be safe to allow her to sleep off the remaining effects of the narcotic, she was put to bed, and slept soundly from this time until six p.m., being easily awakened at intervals of an hour or two for the purpose of receiving nourishment. She soon fell asleep again, and remained in this condition until the following morning, when she awoke feeling quite sore, and with a slight headache, but otherwise very comfortable. There was no sickness of the stomach or constipation of the bowels following. Her statement is that, having been up all night nursing a patient with delirium tremens, she went to the ward office about five a.m., in search of something to relieve a headache under which she was suffering, and finding the solution of chloral, drank the greater portion contained in the bottle. She immediately felt a burning sensation, and swallowed some water to relieve it; beginning to feel faint already, however, she endeavoured to reach her bed, but according to the statements of those around her, fell to the door before reaching it. She remembers distinctly going to her ward, but nothing after that, until recovering at eleven o'clock the following morning. She has no knowledge whatever of either the flagellation or the application of electricity. The bottle from which the dose was taken contained ten drachms, and two scruples of hydrate of chloral, dissolved in four ounces of cinnamon water, and had been brought from the drug store only the previous afternoon. One of the physicians used six fluid drachms of the solution, containing 120 grains, for some of his patients, but no more was taken by any other person, except this woman. She left in the bottle only three fluid drachms containing sixty grains of chloral, each fluid drachm of the solution corresponding to twenty grains. Supposing, then, that she swallowed the rest of the four fluid ounces (and it is safe to presume she did, from her own statement), she took at least 460 grains of hydrate of chloral. Her pulse was carefully watched throughout, and at the time when she seemed to be most thoroughly under the influence of the poison it was wholly impossible to be counted, so small and frequent was it. As the stupor became less marked, the pulse gradually approximated towards normal frequency, remaining at 100 beats per minute at eleven a.m.

The treatment above described was adopted on account of the resemblance between the symptoms present and those which result from an overdose of opium or some of its alkaloids; and from the threatening condition which was developed in this patient by this large dose of chloral, it seemed as though her sleep would have passed into the sleep of death, had it not been for the timely application of faradization and vigorous flagellation. At the time of the occurrence of the case I was not aware of the existence of any supposed antidote for the hydrate of chloral.

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Calabar Bean in Constipation.

Dr. VICTOR SUBBOTIN (*Arch. f. Klin. Medicin*, vi. 2, 3, 1869) communicates cases in which he obtained remarkably good result from this remedy. He prescribed a solution of the extract in glycerine, one to thirty, the dose being four drops four times daily. A fæcal tumour which resisted strong doses of a cathartic was quickly dispelled in this way. The cases in which the treatment is most suitable, are those due to atony of the muscular coat of the bowels, on which the Calabar extract acts powerfully, as is shown by experiments on animals.

A Woman with Four Breasts.

A PRIMIPAROUS woman was admitted under M. Lorain, and was delivered next day of a dead premature child. She was found to have four breasts, two in the normal position and with the normal puerperal appearances, and two which, from their position, might be called axillary, and attaining the size of a small orange. She menstruated at twelve, and at the periods she experienced pain in the small breasts. The colostrum also which these contained was small in quantity, and the granular bodies were less and transparent, while the milk-globules were fewer. The areolæ was also very small. In spite of an attack of fever, the lacteal secretion was regularly established in all the breasts, but the milk examined microscopically was found of a much poorer quality in the supplementary breasts.—*Revue Photographique des Hôpitaux.*

Summary of Science.

By Chas. R. C. TICHBORNE, F.C.S., M.R.I.A.,

Mem. Counc. Royal Geological Society of Ireland, Chemist to the Apothecaries' Hall of Ireland, &c.

THE COMPARATIVE VALUE OF ANTISEPTICS.

Dr. Crace Calvert communicates a letter to the *Chemical News* in connection with Dr. Sansom's paper, entitled—"Evidence concerning the Germ Theory of Fermentation, afforded by the Action of certain Substances when suspended in the Air." Mr. Calvert's object is to prove the value of carbolic acid as an antiseptic. We give his experiments in a tabular form:—

Antiseptic employed.	Per-centage of Antiseptic.	Time in which it acquired an offensive odour. Temperature 70° to 80° Fahr.	
		Albumen.	Flour Paste.
McDougall's disinfecting-powder ...	5	11 days	25 days
Carbolic and disinfecting powder ...	5	Remd. sound	Remd. sound
Chloralum	2	9 days	—
Chloride of zinc ...	2	15 days	—
Chloride of lime ...	5	16 days	14 days
Permanganate of Potash	5	—	—
Tar oil	2	11 days	25 days
Carbolic acid	2	Remd. sound	Remd. sound
Cresylic acid	2	Remd. sound	Remd. sound
No antiseptic used ...	—	5 days	7 days

The above table, says the author, clearly shows that the only true antiseptics are carbolic acid and cresylic acid. This is probably true as regards the substances given in the author's paper; no one can doubt the efficiency of carbolic acid, but Dr. Calvert seems to ignore some of the most valuable and powerful of the antiseptics—sulphurous acid and the sulphites.

If deodorisers are merely required for removing the noxious odour from any mass of matter in a state of decay or decomposition, they may be used with advantage—such are, chloride of manganese, chloride of lime, sulphate of iron, permanganate of potassium, chloralium.

HYDRATE OF BROMAL.

The hydrate of bromal, or bromal-hydrate, is the corresponding compound to chloral hydrate, the chlorine being replaced by bromine. Its composition is $C_2HBr_3O, 2H_2O$, it being formed by the direct action of bromine upon alcohol.

From experiments made under the supervision of Liebreich himself in the Berlin Pathological Institution, and published some time since in the Press, it would seem that this compound when administered to animals, undergoes a similar change to the chlorine compound. But this change goes on much slower; at the end of an hour and a half there is found in the blood, in addition to bromoform, still some undecomposed bromal. It is also evacuated in the urine as bromides.

The symptoms produced upon animals were—first, a stage of restlessness, followed by imperfect sleep and anæsthesia, and finally dyspnœa and death with and without convulsions.

The preliminary stage of restlessness which has no equivalent in the administration of chloral is ascribed to the action and conversion of the bromal into aldehyde. It being oxidised in the usual manner by the arterial blood the decomposition proceeds much more slowly than it would in the case with chloral. The author and others, however, had observed a stage of restlessness after hypnotic doses of chloral. In the case mentioned by Liebreich, a patient was suffering from gout, and it was no doubt due to the acid state of the blood preventing the usual decomposition into chloroform. When alkalies were administered to the patient the same dose of chloral hydrate produced sleep. It would be most desirable to try some experiments upon these compounds, particularly as regards their exhibition in conjunction with ammonia-citrates of the alkaline bases; it is probable that the uncertainty exhibited by chloral hydrate would vanish by such a method.

DR. THUDICHUM'S EXPERIMENTS ON URINE.

Proust obtained acetic acid from urine. It was also obtained by Liebig from putrid urine, and believed by him to be a product of decomposition of the colouring matter. Dr. Thudichum does not only enumerate acetic acid as a product but also formic. Formic acid, he says, has repeatedly been found to be an ingredient of human urine, but it had been declared an accidental product of the intentional ingestion into the stomach of certain substances, which, by decomposition in the economy, yield that acid. The author then describes the process by which he gets a pitchy resin, urochrome left in a retort, the distillate from which contains the volatile acids:—hydrochloric, benzoic, acetic and formic. The author found a difficulty in separating the formic and acetic acids. In short, the process of fractional crystallization failed entirely to yield any pure product after the preponderance of acetic acid had ceased, and even the use of alcohol did not effect that neat separation of formiate (insoluble) from the acetate (soluble in alcohol), which is advised in handbooks, as if it were a fact. The acetate was found to hold the formiate in solution even in alcohol, or to fall with it from more concentrated solutions. The barium salt was tried with a similar result; barium acetate and barium formiate are isomorphous, and cannot be separated from each other by crystallization in mixtures, in which the atoms of formiate rise to more than one-third of the amount of atoms of the acetate.

CHEMICAL COMPOSITION OF THE BONES OF PARALYTICS.

Mr. Campbell Brown has analysed the above bones, from the fact that there was an unwarranted occurrence of fractures of the ribs among patients in the lunatic asylum, with which he is connected. The ribs of general paralytics being very unlike the ribs of healthy adults in appearance, they were submitted to analyses. The author gives the result of his analyses in four cases, and compares them with the analysis of healthy bone at twenty-five years of age, as given by Von Bibra. He finds that as far as the specimens examined go, the ratio of organic constituents to earthy matter is much greater, and also that the ratio of lime to phosphoric acid is distinctly less in the ribs of paralytics than in those of healthy adults.

There is the same difference between the composition of healthy ribs and those of paralytics as between the composition of the adult large bones and those of the fœtus; generally the composition in cases of paralysis approaches that observed in cases of osteo-malacia.

Whether the defects in the ribs of paralytics are due to arrested development, or to degeneration of the fully developed bone, it would, even as admitted by the author, require further experiments to prove. Indeed, four analyses are hardly sufficient to establish a theory, where the observations rise to such close figures. We suppose Mr. Campbell Brown intends to supplement this paper by further experiments.

ON THE LUBRICATING AND OTHER PROPERTIES OF DIFFERENT OILS, AND CHEMICAL CHANGES PRODUCED IN OILS BY FRICTION.

An ingenious machine has come into use for determining the relative lubricating power of different oils. It consists of an iron drum fixed upon a shaft which can be made to revolve rapidly; round this drum accurately fit two saddles of brass with weighted levers pressing them upon the drum; on the top saddle is placed a thermometer with the bulb fitting into a recess, which contains the oils lubricating the drum. There is also an instrument that registers the revolutions of the shaft. In using the instrument the shaft is made to revolve at a high speed (1,800 revolutions per minute). It will be evident that this high speed will generate heat very rapidly, if no lubricant or a bad lubricant be used; but if a good and perfect oil is employed the drum will have to make a greater number of revolutions before the saddles attain the prescribed temperature. To roughly estimate the relative lubricating quality, it is only necessary to divide the number of revolutions made by the drum by the degrees of temperature. Too much confidence must not be reposed in these indications, for the viscidity would have to be determined by a separate operation. From the ingenious experiments tried by a scientific friend it would seem some oils become less viscid on a rise of temperature with certain limits; whilst others become more so from chemical changes produced by the heat. Thus, castor oil is remarkable in this respect. The lubricating properties of this oil are nearly equal to olive oil, but in using the machines on which it has been applied, it has been found after standing twelve hours to be so gummed together as to be nearly immoveable; the use of such an oil would absorb half the power of a steam engine, and leave only the other half available for the work to do. Oils used for these purposes range from eightpence to eleven shillings per gallon, and this subject becomes an important commercial one; but it is curious, from a scientific point of view, to observe in the results given, that there are very few oils that do not undergo some chemical change from the action of friction, because such oil on treatment a second time does not take the same number of revolutions to raise it one degree.

CYANURIC ACID.

Dr. Hofmann gives a test for this acid even when present in very small quantities. It is based upon the very difficult solubility of sodium cyanurate in a hot and concentrated liquor soda.

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Correspondence.

MR. MORGAN'S EXPERIMENTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am not surprised that Dr. Bumstead, of New York, should have written to Mr. Morgan to say that he was now in doubt as to the complete duality of the syphilitic sores. Dr. Boeck and Dr. Bidenkaf's experiments, detailed in the former gentleman's work, "Recherches sur la Syphilis," long ago convinced me that syphilitic sores might be made by inoculation to cause soft chancre on syphilitic persons. Mr. Morgan's experiments are only an interesting corrollary to these experiments. I have long been of opinion that any syphilitic symptom in the female, whether syphilitic gonorrhœa or ulcerations of secondary nature on the genitals or mouth, gave rise to syphilis in the male. Nay, I hold, that the great majority of all cases of syphilis we see in males are derived from secondary lesions in females, including discharges. But, contrary to what Mr. Morgan appears to say in the Surgical Society, I hold, that gonorrhœa in a syphilitic woman would, in very many cases, in all probability, give syphilitic or hard sore to the male free from syphilis, although, perhaps, not so frequently as soft chancre. I have warned women of this. The dualists have great difficulty in maintaining their ground, although there is a great deal of truth in their theory.

I hold, that soft chancres do not infect, because the inflammation they cause is so intense, that the poison does not enter the blood. This opinion is derived from Dr. Boeck; and, really, there is so much to be said for the opinion that soft chancres are poor relations of that full contagion, syphilis, that I expect soon to hear that everyone agrees on this point. At any rate, I do trust that no one will make the experiment of inoculating the leucorrhœal flow from a syphilitic woman (which, in my experience, sometimes lasts for four or five years), on any healthy person, in order to prove that it gives rise to only a non-infecting sore. When mucous patches on the mouth so frequently give rise to syphilis in nurses, and in the act of kissing, glass-blowing, &c., what wonder is it that syphilitic inflammation of another mucous surface, the vagina and os uteri, should do the same when inoculated on healthy persons.

I remain, Sir, yours faithfully,
Charles R. Drysdale, M.D.
99 Southampton Row, London, W.C.,
January 2nd, 1871.

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Gleanings.

Action of Alcohol.

Dr. Heinrich Timmerberg ("Inaug. Dissertation," Dorpat, 1869) found, as the results of his investigations and experiments on animals:—1. That alcohol constantly lowers the bodily temperature. 2. That it lessens the frequency of the heart's contractions. 3. That the blood pressure in the carotids is lowered, indicating diminished force in the cardiac action, and that this effect was produced partly by direct action on the heart, and partly through the vagus nerve. The retardation of regressive metamorphosis by means of alcohol is to be ascribed to the weakening of the heart's action, as well as to direct influence on the blood.

Treatment of Dilatation of the Stomach.

Several communications have appeared in the German periodicals, on the method of treating this affection by washing out the dilated organ by means of the stomach pump. Solutions of soda, creosote, borax, &c., are used according to the indications. Good results may always be expected in cases due to atony or paralysis of the stomach after exhausting diseases, or to moderate contraction of the pylorus from hypertrophy, or the cicatrisation of an ulcer. In cases of cancer or excessive narrowing of the orifice, though a cure is not to be expected, yet a considerable mitigation of the severity of the symptoms may be attained. The evacuation of the stomach is best performed in the morning, as anything then remaining is useless or injurious, and by the cleansing, the stomach is prepared for the work of the day. Special kinds of apparatus are described as a double œsophageal tube, which is made to act as a syphon by means of two pieces of elastic tubing attached to it; an uninterrupted current of the fluid may thus be obtained, and a large quantity easily passed.

Popliteal Aneurism Cured by Compression. Under the care of, and reported by, Dr. Borland, Kilmarnock.

(*Glasgow Medical Journal*, Nov.)

William Kennedy, miner, aged twenty-three, was admitted into the Kilmarnock Infirmary, on 7th January, 1870. On examination I found a soft, pulsating tumour, about the size of a hen's egg, in the popliteal space. He could give no account as to the cause of it, but said his attention was first directed to it by feeling pain in the knee about eight days before admission. For the first month various plans of treatment were tried, such as flexion, digital compression, &c., with no effect. These methods having failed, I determined to try compression according to Carte's method, but was unable to begin till some time elapsed, as I had some difficulty in getting an instrument made. The instrument used was Carte's Compressor for the lower part of the femoral. Before applying it, the thigh was shaved, a soap plaster applied, the limb kept constantly bandaged below the compressed point, and the patient was put on antiphlogistic regimen. For the first week the compression was tried at short intervals—the instrument being removed when the pain became excessive, and the compression was so applied at first as to cause only a diminution of the circulation. Gradually, from the second week to the beginning of the fourth week, the patient was able to bear the compression for a considerably longer time. About the third week pulsation began to be felt at the knee along the inner edge of the patella. During the fourth and fifth weeks compression was maintained almost day and night along the course of the femoral. The tumour began to feel hard about the end of the third week, and the hardness gradually increasing, pulsation entirely ceased, and complete solidification of the tumour had taken place by the end of the fifth week. Iodide of potassium was given in large doses during the whole treatment. To make sure, compression was continued for upwards of forty-eight hours, and at the end of eight days, he was dismissed cured. The instrument was applied at various points of the femoral artery, as its position had to be changed on account of the pain it caused. This leads me to believe that the cure might have been effected much more speedily had two instruments been used, to be applied at different points of the femoral, one to be tightened as the other one required to be relaxed, on account of the local pain induced by pressure.

Perforation of the Uterus by a Uterine Sound.

Dr. Hoening relates (*Berl. Clin. Wochenschr.*) the case of a woman, twenty-eight years of age, who thrice, after short intervals, was delivered of twin children, at the full term, and twice aborted. On examination by means of the sound, of the cavity of the uterus, the instrument entered to the extent of 10¼ cm.; the handle resting at the entrance to the vulva while the opposite, knobbed extremity could be felt nearly on a level with the umbilicus. To the touch externally, the uterus appeared to be very soft and perfectly movable, but not at all enlarged. It was evident the sound had not passed into either of the Fallopian tubes, inasmuch as its extremity was pointed directly to the centre of the fundus uteri; besides, it is scarcely possible, under any circumstances, that the uterine entrance of the tubes, much less the tubes themselves, could be so far enlarged as to admit the entrance of the sound. Besides, the tubes at their fimbriated extremity are directed backwards, and so bound down by the lateral ligaments that it would be impossible to raise either of them up by the introduction of the sound so as to enable the point of the latter to be felt in the vicinity of the umbilicus. Dr. H. concludes, therefore, that in the instance he refers to the sound had actually perforated the wall of the uterus, a thing that could readily occur when this had become atrophied and softened during the puerperal period. There may even, he remarks, have existed an opening through the wall of the uterus at its fundus, caused by the formation and rupture of an abscess in child-bed. That this, however, was not the case in the instance related may be inferred from the entire absence of any of the products of inflammation. Dr. H. believes that the first of the cases reported by Hildebrandt may be set down as one in which perforation of the uterine walls was caused by the use of the sound.—*Centralblatt. f. d. Medicin. Wissenschaften.*

Summary of Womb-Disease and Aphorisms of Uterine Therapeutics.

From the pen of E. N. Chapman, Professor of Obstetrics, we have some very interesting and practical remarks upon uterine therapeutics, which are given at great length in the *Boston Medical Journal*, from which we extract the following particulars.

From a careful collation, comparison and sifting of the evidence offered by a general *résumé*, of the chief particulars of each case, are derived, as legitimate deductions, the following aphorisms of uterine therapeutics. These aphorisms, stated for the sake of brevity and compactness, in the form of propositions, comprehend the pathology, etiology, diagnosis, prognosis and therapeutics of womb-disease, and announce the cardinal principles, that should be the point of departure, the basis of operations, the guide of every remedial effort for the subdual of disease and the restoration of the vital forces, the nerve-power and the blood supply to their proper balance and healthful rhythm.

1. Uterine disease invariably falls within the limits of the menstrual age, neither arising before the advent, nor continuing after the decline of this epoch. In no case did the attack precede puberty, or follow the climacteric period; the youngest subject under treatment being eighteen and the oldest fifty-six years of age.

2. The sexual life, circumscribing the range of morbid actions, and alone presenting the conditions requisite for their inception and continuance, the pathology hinges on the new order of things inaugurated with the menses.

3. A change of life—a retrograde step by which the internal genitalia return to their original condition, is Nature's mode of cure—a mode invariably certain.

4. This cure, radical and permanent, is effected by the withdrawal of the sexual instinct, retrocession of nerve and blood-force, cessation of ovulation, involution (climacteric) of the uterus and vagina, in a word, by the abolition of the physiological laws of puberty and a return to those of childhood. Now the laws of nutrition, common to all parts, are alone operative.

5. During the child-bearing period, a chronic congestion has no tendency to a spontaneous resolution, except on the occurrence of pregnancy, since the continuous aspiration of blood to the female organs, by the ovarian stimulus and the intermittent but greater influx attending animal desire, and the monthly nidus, keep alive and ever renew the congestion.

6. Pregnancy, by instituting physiological laws, as much higher than those of puberty, as the laws of puberty are higher than those of general nutrition, may over-ride and over-master a congestion, active and morbid, by substituting one active and normal; and then, involution on delivery, by instituting other laws for the removal of effete tissue, may restore the uterus to a healthy state, by substituting a normal atrophy for the hypertrophy.

7. Recent cases of congestion, occasioned by suppression of the menses, by an interruption to the initial steps of involution at the termination of pregnancy, either before, or at term, or by other like causes, operating in a like manner, are many times cured by a free, spontaneous hæmorrhage, menorrhagic or metrorrhagic.

8. Chronic cases of congestion are not benefited by a menorrhagia, or a metrorrhagia, the discharge being a mere leakage from over-charged vessels that have lost their contractility.

9. General remedies are efficient in removing a recent congestion and in promoting involution, directly following delivery, especially when aided by a copious hæmorrhage or menstrual flow.

10. Local treatment is demanded in all cases of womb-disease of a chronic nature, and in many of recent origin.

11. Local treatment is of equal efficacy in combating the constitutional, as the pelvic disorders, and is of itself competent to cure the patient.

12. The constitutional treatment may, in confirmed cases, aid the local, but cannot, if employed alone, be other than delusive and temporizing.

13. The substratum, the remote causation, the germ of uterine disease, is a perversion of function.

14. The results of this perversion—physiological laws broken and thrown into disorder—are the only morbid conditions found in any case; in other words, the pathology is comprised in the confusion and aberration of normal operations.

15. The physiological congestion of menstruation, intermittent and temporary, is converted into a pathological congestion continued and permanent.

16. In nulliparæ, the morbid operations are limited to this persistent vascular fulness.

17. In multiparæ, the laws of pregnancy having, once or more, superseded those of menstruation, and imparted a new life-force, there exists not only vascular fulness, but certain structural alterations simulating those peculiar to conception, to wit: increased nutrition, formation of muscular fibres, growth and exuviation of the true uterine mucous membrane.

18. The immediate causes of this vascular fulness are of two orders: the one impedes, disturbs, or interrupts, the physiological laws of menstruation; the other those of involution.

19. Uterine disease being physiological obliquity, a straying of organic forces in devious courses, is restricted within the bounds of a congestion. Inflammation and its products are only met with when the organs contiguous to the uterus are implicated, as for example, in pelvic cellulitis.

20. A judicious treatment restores the uterus, vagina and ovaries to a state of integrity, in which the menses are normal, pregnancy possible, and all local and general symptoms absent.

21. The duration of uterine disease may be co-extensive with that of the menses, unless pregnancy or art interferes. The longest time recorded is twenty-eight years, the shortest, three days, the mean, three years, and three and a half months.

22. The prognosis, even with the unfavourable surroundings of a dispensary practice, is extremely flattering. Of the 219 cases (the four recorded as a recurrence of the disease being added) treated locally, 165 were cured, and fifteen benefited. One recovered by a change of climate, and one by the growth of an ovarian tumour. The result in the thirty-seven cases remaining is, from a discontinuance of the treatment, unknown.

23. That the success was greater than appears by these figures is shown by the rarity of relapses.

24. It may safely be premised that, in private practice, eighty-five to ninety per cent. of uterine cases, admit of a perfect restoration to health.

25. In multiparæ, and also in nulliparæ, when the cervical glands are alone affected, a favourable result is nearly certain, unless organic disease co-exists. Excluding class seven, there remain 196 cases treated locally, of which 155 were cured, and ten benefited. In one case a cure was effected by the growth of an ovarian tumour. In thirty cases the result is unknown.

26. In nulliparæ a chronic congestion is difficult to remove, and prone to return. Of these cases treated locally, twenty-three in number, ten were cured, five benefited, and seven abandoned treatment. One patient was cured by a change of climate.

27. The direct effect, and the ultimate result of treatment, cannot with any degree of certainty, be predicted of the nulliparous uterus; but in the multiparous, the prognosis is more favourable in uterine than in any other disease of a like gravity.

28. As unlike many other pathological states chronic

uterine congestion has, of itself, no tendency to recovery; a cure, if effected, may be rightfully claimed by the physician as due to his treatment, and not to an effort of Nature.

29. By a cure is meant a restoration of the general health, as well as of the genitalia to a normal condition—one in which each organ of the body regains its proper status and functional activity.

30. The duration of the treatment of the cases cured, belonging to classes one—six inclusive, averaged about three and three quarter months; the longest time being two and a half years, and the shortest one week.

31. The duration of treatment of the cases cured belonging to class seven, average six months and five days; the longest time being one and a half years, and the shortest five weeks.

32. A multiparous uterus that, like a nulliparous, remains under the stimulus of congestion, dense and unyielding, and presents a neck of the natural shape and a body of the natural bulk, is with great difficulty relieved of disease. Such a case too often foils the best directed and the most persistent efforts.

33. Erosion, puffiness, enlargement and elongation of the cervix, and hypertrophy of the corpus uteri, showing, as they do, a more spongy and succulent state of the uterine fibres, and consequently a less degree of tension and irritability of the nerves, are favourable occurrences.

34. Vaginitis is part and parcel of uterine congestion, and is due to a repletion of the erectile coat of the vagina. This repletion distending the vascular papillæ, induces mucous inflammation, which, being consecutive, abates proportionately with the under-lying congestion that feeds the papillæ, but is not benefited by a specific treatment. Of the 165 cases cured, forty had this complication.

35. Prolapsus of the uterus or bladder, in the cases cured, existed ninety-six times. Of these, eighteen required the use of a pessary.

36. Procidentia, cystocele or vaginocele, in the cases cured, existed twenty-four times. Of these, twenty required the use of a pessary.

37. Anteversion complicated the cases cured eleven times; retroversion, five; anteflexion five; retroflexion, two; and retroflexion with retroversion, one. These changes in the position and form of the uterus, on the removal of congestion, gave little or no inconvenience, and in no instance required officious intermeddling.

38. Congestion imparts to displacements and distortions of whatsoever nature their chief significance, and primarily demands attention.

39. Every plan of treatment that does not in the first instance aim to restore the circulation of the internal genitalia to its normal balance and rhythm, is always futile, and sometimes mischievous.

40. The complications attendant on uterine disease are, as a rule, removed with the congestion, if not, the treatment appropriate to each is to be enforced.

Medical News.

Respecting the Frost and Cruelty.—The following useful suggestion has been made:—"That each householder in frosty weather should throw a quantity of ashes on the road, the width of his house." The trouble would be trifling, but the good incalculable.

On Friday evening a fatal accident occurred to a solicitor's clerk. While proceeding home, along the Grange road, Bermondsey, he slipped, owing to the frost, and in his fall struck his head against the kerbstone. Several persons went to his assistance, when he was found to be insensible, and died after being seen by Dr. Worboys, of the Blackfriars road.

On Friday morning Mr. Childers was taken ill while transacting business at Messrs. Coutt's, and was obliged to return home to the Admiralty. Dr. Gull says the illness is an ordinary bilious attack, induced by excessive application to sedentary business. He was better on Friday night.

On Wednesday morning a youth about seventeen or eighteen years of age, employed at Consett Ironworks, residing with his parents at Consett, was found lying upon the snow, frozen to death, in a field near Todd Hills Farm, two miles from Consett. When found, his face was much scratched, his hands swollen, and his finger nails very much worn. A medical man was called in, who stated that in his opinion the young man had been dead since Sunday.

A statement was made at the Thames Police Court on Saturday, showing the great amount of distress existing at the East end of London. It was said that in the parish of Poplar alone many thousands of deserving poor were bordering upon starvation.

The Circulation of the Blood.—According to *Nature*, Dr. Buchanan, the Professor of Physiology in the University of Glasgow, has just published the third part of his "Essays on the Forces that carry on the Circulation of the Blood." The present part is engaged with the consideration of the Pneumatic Forces. He is of opinion that the ordinary acts of respiration powerfully influence the current of blood in its passage through the whole vascular system. In proof of this, he adduces the collapse of the large veins of the neck observed during inspiration, and the fulness during expiration, the former of which phenomena he attributes to the tendency to a vacuum existing in the chest, and the pressure of the external air which empties the great veins of their blood and forces it into the chest; whilst the latter he considers to be due to the fact that, after the termination of an inspiration, no more blood, or very little, enters the chest till the beginning of the next inspiration, and the consequence is, that the blood propelled onward by the force of the heat accumulates in the veins near the chest to an extent proportionate to the length of the interval. Again, in order to show that the influence of the respiration extends to the arterial system, he refers finally to the united testimony of all physiologists, who are agreed that the pulse is less voluminous and feebler during inspiration, whilst it recovers its volume and strength during expiration and the period of repose; and, secondly, to the movements of the brain when exposed by removal of the part of the skull. Dr. Buchanan draws attention also to the oscillation of the hæmastatic column observed by Hales, which are clearly associated with the respiratory acts; to the phenomena of asphyxia, and those of the fœtal circulation; the difficulty respecting the latter he ingeniously turns in his favour, by maintaining that, inasmuch as no movements of respiration take place here, the absence of this help to the circulation, is supplied by the free communication existing between the right and left sides of the heart, whereby both ventricles are able to exert their influence in maintaining the system in circulation.

A "Charnel-House" in Devon.—The *Western Morning News* commends the attention of sanitary reformers to the disclosures made on Tuesday at an official enquiry into the condition of Stoke Damerel churchyard. Fortunate has it been for the inhabitants of Devonport that the first germ of the town was planted on the water side, far away from the then secluded village churchyard. It is only of recent years that a considerable population has been planted in the vicinity of this "charnel-house," as it was fitly called at the inquiry. If the case had been otherwise—if the town had grown up around the burial ground, it must have been one of the most pestiferous localities in the kingdom. There is evidence that for at least six centuries burials have taken place in the ground adjoining Stoke Church, though up to the date of the formation of the dockyard, not quite two hundred year since, the annual number of interments must have been very small. As the new town grew they rapidly increased, and hence additions to the churchyard—the only place of burial in the parish—became necessary. The yard now comprises a little over five acres, and is stated to afford space for 11,000 graves. Interments take place at the rate of 700 a-year. Before the opening of the cemetery the number was much greater, and has exceeded 1,000. But even at the lower figure the yard ought to have been closed years ago. When Mr. Rawlinson enquired concerning the health of the town in 1858 it was estimated that there was room for just 9,000 interments more. Since then 12,000 have taken place! Altogether, from first to last, something like 80,000 corpses have been deposited in these five acres, which would give each grave seven occupants, nearly six out of the seven being deposited in the present century. In 1862 an order was made closing the older portion, with the exception of the vaults, and prohibiting interments in the remainder within a foot of previously existing graves. Alleged violations of this order led to the enquiry which took place on Tuesday, and at which quite sufficient was proved to have justified the immediate closing of the yard, instead of the lenient postponement of that event for twelve months suggested by the inspector. It appears that so far from the foot distance rule being observed, coffins have been forced in wherever it was discovered by probing the earth with an iron rod called a spear that room could be found. It has been quite common to see the ends and sides of coffins exposed when interments were being made: and upon one occasion it is alleged that a skeleton, with flesh still adhering to the bones, dropped into a grave while the burial service was being read, having been pushed away out of sight by the gravedigger in a niche, from which it fell in consequence of the pressure on the ground above. And it is stated further, without contradiction that frequent complaints have been made that family graves had been opened for the interment of strangers. A new burial ground will now have to be provided.—*Globe.*

Retirement of Mr. Godrich, M.R.C.S.—The post of officer of health for Kensington is about to become vacant by the retirement of Mr. Godrich. Several candidates are already in the field, foremost among whom is Mr. Holt Dunn, M.R.C.S., an occasional contributor to this Journal, and who has devoted much attention to sanitary matters, was a member of the sanitary committee for Paddington, and during the absence of Dr. Hardwicke at the seat of war, has performed the duties of health officer for that parish.

Vaccination.—The *Observer*, of Sunday last, offers one or two sensible remarks upon the subject of Vaccination, which, it says, is brought on the carpet by the outbreak of small-pox in the metropolis, and the number of persons who have been vaccinated or revaccinated during the prevalence of the epidemic is, doubtless, considerable. We may, therefore, venture to make one suggestion with respect to the parochial arrangements. Admitting Jenner to be right, and the Jersey agitators to be wrong, it is fair to make provision for gratuitous vaccination; but it is a signal defect that the parochial medical officer should be in attendance only for a few hours once a week. Not only is Monday, the day selected, unsuitable for most of those likely to avail themselves of his services, but it is niggardly or improvident not to make arrangements for his attendance several days a week; at all events, so long as small-pox prevails.

Deaths in the Profession during 1870.—During the past year the following eminent members of the profession have died, at the advanced ages indicated, viz.—James Yonge, M.D., Oxon, Plymouth, aged 78; John Bright, M.D., Oxon., Manchester square, senior fellow of the Royal College of Physicians, 88: John Okes, F.R.C.S., Cambridge, 78; Richard Poole, M.D., F.R.C.P., Edinburgh, 90; Henry Norris, F.R.C.S. South Petherton, 81; William Laxon, M.D., Coventry, 78; Inspector General Fergusson, M.D., Edinburgh, honorary physician to the Queen, 83; John Badley, F.R.C.S., Dudley, 88; Charles Collier, M.D., F.R.S., F.R.C.P., deputy Inspector general, 84; David Price, M.D., F.R.C.S., Margate, 83; Daniel Maclachlan, M.D., F.R.C.P., deputy inspector general, 78; Professor Syme, D.C.L., F.R.S., surgeon in ordinary to the Queen in Scotland, 72; Sir James Clarke, M.D., K.C.B., F.R.S., physician in ordinary to the Queen, 82; James Copland, M.D., F.R.S., 80: Richard Welbank, F.R.C.S., late member of the Council of the Royal College of Surgeons, 74; John Wilson, M.D., R.N., F.R.S., honorary physician to the Queen, 82; William D. Chowne, M.D., F.R.C.P., 79; John Bacot, senior fellow of the Royal College of Surgeons, and late Master of the Society of Apothecaries, 91; Jonathan Toogood, F.R.C.S., Torquay, 87; John Swiney, M.D., late member of the Medical Council of India, 88; and W. C. Tidy, M.D., 72.

Lady Medical Students at Edinburgh.—(By Telegraph).—The question of the admission of lady students to the wards of the Royal Infirmary of Edinburgh came up for discussion on Monday, at the election of managers for the year. Two lists were submitted, and at the close of a long discussion, in which Mrs. Henry Kingsley and Miss Jex Blake took part 100 voted against the admission of ladies, and 96 in their favour.

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NOTICES TO CORRESPONDENTS.

Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Out of thousands of such persons it may cause enquiries so signed, on very various subjects much confusion.

Mr. Tichborne's Letter "On the Adulteration of Drugs," shall appear in our next.

Dr. Abbott will please receive our best thanks.

Mortality from Snake-bite.—A correspondent writes per last mail that, by statistics, it has been proved that from 75 to 100 British subjects in India die every 24 hours—over 30,000 per annum—from snake-bite, and it is for Government to make up its mind whether it will put a stop to this state of things or not. This can only be done by means of a large and steady outlay, which should, of course, be quite of a secondary consideration, when this fearful sacrifice of life demands it.

Dr. B., Leicester.—Your very kind note received with thanks; if promises and congratulatory letters from our friends mean anything, we need have little anxiety as to the result.

Sewage.—A subscriber in one of the localities reported on, is so dissatisfied that our report was not in favour of the local plan, that he withdraws his support. We regret that any professional man should be unwilling to hear what he does not agree with. The Reports are strictly scientific, they are full of facts, and we have no interest to serve but that of truth and the public welfare. No one has attempted to confute the *facts* to which we have given publicity. If they are unwelcome we must still publish them—even though the infinitesimal proportion of subscribers who refuse to hear what is unpleasant, should withdraw their countenance. Happily, the profession, as a body, prefers independence, is not afraid of facts, can tolerate all opinions. It is for the profession as a whole we cater.

Thermometer.—You may convert the several degrees by the following rules:—

1. Fahrenheit to Centigrade. Subtract 32 degrees and take five-ninths of the remainder.

$$122-32 = 90. \quad \frac{90 \times 5}{9} = 50.$$

2. Fahrenheit to Reaumur. Subtract 32 degrees and take four-ninths of the remainder.

$$122-32 = 90. \quad \frac{90 \times 4}{9} = 40.$$

3 Centigrade to Fahrenheit. Take nine-fifths and add 32 degrees. (Nine-fifths of 50) + 32 = 122.

4. Reaumur to Fahrenheit. Take nine-fourths and add 32 degrees. (Nine-fourths of 40) + 32 = 122.

Applying method No. 3, the Paris temperature of 12 degrees below zero Centigrade showed 21·6 *degrees of frost* Fahrenheit, or 10·4 degrees *above* zero.

Anti-Cruelty.—The *Daily News* says, that if the Society for the Prevention of Cruelty to Animals are anxious to employ their spare funds in a good work, they cannot do better than open a crusade against the condition of our streets during a frost. There are few more pitiable sights to be met with in our thoroughfares than that of an unfortunate cab or omnibus horse painfully toiling over a surface which is practically smooth ice, its iron shoes skating this way and that, its body in a steam of perspiration, from absolute fright, until at last the wretched animal comes down heavily on its side, and is unable to struggle on to its legs again. . . . A slight scattering of sand over those portions of the thoroughfares most used—bridges, for example, and the turnings of streets—would suffice.

Prisoners.—The following extract from the *Standard* respecting an inquest before Dr. Lankester, on Saturday, 24th ult., with respect to the death of two prisoners in the House of Correction will afford our readers an example of the way in which prisoners are treated. The italics and capitals are our own:—"The first, Wm. Clark, aged 62, had in early life served in one of the regiments of the line in Africa, the West Indies, and other distant parts for upwards of twelve years. At the end of that time, remaining invalided, he was discharged, and for want of better employment, took to begging, varied by stealing, and for some years past had been constantly in and out of prison. In fact, as Dr. Lankester observed, *they treated him* SO WELL *that he was always anxious to get back again*. On the present occasion deceased had been sent to the House of Correction for a month, in company with William Scott, for vagrancy. He was never set to any labour, as he was then suffering with ague and general break up. He was admitted into the infirmary, where he had *wine*, *arrowroot*, *beef tea*, *brandy*, *milk*, *mutton*, *fish*, *cocoa*, ANYTHING IN FACT THAT HE FANCIED. He never rallied, however, and died of exhaustion from ague, which had been much accelerated by heavy rum drinking. In the second case, of a convict who had been sentenced to nine months for felony, and died of 'galloping consumption,' it was shown that besides the food and delicacies above enumerated the patient had as much as FIVE *glasses of wine* PER DAY. Verdicts of Death from natural causes were returned."

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APPOINTMENT.

Curran, Dr. J. Waring, Medical Officer of the No. 2 District of the Mansfield Union, elected Surgeon to the Mansfield Woodhouse District Hospital.

◆

VACANCIES.

Royal Hants Hospital, Winchester.—House-Surgeon. Salary £100 per annum, with board and residence.

Guilsborough Union.—Medical Officer. Salary £35, with extras.

Hamadryad Hospital Ship.—Resident Assistant Medical Officer. Salary £75.

Charing Cross Hospital.—Assistant-Physician, and Assistant-Surgeon. Honorary.

Cheltenham Hospital.—Surgeon. Election the 31st inst.

◆

Deaths.

Jones.—On the 26th ult., at 35 Brook street, London, Alfred Burrow Jones, M.R.C.S., aged 43.

Tidy.—On Christmas Day, at his residence, The Hollies, Cambridge Heath, Hackney, after a long illness, William Callender Tidy, M.D., aged 72,

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE NEXT PROFESSIONAL EXAMINATION for the MEMBERSHIP will COMMENCE on THURSDAY, the 19th of JANUARY, 1871.

Candidates are required to give fourteen days' notice, in writing, to the Registrar of the College, with whom all certificates and testimonials required by the By-laws are to be left at the same time.

Pall mall East, 1870. HENRY A. PITMAN, Registrar.

THE HOSPITAL FOR WOMEN, SOHO SQUARE.

A COURSE of LECTURES will be delivered at the above Hospital during the next three months, on the following subjects:—

Dr. PROTHEROE SMITH will Lecture on "Flexions, Torsions, and Displacements of the Uterus," on the following Thursdays:—January 12th, 19th, and 26th.

Dr. ALFRED MEADOWS, on "Uterine Hyperæmia," on Thursdays, February 2nd, 9th, and 16th.

Mr. CHRISTOPHER HEATH, on "Diseases of the Breast," on Thursdays, February 23rd, and March 2nd and 9th.

Each Lecture will commence at 8.30 p.m.

Students may obtain Cards of Admission by application to the Secretary, and Medical Practitioners will be admitted on presentation of their cards. HENRY B. INGRAM, Secretary.

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Vide page 1016 in the Medical Directories for 1867.

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IMPEDIMENTS OF SPEECH.—The REV. ALEX. J. D. D'ORSEY, B.D., of Corpus Christi College, Cambridge, Lecturer in the Theological Department of King's College, London, receives pupils suffering from Clergyman's Throat, Weakness, Hoarseness, Stammering, Thickness, Lisping, Burring, False Consonants, Transposition of h, and other defects, daily at Ten o'clock.—13 Prince's square, Bayswater, near Queen's road Station.

TO THE POOR-LAW GUARDIANS OF IRELAND.

—o—

MY LORDS AND GENTLEMEN,

I beg leave to offer myself as a Candidate for the Office of Poor-law Unions' Apothecary, to conduct the Drug and Pharmaceutical Department of the Irish Poor-law System.

I was for very many years engaged in several of the principal Medical Halls in Dublin, in which both Wholesale and Retail business were carried on, some of which I founded, and was Managing Partner. I purchased all the Drugs, &c., manufactured both Chemicals and Pharmaceuticals, selected all Medical and Surgical Instruments and Appliances; and the position these establishments attained, and the confidence reposed in them, proved they were second to none in the United Kingdom.

My character and abilities are well known in Dublin (my native city), and throughout Ireland, also amongst the members of my own profession, as rendering me fully capable of discharging the duties which such an office demands, with integrity and efficiency.

I am a Physician, Surgeon, and Licentiate Apothecary.

Should you think me worthy of the post, and elect me, you may rest assured of my fulfilling with earnestness and zeal all its requirements to your satisfaction, in a manner beneficial to the poor and with a due regard to economy.—I have the honour to be, my Lords and Gentlemen, your obedient servant, GEORGE OLDHAM.

Hibernian Hotel, Dawson st, Dec. 2, 1870.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 11, 1871.

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FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,
Physician to the Farringdon Dispensary.

(*Continued from page* 3.)

The first, second, and third of the conclusions expressed in the last paragraph of my previous communication offer, in my opinion, the only satisfactory explanation of the phenomena of that form of flatulence which in man is not due to the evolution of gas from the decomposition or fermentation of materials within the alimentary canal. Moreover, as it seems to me, the conviction that that explanation is the correct one, cannot fail to be so strengthened as to become indubitable by a thorough analysis of the history of those phenomena. Such an analysis shows that all of them may be generalised as results of reflex action of the nervous excito-motor apparatus. The great majority of cases are those in which excitement or disorder first distinctly experienced in the nervous system is the immediate cause of the flatulent distension. A lady who is seemingly healthy, and whose abdomen is of normal size, or indeed notably small, receives a mental shock, some bad news, for example, or experiences a distressing and violent emotion of any kind, and suddenly—often instantaneously—her abdomen becomes so swollen that persons previously unacquainted with her, and seeing her then for the first time, look on her, if married, as pregnant, and probably near the full term of gestation; if she is not married, they are apt either to draw inferences by no means to the credit of the patient, or, at all events, to conclude that the case is a very mysterious one. Or a woman may experience protracted anxiety on account of pecuniary or domestic affairs, and soon one effect of this anxiety becomes visible in an enlargement of her abdomen—an enlargement not perhaps occurring suddenly as in the former case, but gradually, and remaining during a long period; in fact, a sort of chronic flatulence. This kind comes under the observation of every Medical man, but the cases of tympanitis or drum-belly, in which the swelling is not only enormous, but which is also suddenly produced, are less frequently seen, and as I have had the opportunity of observing several such cases, I shall mention a few of them here.

No. 1.—A lady who resided in a boarding-house, who enjoyed moderately good health, and whose abdomen was of natural size, had the misfortune to overturn a large basin of water on the feather bed (which happened to be a new one) on which she slept. The mistress of the boarding-house having seen that her new feather-bed was injured, became violently excited, and rushing into the room of the lady, poured upon her a torrent of invectives. The unfortunate and astonished perpetrator of the accident was so agitated by the attack thus suddenly and unexpectedly made upon her, that immediately, and before the storm had ceased, she felt the four strong steel supports of her stays snap asunder by the violence of the great and sudden expansion of her abdomen! Since that occurrence she has been much more liable than previously to experience great and sudden distension of the abdomen as a consequence of mental emotion, and though as she assures me, she has her stays made especially strong, and never laces them tightly, the steel supports in them have been broken at least five-and-twenty times by the instantaneous swelling of her abdomen in consequence of mental shocks of one kind or another. It has so happened that on several occasions I have been requested to visit this lady immediately after these accidents, and have had my attention especially directed to the wondrously sudden swelling and its surprising consequences, consisting not only of the snapping of the steel supports, but in dragging hooks and buttons off, and tearing, as if only so much tissue paper, the bodice of so-called strong "twilled calico," which she usually wears.

No. 2.—At a large dinner party one of the guests, a lady, was horrified by the housemaid, who ran into the room screaming out, "Mrs. ——, your bedroom is on fire!"

The lady, greatly excited, hastened to her room, exerted herself vehemently to save her things and to extinguish the flames, and immediately afterwards (within the space of a few minutes) became exceedingly ill, the chief symptom being an extraordinarily great and dangerous swelling of the abdomen, which compressed the lungs so powerfully as to induce a sense of suffocation, and which so interfered with the circulation of the blood as to cause grave apprehensions concerning the life of the patient. It was judged necessary, instead of losing time in undressing her in the usual way, to give her such immediate relief as was practicable by cutting open her dress with the utmost possible rapidity, and this accordingly was done. The impression made on this lady's nervous system by the shock she then received is not even yet wholly effaced, although the accident happened fully three years ago.

No. 3.—A lady in conversation with a gentleman at an evening party, made a remark the purport of which he misapprehended. Seeing that he did so she felt confused, and being unable to rectify the misapprehension, her vexation so wrought upon her, that in a few minutes afterwards she was immensely swollen, and almost unable to stoop at all: when undressing she experienced great difficulty in taking off her own stockings.

No. 4.—A lady whose nervous system has long been peculiarly impressionable, and whose spine is so tender that pressure on any part of it produces great pain, made a sudden effort to reach something from the side of her bed opposite to that which she stood. While doing so she seemed to strain herself, and felt acute pain in the spine between the scapulæ, and apparently as quick as lightning her abdomen enlarged enormously.

No. 5.—A lady, who had reason to believe she had conceived, was going in a cab to a railway station, when, owing to the carelessness of the driver, the cab wheel struck the corner of a causeway. She was violently shaken, and suddenly she felt an acute pain, as if she were stabbed, in the womb, and simultaneously her abdomen was enormously distended; she shivered and perspired alternately, and the same evening copious hæmorrhage from the womb came on with the usual symptoms of abortion.

In some cases, as observed by Dr. Inman, purgatives produce very troublesome flatulence. I have now (November, 1870) a patient under my care in whom walking will produce great swelling of the abdomen within the space of ten minutes; and it is especially worthy of remark that in her case walking in the open fresh air brings on the swelling much more quickly than walking "within doors" does. Some persons experience the same effect from fatigue of almost any kind. Dr. Inman records the following case: "W. J. H., a consumptive young man, travelling for his health, was generally in a comfortable condition as long as he was quiet at any one place. But going from one locality to another, whenever it involved a long day's journey, always involved an attack of flatulent distension of the stomach and bowels, attended with a paroxysm of asthma." Disease of the heart is also an especially notable and frequent cause of flatulence.

Of the several cases above mentioned, the first three are examples of the production of flatus by mental shock. In these cases the impression received primarily by the sensory ganglia at the base of the brain, and thence affecting the cerebral convolutions, produces a violent mental emotion, the tumult of which is reflected along the motor tracts of nervous matter down the spinal cord, and laterally from it, by the branches connecting it with the sympathetic ganglia, into those nervous plexuses which preside over the functions of the alimentary canal. The fourth case shows how the direct impression of a slight strain on a delicate spinal cord is capable of being instantaneously reflected by it on the mucous membrane of the stomach and bowels. The fifth case exemplifies a like rapid reflexion from the cord of an impulse upon it in the form of a slight concussion. In this example the effect may have been partly due to mental emotion—fright; but in so far as it was produced by concussion only, the mode in which the flatus originated is like to that of the case of the consumptive young man just mentioned, in whom even the slight jolting of ordinary travelling caused the abdomen to swell. When irritating injesta, including purgatives, produce a like effect, the former and often the latter do so by their exciting influence on the sensory nerves ramified over the inner surface of the stomach and bowels. The impressions made on those nerves are conveyed to the spinal cord, and are directly reflected on to the alimentary mucous membrane. In many cases, however, it is probable that purgatives produce an exciting influence on the spinal cord through the direct agency of the blood containing the drug.

In the case mentioned above, in which walking—especially in the open air—produces flatulent distension, the lower segments of the spinal cord are, I apprehend, so peculiarly sensitive and excitable as speedily to become hyperæmic by movement of the lower extremities; and this condition having been induced, is speedily extended in a case like the one in question to those nerve centres directly concerned in effecting the secretion of flatus. Those of my readers who may be especially interested in the subject of motion as a cause of flatus, will find some facts and arguments corroborative of the view here expressed in my work on *Diarrhœa and Cholera*, p. 157, where I have explained how prolonged marches (of soldiers), pilgrimages, and ordinary travelling on foot, operate as causes of cholera in India—as it is well known they do.

In those cases in which disease of the heart acts as a cause of flatus, I have no doubt but that it does so by producing an exciting influence on the thoracic segments of the spinal cord, most likely by the intervening agency of the lungs, the irregular and tumultuous circulation of which, owing to the disorderly passage of blood through the heart, creates disturbance in those segments, and hence reflex action on the stomach and bowels.

But of all kinds of reflex action resulting in severe flatulent distension, that proceeding from pressure against the rectum by the fundus of the womb in cases of its retroversion is, in my opinion, at once the most frequent, the most continuous, and the most difficult to cure. In these cases the irritating impressions originating in the lowest part of the intestine travel along the sensory branches of the hypogastric plexus, and having reached the spinal cord, are transformed into motor impulses, which are then reflected in the usual way on the mucous membrane of more or less extensive tracts of the alimentary canal.

The most astounding phenomenon connected with the generation of intestinal flatus in the manner exemplified by the cases which are given above, and especially by those which are numbered 1 to 5 inclusive, is the rapidity with which the gas is evolved. This phenomenon is alone sufficient to originate the suggestion that in cases of this kind the flatus is the immediate product of nervous action; and when we consider that in the air-bladder of fishes air is actually secreted by a mucous membrane by virtue of nerve-force with lightning-like rapidity, we see at once that the cases in question are examples of exactly analogous facts: at the bidding of the will of the fish, when, for example, it is impelled to dart suddenly upwards or downwards after prey, or in order to save itself from the swift pursuit of an enemy, the amount of air in its air-bladder is increased or decreased instantaneously; and, in exactly like manner, a violent mental emotion, or powerful shock, experienced by a highly "nervous" person may be, and often is, reflected with the swiftness of the nerve-current on the mucous membrane of the alimentary canal, displaying there the full effect of its surprising force, when its action is concentrated in respect to the part on which it acts, as well as to the time of its action.

(*To be continued.*)

ON DISEASES OF THE SKIN.

By J. L. Milton,

Surgeon to St. John's Hospital for Skin Diseases.

(*Continued.*)

Pustular origin of Eczema.—Mr. Erasmus Wilson, Dr. McCall Anderson, and others, clearly assign the origin of eczema to a pustule, but I have never seen a true pustule pass into a surface secreting serum. To judge, too, from the way in which some writers speak of eczema impetiginodes, we must conclude that the pustule is only a stage in the process ; that, in fact, the vesicle becomes developed into a pustule and this into a weeping surface to be afterwards covered with crusts.[*] If I am to judge from what I have been able to observe no such sequence of events takes place, and two or three different stages of cutaneous affections have been confounded together. Eczema is here at all events, not vesicular, and if it were, I have yet to learn that a vesicle can be converted into a true pustule, and therefore, though the fluid in such vesicles may become turbid, flaky, and may contain numerous pus-cells, still, that is a different process. On the other hand, a genuine pustule does not contain serum in any very appreciable quantity at any stage of its existence ; the secretion is pustular from the time that it is visibly a secretion at all.[†] Ragged irregular vesicles, however, form alongside of patches of eczema as they do on other parts, grow turbid, flaky, and break. One, or both of these symptoms then—that is to say, either pustules or irregular vesicles—may co-exist with true eczema, but, in all the cases I have seen, these were complications, not starting points.

Pustules, I need scarcely say, form in children on the head and face, and are followed by crusts which may be easily confounded with those of eczema ; but, unless I am mistaken, this is a much more manageable complaint and ought, I think, to be referred to impetigo. At other times unhealthy, half-filled bullæ appear in children, rapidly burst, growing flaky even before they are much distended with serum, and are followed by crusts which also bear a resemblance to those of eczema, But the course of these, too, is different from what takes place in eczema, and I think it would save confusion were such affections classed with the vesiculæ.

Nature of Morbid Process in Eczema.—The following appears to be the process which ensues in all cases of a truly eczematous nature. A portion of skin becomes red, inflamed and uneasy ; stiff and itching, but rarely swollen except when the complaint attacks the ear. Some authors seem to think that itching is occasionally the first symptom, but I have every reason to believe that it is always preceded by a certain, if not very visible, amount of inflammatory action. The cuticle rapidly dies and is cast off or torn off by scratching. To this succeeds a discharge of serum, at which stage the disease may be considered fairly established. M. Rayer says, "the follicles of the skin" are the parts essentially affected. Under this term he includes, I presume, the sebaceous ducts ; but, unless my observations have misled me, there is no proof that they are actively concerned in secreting the serum poured out in such cases, although it seems difficult to understand how they can escape being involved to a certain extent. When the process is slower, the falling off of the epidermis is succeeded by the forming of a cuticle thicker and coarser in texture than natural, and gradually assuming the look of a soft scale. For the most part the redness starts from several points or papulæ, which are sometimes almost as pointed as those of lichen, sometimes not raised above the level of the skin. These may spread very slowly, or they may grow so rapidly as to coalesce within twelve hours. It often happens that a small spot will inflame and, without becoming either a vesicle or a pustule, will desquamate and secrete a crust which looks very like that of impetigo. Indeed, if seen in this state, it may be taken for that disease, and I consider that I have grounds for assuming that the two are often confounded. But it is eczema, and though it may pass away and never be known as such, future observation will verify what I say. This variety, too, may be complicated by pustules, and the combination of these two, perhaps most frequently constitutes impetiginoid eczema, although the term is really made to embrace every form of eczema in which pustules are present, and they may attend any severe case of eczema. Again, the serum, instead of being of its ordinary consistence may be almost purulent in character, as constantly happens in persons of a pyogenetic tendency, and in weakly lymphatic women and some delicate children ; sometimes even in healthy persons, as for instance, when the disease is seated in the fold of the groin and there has been a good deal of walking. Now, although I have the greatest horror of inventing new names, yet, as these two affections are so totally distinct, I would suggest that if a name for each be thought essential, the latter of these two forms should be called *pyogenetic* eczema and the former *impetiginoid ;* the latter term, albeit so used, not being applicable to an affection in which there are no pustules.

Is Favus a form of Eczema ?—In some cases of old standing eczema, the eruption, even at a very early period, particularly when seated on the backs of the hands and wrists, presents the appearance of numerous minute, detached, low elevations of thickened red skin, partly denuded of all covering and partly covered by discoloured but firmly attached cuticle, and sometimes indented so as to assume a cup-like form. Their appearance at this stage would scarcely show them to be eczema, but when torn or rubbed, and often in a short time spontaneously their character is shown by a discharge of serum. This is, however, seldom abundant ; indeed, this state of matters indicates a declining stage of the disease.

In some few inveterate cases I have seen this indented irregular condition of the skin so strongly marked on the head and hands, that I have been tempted to ask myself whether favus is not a localised form of eczema in a bad constitution, especially as it is possible, by keeping the crusts on a patch of eczema moist for a considerable time to induce a smell very like that of favus, *and this question I have for some time past answered in the affirmative.* I may here remark, however, that I do not allude to that rare form of disease which begins as an eruption of pustules, and which I have never seen, but to favus as ordinarily met with. In all the instances where I have been able to trace the progress of the diseased action, it was, though much slower, essentially the same as in eczema ; that is to say, it really consisted of redness and inflammation of the skin and death and removal of the cuticle, followed by the formation of crusts. The reader will say that the presence of the parasite constitutes a distinction so strong that there was only the analogy, no community between the two ; no passing of favus into eczema. But it is admitted that without a peculiar fitness of the soil the parasite cannot flourish at all, and there *is* something peculiar in favus. It is not a mere result of want, darkness, scrofula, dirt or contagion, even if the latter be a factor (and its value is very doubtful) or of any conjunction of these two causes ; otherwise it would be common instead of being extremely rare. Then there must be a variety of constitution—a variety which, peculiarly and alone, yields the proper soil for receiving and fertilizing the said parasite, and this variety may modify an eczema.

Divisions.—The reader will probably expect me to say something as to the number of forms into which eczema is to be divided and subdivided, for it seems an established rule that an author can scarcely do justice to his subject without introducing some new varieties, expunging some old ones, and re-christening and re-arranging those which he keeps. I have here a very simple answer ready. There are just as many varieties of eczema as there are adjectives expressing a morbid state of the system, or a difference in severity in any one of the symptoms it exhibits, and all divisions and arrangements of them are equally useless. Like other diseases of the skin eczema may soon be recognised under all its varying phases, but a knowledge of these cannot be taught in books, though it may be easily acquired by the same method as conduces to accuracy in other branches of research—the clinical study of disease. Beyond all question there are vast and striking differences in the forms which eczema assumes. In one patient redness may predominate to such an extent that the denuded surface is darkly stained and sometimes even discharges venous blood; in another it may pour fourth serum; in a third be quite pale and coated with viscous or purulent fluid, particularly if it be seated between the folds of the neck or in the groin; in a fourth covered with dry scurf; in a fifth there may be no discharge at all, but simply a cracked and stiffened surface as we often see in eczema of the hands. There may be crusts of every hue which dirt and neglect can create. Inflammation may attack principally the interior of the sweat ducts, it may assail the follicular plexuses, or show itself chiefly in the spaces between them. There may be little infiltration of the true skin, or it may extend even to the subcutaneous tissue; little or no pruritus or intense rabid itching. The disease may appear in any temperament, and be complicated with many varieties of local or constitutional disorder. Yet, amidst all these causes of obscurity it remains one and the same disease, and, therefore, though I can quite understand the value of each observer drawing up for himself a classification of its varieties which may serve as a guide for diagnosis, I would expel everything in the shape of a complicated nomenclature from books, and entirely eliminate all such terms as porrigo larvaeis, porrigo crustacea, tinea amientacea, asbestina, micacea, crusta lactea, &c., regarding them merely as a display of so much valuable learning made to very little purpose, and, indeed, rather thrown away.

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[*] MM. Cazenave and Schedel, Bazin, and some other writers speak of a change in the vesicle quite as surprising as its being converted into a pustule, and one which I have been equally unable to detect. They tell us that in simple eczema the liquid of the vesicle is *absorbed*, and that the vesicle fades and falls by an imperceptible desquamation.

[†] Abrégé pratique by MM. Cazenave et Schedel. Pp. 102.

I therefore leave the matter to others, and should be inclined to admit no divisions except the simple and convenient one of acute and chronic, with the addition of, perhaps, eczema impetiginodes. Papular and red eczama are simply different degrees of severity in the same affection; eczema solare I would reject altogether as I would any vesicular disease. I venture to suggest, too, that eczema should be entirely removed from the vesiculæ and be made to form an order apart, or, for convenience sake, be relegated to the order of papulæ. I say for convenience sake, because it evidently does not always begin as a papule, the starting point being a form of inflammation of the skin closely allied to impetigo in some cases, to erythema in others, and to pityriasis in a third set of cases. But I would extend it so far as to let it embrace some disorders which are at present, otherwise classified.

(To be continued.)

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Hospital Reports.

LONDON HOSPITAL.

Dislocated Pelvis, Fractured Femur, and Ruptured Urethra.

(Under the care of Mr. Rivington.)

J. P., a muscular man, aged fifty-seven, was admitted into the London Hospital, at four a.m. on the 16th January, 1867. The wheel of a waggon had passed over him, and had evidently fractured the left femur at the upper part. Being in a very depressed and exhausted state, suffering from shock, he was at once sent to bed and ordered a few ounces of brandy. The more particular examination by the House-surgeon, between ten and eleven o'clock, did not result in the detection of any injury to the pelvis. There was tenderness over the pubes it is true, but so great was the swelling that the outline of the innominate bone on the left side, the side of the injury, could not be traced clearly with the finger, and the natural lines of the part were obscured by the discolouration resulting from changes in the blood, which had escaped into the areolar tissue. At five p.m., he complained of distension owing to retention of urine; he had not made any since the accident. A catheter could not be passed. For present relief, he was ordered some opium, but the symptoms becoming urgent, a prolonged and unsuccessful attempt was made to pass a catheter. About half-past one o'clock in the morning, the patient was seen by Mr. Rivington, who had been summoned in the absence of Mr. Hutchinson the surgeon of the week. Various sizes and kinds of catheters were tried, but they invariably diverged from their proper course after reaching a point corresponding to the triangular ligament, and the only effect of their introduction, was a slight flow of blood from the urethral orifice. Evidently the urethra was ruptured. Still, there was no sign of contusion in the perinæum, nor any fulness denoting extravasation, either of blood or urine. The bladder was full or nearly so, reaching to within an inch of the umbilicus. The man was in a very low state, and in great distress, crying out that he must die if he were not relieved, and begging the surgeon to draw off his water. Under these circumstances, Mr. Rivington made an examination of the rectum. The prostate could scarcely be defined, whilst the bladder was found fluctuating at the point of the fore-finger. A trocar and canula were introduced into the rectum along the finger, and passed through into the bladder, where fluctuation was perceptible, two porringers full—about thirty-two ounces of urine were drawn off, and the canula was fixed by tapes in the usual way.

Thursday, the 17*th*.—All day a little urine passed through the tube till the evening, when the canula was found lying loose in the rectum, brought away probably during the motion, which he had recently passed. As he did not complain of distension, and the bladder was not full, the House-surgeon did not take any steps to re-establish communication with the bladder.

Friday, 18*th*.—In the morning he complained greatly of pain in the bladder with distension.

At four p.m., he was seen by Mr. Rivington, who endeavoured to find the opening made in the rectum, but without success. As the perinæum was swollen, and there was considerable tenderness inside the rectum, in the situation of the bladder, it was deemed advisable to puncture the bladder above the pubes. Owing to the swelling, the outline of the pubes could not be satisfactorily defined with the finger, but there appeared to be some displacement at the symphysis. About twenty ounces of clear urine were passed through the canula, which was kept in the bladder, the wound being closed round it with sutures and collodion. The patient was much relieved by the operation, but continued in an exhausted state, in spite of the free exhibition of brandy and opium.

Saturday, 19*th*.—Hiccup came on during the preceding night, and continued till four p.m., when he expired.

Sectio Cadaveris.—A small quantity of serous fluid was found in the peritoneum. The small intestine was ecchymosed for some distance, and there had been desquamation of the epithelium covering its outer surface. The bladder was injected, and round the puncture at the base there was considerable congestion.

There was very extensive bruising of skin, and subcutaneous fascia round the left side of the pelvis, and in the perinæum. The urethra was completely torn across, and the triangular ligament destroyed. There was no extravasation of urine, but the pelvic fascia had begun to slough. The interest of the case centred in the condition of the osseous pelvis, for there was only a simple fracture of the shaft of the femur. The left side of the pelvis had borne the whole weight of the waggon, which had passed over the body, and had produced a depression of the entire left innominate bone. The left sacro-iliac joint had been loosened without rupture of the ligaments, whilst the two pubic bones had been completely separated from each other at the symphysis, without fracture of either. The left pubes was depressed, so that the upper border of its body lay in contact with the lower border of the right pubes. The fibro cartilage still adhered to the left pubes, and had brought away with it from the right pubes a thin lamella of bone.

Remarks.—There are several points of interest in the foregoing case. The first is, that the injury to the pelvis was not detected at the outset, although the patient was carefully examined. This was due mainly to the facts, that the contour of the pelvis did not appear to be altered, and that there was great difficulty in tracing the outline of the bone on the injured side. It was not till the operation of puncturing the bladder above the pubes was performed, that the displacement was suspected, and then, as it was evident that the patient would sink under the effects of the accident as little was done to him as possible. Another cause of the oversight was, that the left innominate bone was so wedged in under the right, as not to yield that mobility which would naturally attend such injury.

The second point of interest is, the slight injury inflicted at the sacro iliac symphysis. Although the joint was preternaturally moveable, there was no rupture of ligamentous attachment, and yet the pubic end of the innominate bone was depressed, for at least an inch. In a recent case mentioned in the *Lancet*, Dec. 24th, 1870, there was free movement, both at the symphysis and at the sacro-iliac joint, but in this case a slight mobility only at the sacro-iliac joint was sufficient to permit an entire separation of the innominate bones at the symphysis, and very considerable depression of one below the other.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, JAN. 2ND, 1871.

Dr. THUDICHUM continued his "Clinical Experiences of the War." The author commenced with a description of the different arms used by the Prussians and French, and the nature of various projectiles, and gave the reasons why the wounds received by the French are as a rule more serious than those of the Prussians. In the hospital to which he was attached, the majority of the wounds in those admitted were from rifle bullets and pieces of bomb shells. The bullet of the Prussian needle-gun is 1·06 inch long, and 5·34 inch in its largest diameter, it weighs 480 grains, and the cartridge carries a charge of seventy grains of powder. At its highest elevation it has a range of 700 yards, but, as a matter of discipline, the Prussian soldiers are not allowed to fire before they have approached the enemy to within 600 yards. On the other hand, the Chassepot is a lighter gun, takes a charge of eighty-five grains of powder, and carries a bullet weighing 382 grains, the bullet being one inch long and 4·63 inch wide at its base; the gun is effective at 1,500 yards at its highest elevation. It can thus be readily understood that many Germans were wounded at distances where they could hardly distinguish the enemy. The wounds made under these circumstances were characterised by little penetration of the tissues. The clothes of the soldiers were very frequently, too, carried a certain distance into the fleshy parts without themselves being rent or torn by the bullets, the latter falling out of the wound when the clothes themselves were withdrawn. A large number of wounds, too, made by the Chassepot bullet at a long distance were much contused, sometimes, though the skin was unbroken, the parts beneath, especially the bones, were smashed, or so injured as to become seriously diseased subsequently. Dr. Thudichum remarked that the range of the Chassepot had for the Prussians this disadvantage—that the latter had to advance always under the fire of the French over a space of 1,200 paces before they could themselves, or before they did, fire upon the French in return. Of the German bullets, therefore, very few reached the French with the small velocity and low penetrating power of the Chassepot bullets at 1,200 paces. The effects of the needle-gun, therefore, at its longest range mostly were more severe than those of the Chassepot. Comparing the two bullets at equal velocities, the largest, viz., the German, has, of course, the greatest penetrating power; but medically speaking, the difference in the wounds produced is mainly explained by the difference in the size of the bullets. The German bullets tear and splinter much more than the Chassepot. In regard to wounds of the chest and abdomen, when bullets penetrate these parts of the body, the small French bullets seem to give to the wounded men a better chance of recovery than do the needle-gun bullets when they wound these regions. The wounds, too, made by the smaller bullets, under all circumstances, heal better than those which follow striking with the larger missiles. The French seem to have been freely crippled with fragments of bombs, the jagged edges of these pieces of iron effecting fearful lacerations; the smallest and sharper pieces penetrating the tissues like pointed instruments. The percussion shells do most damage, inasmuch as they explode instantly, and do not permit the soldier to seek shelter or drop on the ground for safety. Wounds inflicted by the mitrailleuse did not come under Dr. Thudichum's observation. He said that the missiles of this engine keep close together, and pierce with many wounds, when they strike at all. This is the reason why the engine is not dreaded, and has not answered the expectations of the French, who had neglected their shell practice in reliance on the powers of the mitrailleuse. Wounds from sabre and bayonet either in French or Germans did not come under Dr. Thudichum's notice but rarely. He attributed this to the fact that at "close quarters that side generally decamps which has the least liking for cold steel, or, in scientific language, the negativism against the pointed pole of the bayonet acts like magnetism at a distance, and does not require contact, its effects being metaphysical." Fevers of various kind, and dysentery, of course, abounded more or less. The author finally concluded by a narration of interesting surgical and medical cases. Drawing valuable conclusions as to military surgical practice and military hygiene, he expressed his belief that male nursing and military rule are the sole means of keeping a military hospital in order.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XIX.

PRECIPITATION OF SEWAGE WITH THE SALTS OF ALUMINA AND IRON.

A. B. C. Process continued.

As to the real value of the manure there is a wide difference of opinion between chemists and practical farmers. Dr. Voelcker says that the samples which he has analysed range in value from 14s. 6d. per ton to £1 13s. 6d.; and Professor Brazier states that, according to the expressions of value given to him by Mr. Miller of the Sandeland Chemical Works, the manure which he obtained from the sewage of Aberdeen was worth from £1 19s. 4d. to £3 0s. 9d. per ton. On the other hand, there is the indisputable fact that farmers who have once used the manure, are ready to purchase it again at the commercial price of £3 10s. per ton; and the company has published a long list of testimonials from market gardeners, nurserymen, and farmers, who say that the manure has given most satisfactory results with all sorts of crops, as peas, onions, cabbages, cauliflowers, brocoli, turnips, potatoes, pine-apples, grass, flowers, and shrubs of all descriptions; and the demand for the manure is said to be greater than the means of supply.

Encouraged by the success of the process at Leamington where the works were not constructed for the purpose, the company have extended their operations to other places. At Hastings, for example, they have erected machinery to deal with the whole of the sewage of the place. It amounts to about one million gallons a day, and is furnished by a population of about 30,000 persons. The works are situated upon the seashore, at the eastern end of the town. The sewage flows to them by gravitation, and it is received into a large tank (13 feet by 10) where it is mixed with the A. B. C. material, and agitated by machinery. It then flows into the subsiding tanks, which are 210 feet long and 50 feet wide. After depositing the sedimentary matters, the effluent water is discharged by a weir into the outfall pipe which carries it into the sea. The precipitated mud is removed, as in the former case, and dried by centrifugal machines. It is then mixed with acid, and brought into a saleable condition by drying it upon floors which are heated by the waste steam—the evolved gases being carried into the furnace fires and burnt. Samples of raw sewage and effluent water sent to us in August last had the following compositions :—

Constituents per gallon.	Raw sewage.	Effluent water.
	Grains.	Grains.
Matters in solution	202·67	1113·67
Chloride of sodium	136·88	944·00
Organic matter	25·79	45·71
Ammonia	5·440	3·675
Ditto organic	0·310	0·240
Oxygen required to oxydise	2·418	1·789
Matters in suspension	90·64	5·38
Organic matter	33·10	1·66
Mineral ditto	57·54	3·72

The proportions of the soluble organic matters are doubtless too large, for as the residues contained a large amount of common salt, which is very difficult to dry, the loss by incineration includes moisture as well as organic matter. This is clearly shown by the quantities of oxygen required to oxydise them in the two cases. It will, however, be remarked that here, as at Leamington, the sewage has evidently been diluted with other water, for the proportions of chloride in the raw sewage and effluent water are notably different. At Leamington there is a great loss of chloride of sodium, whereas at Hastings there is a considerable gain, from which it may be inferred that fresh water mixes with the sewage in the former case, and sea water gains access to it in the latter. It is very probable at Leamington that subsoil water enters the sewer a little before it reaches the works, and after it has passed the place where the samples of raw sewage are taken—not that the whole of the missing chloride from the effluent sewage is necessarily caused by dilution with other water; for the experiments of Dr. Voelcker on the absorbing properties of soils have established the remarkable fact that alkaline chlorides are sometimes removed from their solutions by contact with marly soils. In one experiment, for example, which he has recorded in the eighteenth volume of the *Journal of the Royal Agricultural Society*, he found that when one part by weight of a marly clay, containing about 46 per cent. of clay, with 12 of sand, and 20 of carbonate of lime, was shaken with twice its weight of the diluted drainage from farm-yard dung, it removed as much as 8·81 grains of chloride of potassium, and 3·95 of chloride of sodium, from each gallon of the liquid. In another case, mentioned in the twentieth volume of the journal, he observed that when two parts of a calcareous clay, containing 52 per cent. of clay, and 25 of sand, with 11 of carbonate of lime, were shaken with 7 parts by weight of liquid manure, they absorbed and removed the whole of the chloride of potassium (2·74 grains per gallon), and 7·04 grains of chloride of sodium; and in a third experiment, with a like proportion of a poor sandy soil, containing 90 per cent. of sand, with 5 per cent. of clay, and only a trace of carbonate of lime, he noticed, as in the last case, that the whole of the chloride of potassium was removed from the liquid, and 1·1 grain of chloride of sodium. The total amount of these compounds in the liquids before and after treatment with the several soils referred to were as follows :—

	Amounts per gallon.		
	Chloride Potassium.	Chloride Sodium.	Total Chlorides.
FIRST EXPERIMENT.	Grains.	Grains.	Grains.
Before treatment with soil	35·25	22·85	58·10
After ditto. ditto.	26·44	18·90	45·34
Loss per gallon	8·81	3·95	12·76
SECOND EXPERIMENT.			
Before treatment with soil	2·74	40·35	43·09
After ditto. ditto.	0·00	33·31	33·31
Loss per gallon	2·74	7·04	9·78
THIRD EXPERIMENT.			
Before treatment with soil	2·74	40·35	43·09
After ditto. ditto.	0·00	39·25	39·25
Loss per gallon	2·74	1·10	3·85

Professor Way has also directed attention to the absorptive power of soils for chlorides in a paper published in the eleventh volume of the *Journal of the Royal Agricuctural Society of England* (1850), wherein he says, "Lord Bacon, in his *Sylva Sylvarum* speaks of a method of obtaining fresh water, which was practised on the coast of Barbary: Digge a hole on the sea-shore somewhat above high-water mark, and as deep as low-water mark, which, when the tide cometh, will be filled with water fresh and potable. He also remembers 'to have read that trial hath been made of salt water passed through earth through ten vessels, one within another, and yet it hath not lost its saltness as to become potable,' but when 'drayned through twenty vessels hath become fresh." Dr. Stephen Hales, in a paper read before the Royal Society in 1739 on "Some Attempts to make Sea-water Wholesome," mentions on the authority of Mr. Boyle Godfrey, that "sea-water being filtered through some cisterns, the first pint that runs through will be like pure water, having no taste of the salt, but the next pint will be as salt as usual." Berzelius found, upon filtering solutions of common salt through sand, "that the first portions that passed were quite free from saline impregnation." In one of Professor Way's experiments when white clay was shaken up with twice its weight of flax water, the amount of chloride (estimated as chloride of sodium) was reduced from just 90 grains per gallon to 86·78. So also in the experiment before mentioned where 100,000 gallons of Coventry sewage were received into a tank, and then defæcated with Dr. Anderson's preparation of clay and sulphuric acid, the chlorine was reduced from 4·55 grains per gallon to 3·57 grains; and if this be regarded as common salt, the difference will be still more striking, for it is as 7·5 to 5·9. The same fact is often observable when sewage is filtered through common earth; and it is always noticeable in the case of effluent sewage water from irrigated land, even in the driest weather, when instead of being diluted with subsoil water, it is far more likely to be concentrated by evaporation.

As regards the disappearance of chlorine from the Leamington sewage, the company say that they are charged by the Royal Rivers' Pollution Commissioners with diluting the effluent water with as much as 461 parts of river water to every 100 parts of sewage. This necessarily assumes that 2,600,000 gallons of effluent water leave the outfall daily, whilst only 500,000 gallons of sewage enter the works—an increase which the most unpractised eye would at once detect. The company, therefore, have had the quantity of incoming sewage and of effluent water accurately and continuously gauged by competent and independent parties, who say that the proportions are practically the same, notwithstanding that samples drawn simultaneously with the gauging show a diminution of chlorine from 12 grains to 5 grains per gallon. It has been further ascertained that the temperature of the sewage and effluent water is also the same, when that of the river, which is supposed by the Commissioners to be diluting it to the extent of 4 to 1, is greatly below it. These are remarkable facts and deserve further enquiry; for it is manifest that the Commissioners have been very hasty in forming their opinions, and have not been as free from bias in their account of the process as the importance of the subject deserves.

Very recently the company have greatly improved the system of working, by substituting a cheap form of sulphate of alumina for the expensive alum, and by adopting a more effective and less costly mode of adding the chemicals. They have also resorted to a new method of drying the precipitate by means of steam and hot air, and have thus been able to discontinue the use of the centrifugal machines. They can thus, as we are informed, manufacture the manure at a total cost of 25s. per ton—including all the expenses of working—as materials, wear and tear of machinery, wages, &c.

In addition to the works at Hastings and at Leamington, the company are about to deal with the sewage of Leeds and of Bolton; and they have made an offer to the Metropolitan Board of Works to erect, at their own expense, the necessary machinery for dealing with 500,000 gallons of sewage daily at Barking or Crossness, and, in making this offer, they do not ask for any engagement whatever for the future, but merely wish to demonstrate the practicability of the process as regards the defæcation of the sewage of London, and the profitable manufacture of manure therefrom.

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WEDNESDAY, JANUARY 11, 1871.

PROPOSED NEW MEDICAL AMENDMENT BILL.

THE difficulties of Medical Legislation already fatal in the last Session of Parliament to one Government measure and, at the present moment, the subject of much puzzled deliberation on the part of medical reformers—are concentrated in the greatest degree in the *status* of the Licensing Bodies and the method in which they ought to be dealt with in the law of the future. The inevitable "vested interest" which has complicated Church and Land legislation is represented in the field of Medical Reform by the Licensing Bodies and the impossibility of deciding how much or how little disestablishment and disendowment they deserve is the difficulty which besets the satisfactory redress of medical abuses. There is, no doubt, a party in the profession which would, without hesitancy, put their foot down upon the short road and, as Mr. Cæsar Hawkins has proposed, sweep the "medical authorities" altogether out of representation. That party clamours for the wholesale extinction of Licensing Bodies, because they attribute all the ills of the profession to them and they demand the substitution of an all sufficient State examination for the crowd of existing qualifications. But moderate legislators and thinking men will not be persuaded to take this course, for they know that, while undoubtedly quackery and ignorance have been fostered by the downward competition of certain corporations, yet the majority of the Licensing Bodies have struggled against under-selling and under-educating to do their duty to the public and exclude from the profession half-qualified practitioners.

How, then, are collegiate diplomas to be made compatible with a State License so that neither the functions of colleges shall be supererogatory nor the State supervision subordinate? It is felt that a State examination cannot do everything which is necessary in the testing of a candidate. That it cannot decide with certainty whether his education is acquired in the dissecting-room and hospital, or in the "grind-room." That it cannot do more than set a seal of sufficiency upon the practitioner, and therefore that colleges have their function in the watching of the student's education, and the distribution of the higher degrees and honours of the Profession.

It is, however, obvious, that no arrangement can be permanent or satisfactory, which imposes upon the student two examinations. If, as Sir John Gray proposed, the candidate were obliged to pass through his collegiate examination before presenting himself for his State trial, it would be plain that the colleges must, sooner or later, succumb, for it would be said that if the Parliament had so little confidence in them as to be obliged to protect the public by another test, why should the student be compelled to pass through an unreliable and useless examination for the satisfaction solely of the Corporation.

If, on the other hand, the State examination were put first, and no collegiate qualification were demanded from the candidate, then it is evident that the student would content himself with the Government certificate, would regard the State diploma as the only object of his aspiration, and the colleges left to the optional patronage of students, would speedily be starved into extinction. We think there can be no doubt, therefore, that any Medical Amendment Bill, which would leave the candidate under the burthen of two examinations, would be destructive to the Licensing Bodies, because either examination *must* be subsidiary, and students would never be induced to pay in money or labour for any qualification which was not absolutely necessary, unless as an honorary distinction.

The Council of the Royal College of Surgeons in Ireland has promulgated a scheme, which we print in full to day, and which seems to us to meet this difficulty in the best way. They have in fact revised the Bill introduced last Session by the Lord President, and eliminating from it all the objectionable features, have reduced it to a form just to all parties and in no respect Utopian. It is, therein, proposed that the State examination shall not be supplemented by the collegiate examination, but shall, in fact, be constituted by the co-operation of the Licensing Bodies: that there shall be but one necessary title to practise, and that this title shall be conferred by a joint-board of Delegate Examiners from the Licensing Bodies. This is, as we have said, the scheme of the Lord President, and it is, if carried out by a simple mechanism, quit unexceptionable. No one can challenge the reliability of the State examination, for it will be conducted by men who will have no personal interest to serve, inasmuch as no special advantage can accrue from the passing of the candidate to any individual corporation. The Licensing Corporations reformed by a check to abuses, will be sustained in full efficiency, and the advantage of their higher degrees will be secured to the Profession. But in the carrying out of this scheme everything depends on the method in which it is done, and in this respect the Lord President's Bill fell fatally short of perfection.

The characteristics of the Medical Amendment Bill must be perfect free trade without restriction or protection whatever in favour of any Licensing Body, and emancipation from the meddling and obstructiveness of the Medical Council. In the last Bill the *gravamen* of Medical Reform was confided to the obstructiveness and inharmonious wranglings of an unreformed Medical Council and no principle, however perfect, could have survived *that* ordeal.

We earnestly trust that any new measure will take the shortest road to a settlement of moot questions, and not permit important provisions to be mutilated to please the prejudices of those hitherto charged with their settlement.

We shall find it necessary to refer further to this scheme next week, and shall then examine certain important details.

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AMALGAMATION OF THE LONDON SCHOOLS.

We mentioned in our review of the past year the proposal to amalgamate some of the Schools of Medicine in the Metropolis, and already the subject is under further discussion. That some of the smaller schools find a difficulty in making the two ends meet has long been patent. That some advantages might accrue to the student by their union is also undeniable, and yet we shall not be surprised if the difficulties of amalgamation are found to be as great as in the case of the London Societies, which have so egregiously failed to unite. A small school like that of Charing Cross Hospital must be very discouraging to teachers, and students cannot find there the charm that must ever surround a large class. On the other hand the opportunities of clinical work in such an institution, under such able teachers, to a certain extent, compensate for the pleasure of working with many fellow students. University College and King's College present an opposite condition. In each we have a large number of students at work, but only a small hospital. We may speak of these freely, as their teaching is confessedly of the very highest kind. The renewed rumours of negociations between University College and the Middlesex and St. Mary's Hospitals, make us again allude to the subject. We should say that a student who divided his time between these three schools, becoming familiar with the practice of the physicians and surgeons to each, and learning all he could from the lecturers who seemed most to attract his own mind, must go forth into the world with large views, and would, in all probability, take with him a more complete knowledge of his profession than if he had confined his curriculum to either of the three. On this ground, then, it would seem to the student's advantage if he could by a single payment have free access to all. But, unfortunately, we cannot make our arrangements for the earnest student alone—nor merely for those who enter with minds thoroughly disciplined and prepared to profit by their curricula. If all students belonged to the best class there would be little need of regulations at all. They might be left to arrange their own affairs, with the certainty, that go where they would, they would become ornaments to their profession. We do not wish to insinuate any doubts about the students as a whole, but they are but mortal, and in laying down plans for large numbers it is right to confine ourselves to the average. We doubt very much whether average young men would gain by wandering about from this teacher to that, without any well defined plan. Much time would be wasted in going to and fro. There would be no facility for placing a check upon idleness. Young men might, while desiring really to see all they could in the short time at their disposal, easily fall into desultory habits, pick up a smattering here and there, and fall into a system of loose criticism of their teachers, very unfavourable to the true student spirit.

Again, parents and guardians might feel increased anxiety about young men who would by this mode be still further removed from the eyes of their teachers, and therefore without the very wholesome restraint that exists at present. A man gains a character with his fellow students and with his teachers which often serves him well. There is a public opinion in every school which makes itself felt, and constitutes a really important check or encouragement as the case may be. We doubt not that many a good-hearted, but not over strong-minded young man has lived to be thankful that he could not easily escape from that public opinion.

If the professorial teaching were more concentrated, and we could have what other cities attain in their Universities, it would probably be a great gain in the early part of the curriculum. If, then, at a later period a regular training in clinical work alone could be gone through at three or four hospitals successively, those who could give the time to such a career would, no doubt, derive advantages well worth the sacrifice. But we should think that day by day should not be frittered away in going from one place to another. At least a session should be passed in each hospital attended, and in that alone. We know one or two gentlemen who have tried this plan, and they are delighted they did so; but it naturally prolonged their student-career, a thing which some cannot well afford; though, perhaps, the Profession has made far too many concessions to poverty, and nothing would tend so much to raise us in the public esteem as to insist on a longer curriculum at a considerably enhanced expense. The man who takes the usual three years at a London school, and then takes an extra year at a Dublin one, or goes to Scotland to graduate after a year's residence, will never regret the time and money he has laid out on his professional education.

In the proposal to unite the three schools named so as to give students the run of all, we do not discern these advantages. No doubt the best lecturers of all *might* be selected, and the clinical instruction would be in the hands of all the physicians and surgeons, and these have all proved their capacity for the work. But on the other hand the best lecturers *might not* have the Chairs committed to them. In spite of its success, University College scarcely possesses the confidence of the Profession or the public as to its appointments which have often not been—to the outer world's eye at least—as much due to proved merit as is occasionally asserted by its admirers and officials. Much of this patronage would, undoubtedly, be absorbed by the College, and it might happen—we should not be surprised if it did—that the teachers who have done so well at St. Mary's and Middlesex were to repent at an early date having consented to their own extinction.

It is impossible but they must have some misgivings on these points—especially the juniors—and that they seriously entertain the scheme, shows that they possess the self-denial that seems to distinguish all our best men. If the amalgamation should be effected, we sincerely hope it may prove a great success, and that all who wish to bring it about may have cause to rejoice at their own work.

One thing seems pretty clear, that such a concentration of the Professoriat would make clinical the only teaching which several could undertake, the only field for a healthy rivalry. It might therefore be that the physicians and surgeons of these three hospitals, already noted for their clinical work, pursued that branch of instruction with renewed energy and gain in this, the highest department of medical study, would compensate for many inconveniences and be worth the risk of many dangers.

On the whole, we submit respectfully that a plan by which, after certain more elementary studies were concluded, the student could extend the sphere of his knowledge by spending a year at three hospitals, and perhaps in three cities, would be far more desirable than the amalgamation of small schools at a moderate distance from each other.

Notes on Current Topics.

About the War and Wounded

THE suffering of the wounded and the sick from the cold weather has been severe. Some of the accounts in the papers seem almost incredible, but we can match them. A friend who has just travelled through the districts ravaged by war, arrived in London on Saturday last, and assured the Editor of this Journal that he had himself seen 200 wounded soldiers frozen to death.

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ONE of the Special Correspondents in Paris says, that owing to the intense severity of the weather no fewer than fifty sentinels have been frozen to death at the outposts, and that there are more than 1,200 cases of severe frost-bite in the military hospitals, many of which cases are likely to prove fatal. The sufferings of the people are also very great. Typhoid fever is on the increase, especially among the families from the suburbs, who are huddled together in close rooms, amid a stifling atmosphere that breeds pestilence. There had been 172 deaths from bronchitis in the previous week, and 147 from pneumonia. Fuel was running short. There was no coal, and the supply of firewood was so small that it had been resolved to cut down all the trees in and about the city. But little other food was left than bread and horse flesh. With all this there was not a murmur to be heard. "The people submit to their hard fate, to cold and hunger, and long, dark nights, void of amusement, with a cheerfulness which is sublime. They make no complaints about their miseries, and accept them with an unpretending fortitude which no people in the world could surpass."

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The "Besieged Resident" lately wrote from Paris:—The number of the wounded in this hotel has considerably diminished owing to the deaths among them. For the Société Internationale to have made it their central ambulance was a great mistake. Owing to the want of ventilation the simplest operations are usually fatal. Four out of five of those who have an arm or leg amputated die of pyæmia. Now, as in the American tents four out of five recover, and as French surgeons are as skilful as American surgeons, the average mortality in the two ambulances is a crucial proof of the advantages of the American tent system. Under their tents there is perfect ventilation, and yet the air is not cold. If their plan were universally adopted in hospitals, it is probable that many lives which are now sacrificed to the gases which are generated from operations, and which find no exit from buildings of stone or brick, would be saved. "Our war," said an American surgeon to me the other day, "taught us that a large number of cubic inches of air is not enough for a sick man, but that the air must be perpetually renewed by ventilation."

A wholesale druggist at Brighton, has recently received an order for one million quinine pills, each to contain a grain and a-half of quinine. These pills are intended for the sick and wounded in the war.

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The German troops besieging Paris are said to be suffering very severely from ophthalmia, probably from the injurious fumes of the green log fires which are kept constantly burning in close huts, owing to the excessive frost which prevails.

The North East of London and its Healthfulness.

Dr. Tripe states that the most remarkable event of the year was the late severe epidemic of fever, a peculiarity of the visitation being that the children of the upper and middle classes suffered proportionately more severely than those of the poorer classes. The total number of deaths in the district from this disease was 41 in 1867, 44 in 1868, and 224 in 1869. Greatly, however, as this district has suffered, yet the disease has not been so fatal here as in the adjoining localities. In the whole of London the mortality was at the rate of 183 per 10,000 inhabitants; in Hackney of 231; in Shoreditch of 242; in Bethnal-green of 365; in Whitechapel of 253; in St. George's-in-the-East of 314; in Stepney of 292; in Mile-end Old Town of 250; and Poplar of 326. The mortality in the south districts was also very high, the rate in St. Olave's, Southwark, being 277; in Bermondsey 386; in Rotherhithe 367, and in Newington 248 per 10,000. As might be expected from the number of houses which have been built and inhabited during the past year, the births in Hackney were in excess of those in the previous year, 3,923 having been registered in 1869, against 3,776 in 1868. The number of deaths, 2,630, was greater than in 1868, or indeed than in any previous year. This was chiefly due to the large mortality from scarlet fever, and partly to the increase of population. The proportion of births to deaths in Hackney was below the average in 1869, as there were only 137 births to each 100 deaths, the average being 148. This arose from the death-rate having been unusually high, 230 deaths having occurred in every 10,000 inhabitants, the average death-rate in London being 246. There were only 34,793 persons in 5,903 houses, containing 22,460 rooms, or but little more than three persons to two rooms, and less than six persons in each house. This is a small average, and arises from the fact that comparatively few rooms are used both for sleeping and living in; so that most families have at least two rooms.

The Allocation of Irish Church Funds to Irish Charities.

The expectations of Irish Charities of an immediate subsidy from the Irish Church Funds have been completely dashed. An official communication has been addressed by Mr. Chichester Fortescue, the Irish Chief Secretary, to Mr. Maguire, M.P. who had written to claim for some hospitals in Cork a share in these funds.

Mr. Fortescue has replied that no such surplus as yet exists. The Commissioners of Church Temporalities have been obliged to avail themselves of the borrowing powers they possess to provide a fund to carry out commutation in the case of non-conforming (Presbyterian) ministers, and in the event of the Irish Episcopal clergy agreeing this year to commute, they will have to provide for the interest of a still larger loan, with the gradual repayment of the principal.

The Qualification for Prison Surgeoncies.

The Commission appointed to enquire into the treatment of treason-felony convicts in English prisons have embodied in their report a recommendation that a higher degree of qualification be required in future from prison medical officers. They say:—It appears that medical officers of the convict prisons are not required to possess qualifications both in medicine and surgery, and that, in some instances and at certain seasons, the sole medical charge of a large infirmary, and of 1,200 or 1,500 convicts out of hospital, devolves upon a single officer having only one professional qualification. We cannot regard this as satisfactory, and would suggest the expediency of making such regulations in reference to the medical staff of convict prisons as will ensure a thoroughly efficient treatment of all cases, both medical and surgical, at all times, including the period during which the chief medical officer may be absent on temporary leave.

Small-pox.

Small-pox is still rampant in London. There were 110 more deaths registered in the last weekly return. This is an increase of twenty-eight. The average has, for the last five weeks exceeded that of the severe epidemic of 1869. It is ominous too, that the epidemic is extending its area and new localities are being invaded. It is time to give up talking of an East end epidemic. There were twelve deaths from the disease in St. John's, Westminster, and the disease has occurred in St. George's Hospital. Still the vaccina-phobiacs are as mad as ever?

The Late Dr. W. C. Tidy.

We remember the genial face of the good old gentleman and esteemed practitioner who died on Christmas day, as already recorded in our "Obituary," and the remembrance carries us back to our earliest days of student life, when we had the pleasure of residing with a medical neighbour in the neighbourhood, who is still living. Dr. Tidy took his College and Hall diplomas in 1821-2, and not very long after settled at Cambridge Heath, Hackney, where he continued to reside up to the time of his decease. He married 1834, and leaves to lament his loss a widow, three sons and a daughter. His eldest son is in the Indian Civil Service; the second is in the church; and the youngest embraced his father's profession, and has some time been the joint-lecturer on chemistry with Dr. Letheby at the London Hospital. The late Dr. Tidy graduated at Aberdeen in 1852, where also his youngest son followed, and took his degrees both in Medicine and Arts.

The death of Dr. Tidy is a severe blow to his family, and his many friends and patients will also feel it as a personal loss, for he was known as a good man as well as a good doctor.

Epidemics at Liverpool.

Relapsing fever is abating. At the beginning of last month there were 1,114 cases in the workhouse, at the begining of this 890. The new admissions are decreasing also week by week; 248, 253, 216, and 192, being the numbers successively. The number treated out of doors by district medical officers has been 260, 259, 211, 202, total 932 for the month of December; a very large number, doubtless. On the other hand small-pox is increasing, and all the cases are not treated in hospital. Small-pox is said to be far worse in proportion to the population at Liverpool than in London. Still, the enquiry that was to be held is postponed because it is now said that Dr. Parkes is fully engaged for at least two months. We should have thought it would have been well to select some other of the many capable men to assist Dr. Sanderson or let him undertake an investigation alone.

Royal Free Hospital.

We hear a rumour that there is some talk of amalgamating several of the London Hospitals into one. St. Mary's, Middlesex, the Royal Free, and University College have been spoken of as being willing to unite into one teaching body. The Royal Free Hospital is not so well-known to the profession at large, as the other three we have spoken of; but it is so much frequented by the working classes in cases of accidents and diseases requiring operation, that it ranks among the very first surgical hospitals in the metropolis. It surgeons, Mr. V. De Meric, Mr. Gant, and Mr. J. D. Hill are well-known as admirably fitted to become clinical teachers; and the hospital is fast beginning to possess all the requisites for medical instruction, an operating theatre, plenty of interesting cases, and a nursing establishment, under the care of a lady, second to none in this city.

It is rarely we have to chronicle a display of common sense by Boards of Guardians, and we have therefore pleasure in noticing the sensible view taken of the recent dispute with the Poor-law Board, by the guardians of the poor for the Belper Union, whom we congratulate upon the amicable arrangement brought about.

Rheumatism has recently developed itself in a new phase. Last week a young woman, well known to the police of London, when given into custody on a charge of picking pockets, refused to open her hands when requested, on the plea that "she was afflicted with rheumatics, which clenched her fingers so that she could not release them." Upon the application of force by the officers, the disease had given birth to a sovereign and nine shillings, although "she was unaware how" such treasure came there.

During the past year there were 3,377 new books and 1,279 new editions issued in Great Britain alone, besides 426 of American origin; of these medicine and surgery supplied 106 new books, 49 new editions, and 38 American importations; in all 193 new professional works.

Mr. Solly, F.R.S., has resigned the Surgeoncy to St. Thomas's Hospital after many years of faithful service. We should suppose he will be elected consulting-surgeon. We regret to hear that ill-health has hastened Mr. Solly's resignation. Dr. William McCormac and Mr. Wagstaffe, [illegible] as likely candidates for the assistant-sur[illegible]

We are very pleased to hear that Mr. Timothy Holmes has now resumed his work at St. George's Hospital. Long may he *live* to practise and teach others.

It is announced that Miss Garrett, M.D., will shortly be married. Some people suppose this will put the question of female doctors to a crucial test, but Miss Garrett's position is very different from that of the ordinary practitioners in country districts. She is, as it were, a mere consultant, and the difficulties that might be met with in other positions and in rural localities, have never been encountered by her.

A new wing, calculated for fifty beds, has been added to the West London Hospital.

It is said that Dr. Thorowgood is a candidate for the assistant-physiciancy at Charing Cross Hospital. It would be difficult to name among our rising physicians a more suitable candidate or one more likely to reflect credit on the institution. Mr. Spencer Watson, a very able man, is a candidate for the assistant-surgeoncy.

From 1850 to 1860, according to Hebra, 227,000 cases were admitted into the General Hospital, Vienna, and of these 30,000 were cases of disease of the skin.

The Senate of the Queen's University have re-elected Sir D. Corrigan representative in the General Medical Council of the University.

Mr. J. W. Cunningham, the indefatigable secretary to King's College, is a candidate for the Secretaryship of the Metropolitan School Board. We wish him the success his undoubted abilities deserve.

A lady, at Epsom, has recently been delivered of four sons; mother and progeny all doing well, a morning contemporary naively remarks that "the condition of the father has not been ascertained."

The next evening meeting of the Pharmaceutical Society of Great Britain, will be held on Wednesday, February 1st, 1871. The following lecture will be delivered :—"On the Microscope and its Revelations." By William B. Carpenter, M.D., F.R.S., F.G.S., F.L.S., Registrar of the University of London.

A correspondent in Rome gives a sad account of the state of that city during the recent deluge, when the Tiber overflowed its banks to an almost unprecedented extent, sweeping away an enormous amount of property; and what is more deplorable, causing a fearful loss of human life. He states that it was most pitiable to view the large hospital of San Giacomo. Some of our readers may perhaps remember the building, situated in a very populous poor neighbourhood, at the back of the Via Ripetta—suddenly inundated with a furious rush of water; horses were suffocated in their stables, or swam about the grounds for their lives; whilst from the ground floor of the building which is set apart for obvious reasons, for the infirm and aged patients, came the lamentations, moans and cries for help from its wretched occupants and the Sisters of Mercy, in wild and indescribable confusion. Words are inadequate to describe the terrible scene, which was also being witnessed in many other parts of the city. Happily, the waters have now subsided, but it is impossible to give even an approximate estimate of the loss of life and property occasioned.

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PRINCIPLES OF MEDICAL BILL PROPOSED BY THE ROYAL COLLEGE OF SURGEONS, IRELAND.

THE Council of the Royal College of Surgeons in Ireland, has adopted the following scheme for a Medical Bill :—

BASIS OF MEDICAL LEGISLATION.

That the necessity for Medical Legislation appears to be due to the absence of uniformity of curriculum, of examinations, and of fees required by the various Medical Authorities from candidates for their license to practise.

That without such uniformity, competition, pecuniary and educational, will be certain to continue, to the injury of the public, the detriment of the medical profession, and the hindrance of scientific progress.

That with the view of securing uniformity of education, the framing of a curriculum sufficiently comprehensive should engage the earnest attention of the several Medical Authorities.

That the several Medical Authorities could entertain no valid objection to the enactment of such a curriculum as would be satisfactory to all; as their object should be to qualify for practice, not the unlearned or unskilled, but those who shall have been duly prepared and fitted for the discharge of duties of vital importance.

That to satisfy the Medical Authorities that the curriculum so agreed upon should be strictly observed, representatives from each should constitute a board for the examination of candidates for license.

That an Examining Board so formed should be provided for each division of the United Kingdom, so as to guard against the delay and inconvenience likely to ensue from the formation of a single board authorized to hold examinations in succession or rotation.

That, with such a curriculum and Examining Board, the public would be secured against the admission to the profession of any but well informed and skilled practitioners.

That candidates who shall have passed such Examining Boards should alone be entitled to register, and that no candidate who shall have failed to pass any such Examining Board should be permitted to present himself for re-examination until a period of six months shall have elapsed.

PRINCIPLES OF MEDICAL BILL.

1. That the General Medical Council should be remodelled either as suggested
    (a) By the Council of the Royal College of Surgeons, Ireland; or,
    (b) By some other plan which, whilst preserving to the Medical Authorities their due share of representation on the General Medical Council, should provide for a more direct representation thereon of all Registered Medical Practitioners.
2. That the powers of the General Medical Council, so remodelled, should be increased to such an extent as to enable them to enforce the following arrangements, and that it should also be obligatory on them to do so within a reasonable period, viz. :—
    (a) To insist upon the union of the several Medical Authorities in each division of the Kingdom to form Examining Boards—one for England, one for Ireland, and one for Scotland—for the purpose of testing the qualifications to practise both Medicine and Surgery of all such candidates as shall present themselves for Examination.
    (b) To call upon all such Medical Authorities to make arrangements amongst themselves for the formation of such Examining Boards, and in their default to nominate such for them.
    (c) To insist upon such an arrangement as will secure the presence of representatives from the Examining Boards of the two divisions of the Kingdom at the Examinations of the third, who shall take an active part in all the Examinations conducted by such Board.
    (d) To insist upon the searching character of all the Examinations conducted by such Boards, and *to secure their uniformity* by uniformity of curricula and of schemes of Examination.
    (e) To secure that candidates rejected at any one of the Examining Boards shall not be permitted to present themselves again for re-examination before that Board, or either of the Boards in the other two divisions of the Kingdom, until a period of six months shall have elapsed from the date of such rejection.
3. That the several Medical Authorities so united in each division of the Kingdom should arrange amongst themselves the curricula, schemes of Examination, and amount of fees to be paid for their conjoined licence, as also the division amongst themselves, after the defrayment of all the expenses of such Examinations, of any surplus which may accrue, in such proportion as they may agree upon themselves; all such arrangements, however, to be submitted for the consideration and approval of the General Medical Council, and, if need be, to be subject to such modifications as shall seem fit to the said Medical Council to make therein.
4. That should the Medical Authorities in each division of the Kingdom fail in unanimously framing a scheme as required by this Bill, but that a majority of them may have agreed upon such scheme, then that it should be competent for such majority *to forward their scheme* for the consideration of the General Medical Council.
5. That should the several Medical Authorities in any or all of the three divisions of the Kingdom fail in arriving at such arrangements amongst themselves, then—but in that case only—it should not only be competent for, but obligatory on, the General Medical Council to make for them, collectively, such arrangements.
6. That all such Medical Authorities as refuse in these particulars to obey the behests of the General Medical Council should have their right to have their qualifications entered on the Medical Register suspended by the General Medical Council.
7. That each one, or all, of the Medical Authorities which feels itself aggrieved by any decision of the General Medical Council should be at liberty to appeal, within one month, to Her Majesty's Privy Council; that said Medical Authority, as also the General Medical Council, should be at liberty to be heard before said Privy Council, by counsel or otherwise, as they may prefer; that until such appeal be decided, such decision of the General Medical Council should have no force, but that the decision of such Privy Council should in all cases be final.
8. That it should be competent for any three or more members of the General Medical Council to appeal to the Privy Council from any decision of the General Medical Council; and that it should be competent for the said Privy Council to receive and consider the objections and representations so made before them, and finally to decide such appeal as to them may seem best.
9. That no person shall be permitted to have his name entered on the Medical Register who has not passed the Examinations conducted by one or other of the Boards herein provided, unless he should have been legally entitled to do so previous to the passing of this Bill, *and be in possession of a double qualification to practise both Medicine and Surgery.*
10. That no person should be permitted to hold any public medical appointment unless his name appear on the Medical Register.
11. That the assumption of any variety of Medical title by *anyone whose name does not appear* on the Medical Register, or who is not in possession of some one or other of the qualifications described in Schedule A to the principal Act as amended by the Act (unless in the case of honorary titles conferred by Universities or Colleges legally entitled to confer same), should be treated as a penal offence; and that it should be imperative on the General Medical Council to prosecute in all such cases.
12. That an Imperial Diploma should be granted to all such candidates as successfully acquit themselves at these Ex-

aminations ; such diplomas to be issued by the authority and under the seal of the General Medical Council, certifying that its holder is a Licentiate in Medicine, Surgery, and Midwifery.

13. That no candidate should be allowed to present himself for examination before any of the General Examining Boards, without first producing a receipt from the Registrar of the Branch Medical Council of the division of the Kingdom in which he seeks to present himself for examination, for the amount of the Registration Fee which he would hitherto have to pay for registering his qualifications after he had obtained them ; which fee, however, should be returnable to him without any deduction in case he fails to pass such examinations, or in case he should subsequently decide on not presenting himself for such examinations.

14. That it should be competent for each of the Medical Authorities after the passing of this Act to examine all such candidates as may present themselves before them, and to confer on such of them as they may think fit all such Degrees, Diplomas, or Licenses which hitherto they have been entitled to confer ; but that *none such* should entitle their holders, unless they shall have previously passed one or other of the General Examining Boards provided under this Bill, *to have their names entered on the Medical Register*, nor should they exempt them, when they come before any of the General Examining Boards, from being tested by them on any of the subjects which shall enter into the schemes of Examination of said Boards ; nor should they exempt them from paying the full amount of fees which otherwise they would have to pay for the Examinations and Licenses of such Boards.

15. That it should be competent for any one or all of the several Medical Authorities in that division of the Kingdom in which the candidate has obtained his title of L.M.S.M., should it so seem fit to them, to affiliate said candidate to their body by conferring on him their lowest title without further examination, but on the payment of such fee, not exceeding £10 10s. to each such Medical Authority, as shall be decided upon by such Medical Authority, subject, however, to the approval of the General Medical Council ; which lowest title so conferred shall entitle its holder to the like rights and privileges which he would have enjoyed in such Medical Authority had it been conferred on him previous to the passing of this Bill.

16. That it should be competent for each Registered Medical Practitioner to enter on the Medical Register immediately under his title of L.M.S.M. any other medical qualification which he may possess, without payment of any further fee than that for registration, in case he enters it or them at the time he registers his title L.M.S.M., or on payment of a fee of 5s. in case he seeks to register such at any subsequent period.

17. That, subject to the provisions respecting the fees payable for registration contained in Clause 16, it should be competent for any L.M.S.M. to enter upon the Medical Register *any degree in Arts* which may have been conferred upon him by any University in the British Dominions legally entitled to confer same.

18. That the Degree of Bachelor of Surgery, conferred either before or after the passing of this Act by any University in the British Dominions legally entitled to confer same, should be deemed to be one of the qualifications described in Schedule A of the Medical Act.

19. That it should be competent for the Medical Authorities in each division of the Kingdom, in any examining scheme which they may propose, to make provision, subject to the approval of the General Medical Council, or such persons as may possess a medical or a surgical qualification which, previous to the passing of this Act, would have entitled them to enter their names on the Medical Register, which provision shall exempt them from further examination by the General Medical Examining Board on such branch of their profession.

20. Where any person proves to the General Medical Council that he holds a medical diploma granted previous to the passing of this Act, in any British possession or in any foreign country, and that such diploma represents the like degree of knowledge, as tested by examination, to that which is required for obtaining a licence under this Act, and entitles the holder thereof to practise medicine and surgery in the British possession or foreign country where the same was granted, and that he is more than forty years of age, and that he has practised medicine and surgery for not less than ten years out of the United Kingdom, or in the case of persons practising in the United Kingdom at the time of the passing of this Act, for not less than ten years in the United Kingdom or elsewhere, it should be lawful for the General Council to direct such person to be registered under the principal Act without examination, but upon reasonable proof of character, and upon payment of such fee, not exceeding the ordinary fee for registration, as the General Medical Council may from time to time prescribe. The term "medical diploma," for the purposes of this section, includes *every degree or title or licence or authority to practise granted by any university, college, or body, granted by any department or persons acting under the authority* of the Government of the British possession *or foreign country.*

21. That all fees for Examination under this Bill, as well as for Registration, should be paid to the Registrar of the Branch Medical Council for that division of the Kingdom in which the Examination is to be held previous to the candidate being permitted to present himself for examination ; that such Registrar should account for and pay over to the several Medical Authorities such proportions of the surplus, after defraying all Examination expenses as they may be entitled to ; and that all such Registrars should be remunerated for such services, by such a percentage on the gross receipts as should be determined upon by the respective Medical Authorities, subject to the approval of the General Medical Council.

22. That the serving of all notices, and the forwarding of all documents required in accordance with the provisions of this Bill, by post, should be deemed valid service.

PRELIMINARY EXAMINATIONS.

23. That an Examining Board should be appointed for each division of the Kingdom, for the purpose of testing the attainments in general knowledge of all students previous to commencing their professional studies. That this Board should be formed of Examiners nominated, one from each body, by the several Medical Authorities situated in that division of the Kingdom in which such Board is to examine.

24. That this Examining Board should frame a scheme of Examination, which scheme should be submitted for approval to the General Medical Council, and that that body should have authority to insist upon a uniform standard of preliminary education being required by each of the Examining Boards in the several divisions of the Kingdom and that it should be imperative on that Body to enforce such Uniformity.

25. That no student should be permitted to commence his professional studies after the passing of this Bill (with the exceptions hereinafter provided) until he should have passed this Preliminary Examination, nor should he get credit for any certificates required by the several schemes of professional education, which he may produce, unless these bear a date subsequent to his having passed such Preliminary Examination.

26. That these Preliminary Examinations should be held twice in each year—one Examination before the commencement of the Winter, the other before the commencement of the Summer Medical Sessions.

27. That these Examinations should not be held in any of the buildings belonging to any of the Medical Authorities in that division of the Kingdom in which they are conducted.

28. That all such students as produce proofs of such an amount of preliminary education as shall be deemed by the members of the Board of Preliminary Examination to be equivalent to examinations conducted by that Board should be, subject to the approval of the General Medical Council, exempt from examination before this Board.

29. That each student should pay such fee for this Examination as may be determined on, subject to the approval of the General Medical Council, by the several Examining Boards on Preliminary Education in each division of the Kingdom.

GENERAL CLAUSE.

Immediately on the General Medical Council having finally decided on the several schemes proposed to them by the Medical Authorities in the several divisions of the Kingdom, they should forward copies of that which they have adopted for the consideration and approval of, or, if need be, for modification by, the Privy Council, who, in case of approval (subject to the right of appeal hereinbefore provided for each one or all of the Medical Authorities), should confirm same within one month of their receipt; but in case of modification, should give the General Council, as also the several Medical Authorities in each division of the Kingdom, due notice of such modification, and afford all these parties an opportunity to be heard before them in respect of these modifications.

PLANS FOR REMODELLING THE GENERAL MEDICAL COUNCIL.

Medical Council as at present.

	Eng.	Irel.	Scot.	Total
Medical Authorities	7	5	5	17
Crown Nominees	4	1	1	6
President	—	—	—	1
	11	6	6	24

Royal College of Surgeons, Ireland, Plan.*

	Eng.	Irel.	Scot.	Total
Medical Authorities	7	5	5	17
Crown Nominees	1	1	1	3
Professional Nominees	3	1	1	5
	11	7	7	25

Medical Association Plan.*

	Eng.	Irel.	Scot.	Total
Medical Authorities †	5	4	4	13
Crown Nominees	4	1	1	6
Professional Nominees	4	1	1	6
	13	6	6	25

Lancet Plan. ‡

	Eng.	Irel.	Scot.	Total
Medical Authorities	2	1	1	4
Crown Nominees	2	1	1	4
Professional Nominees	2	1	1	4
	6	3	3	12

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SCOTLAND.

MEETING OF CONTRIBUTORS TO THE EDINBURGH ROYAL INFIRMARY.

MIXED CLASSES.

A GENERAL Meeting of Contributors to the Royal Infirmary was held on the 2nd inst. The meeting occasioned a considerable amount of interest, from the fact that in connection with the election of six managers, it was understood that an effort would be made to elect persons who were favourable to the admission of lady students to the wards of the hospital. The Lord Provost, who presided, moved the election of six gentlemen, the majority of whom, it was understood, were in favour of the admission of ladies. Dr. Halliday Douglas, President of the Royal College of Physicians, moved as an amendment, the election of six gentlemen, and in the course of his speech, he referred to the medical education of women. He believed a mixed hospital visit was impossible, and he appealed to the meeting to hesitate before taking a step to force the managers of the Infirmary to do that which would be most damaging, if not even ruinous, to the Medical School of Edinburgh. Of the speeches delivered, those of Miss Jex Blake, and Dr. Christison, are of most interest to the Profession.

Miss JEX BLAKE, addressing the meeting said,—

What I want the public clearly to realise is this, that our exclusion from all the wards of the Infirmary is not an isolated act, no calm decision of impartial judges to which circumstances leave no other option, but it is, on the contrary, one link in a long chain of actions, all emanating from the same quarter, all tending to the same end. When I first came to Edinburgh, I made it my business to call on all the Professors, and most of the leading medical men, and, with few exceptions, I met with the utmost personal courtesy, though often, of course, with disagreement from my own views. But there were exceptions. I called on Professor Laycock. I need not enter on the details of our interview, but may state that I left the house agreeing with him on one point, and one point only—namely, that it would be in truth better that no woman who respected herself should enter his lecture-room. (Hisses and interruption).

Professor CHRISTISON—My Lord, on the part of my colleague I appeal to your Lordship against such an insinuation against Professor Laycock. I ask for the opinion of the Lord Provost as to whether such statements ought to be allowed to be made. ("Hear, hear," and applause).

The LORD PROVOST—I think Miss Jex Blake has not made any strong insinuation. She has stated her opinion.

Professor CHRISTISON—My Lord, I bow to your decision, but I don't agree with it.

Miss JEX BLAKE then went on to say—I called on Professor Christison. He told me curtly that the question was entirely decided in his own mind, and that it was useless for me to enter upon it. I did not call on Dr. Andrew Wood, but I was introduced to him in Sir James Simpson's house by Sir James, whose large-heartedness and large-mindedness made him from the first our warm friend and helper. On this introduction I asked Dr. Wood to favour me with five minutes conversation, to which his reply was he would rather not, with which he turned on his heel and pursued a conversation with other persons in the room. These, ladies and gentlemen, are specimens of the way in which a few —a very few only—met me on my first arrival in Edinburgh, and I must do those few the justice to state that their conduct has been absolutely and uniformly consistent ever since. Never have we applied for educational facilities of any kind, but they and a few who go with them have done their best to meet us with an uncompromising refusal. When the Senatus and midwifery professors concerned gave me leave to enter as a visitor the botany and natural history classes eighteen months ago, it was the influence of members of this hostile clique that got a veto passed on this attempt; when we applied for permission merely for separate classes, exactly the same dead opposition confronted us. When through the liberality of public feeling this boon was granted, the same adversaries continued to meet us at every corner—even after one of the chiefs had stated publicly in the Senatus that the experiment once begun, he would use every means in his power to give it a fair trial. We endeavoured to make private arrangements at great expense for separate anatomical instruction, but we were told repeatedly that our efforts would be useless (as, indeed, they proved); because certain all-powerful members of the College of Physicians had resolved to ostracise any medical man who agreed to give us this instruction. When the absolute impossibility of getting a complete course of separate instruction drove us to ask admission to the ordinary classes, to which several professors would willingly have admitted us, the same phalanx of opponents raised the injurious cry of indelicacy, knowing that thus they might prevail in ranging against us public opinion, which would have been on our side had the real issue—education or no education—been declared. And now, ladies and gentlemen, what I want to point out to you is, that it was certain of these same men who had, so to speak, pledged themselves from the first to defeat our hopes of education, and rendered all our efforts abortive—who, sitting in their places on the Infirmary Board, took advantage of the almost irresponsible power with which they were temporarily endowed, again to thwart and nullify all our efforts. I believe that a majority of the managers desire to act justly in this matter, but the presence of these bitter partisans, and of the overwhelming influence of every kind brought to bear by them on the matter, prevailed to carry the day—to refuse us not only admission on the ordinary terms, but equally to refuse us every opportunity which could answer our purpose. I know of the noble protests made against this injustice by some of the most respected members of the Board; but all their efforts were in vain, because strings were pulled and weapons brought into play of which they either did not know or could not explain the character. Till then, during a period of five weeks, the conduct of the students with whom we had been associated in Surgeons' Hall had been quiet and wholly inoffensive; they had evidently accepted our presence there in earnest, silent work, as a matter of course; and Dr. Handyside, in answer to a question of mine after the speeches made at the meeting of the General Council, assured me he had in the course of some twenty sessions never had a month of such quiet, earnest work, as since we entered his rooms. But at a certain meeting of the managers, when our memorial was presented, a majority of those present were, I understand, in favour of immediately admitting us to the Infirmary; the minority alleged want of due notice of the question, and succeeded in obtaining an adjournment. What means were used in the interim I cannot say; what influence was brought to bear I do not know; but from that day the conduct of the students was utterly changed—those who had hitherto been quiet and courteous while studying anatomy with us became impertinent and offensive, and at last came the day of that disgraceful riot, when the College gates were shut in our faces, and our little band bespattered with mud from head to foot. It is true that other students, who were too manly to dance as puppets on such ignoble strings, came indignantly to our rescue—that by them the gates were wrenched open, and we were protected in our return to our homes, but none the less was it said new influences (wholly distinct from any intrinsic facts concerning ourselves) had been at work. I will not say that the rioters were acting under order, but neither can I disbelieve what I was told by indignant gentlemen in the medical classes, that this disagreeable scene would never have happened had not it, and the petition got up at the same time, been needed as a weapon against our admission to the Infirmary. This I do know—that the riot was not wholly or mainly due to men from Surgeons' Hall. I know that Dr. Christison's class assistant was one of the leaders of the riot, and that the foul language he used could only be explained on the supposition I heard asserted, that he was intoxicated. I do not say that Dr. Christison knew of or sanctioned his presence, but I do say that I think he would not have been there had he believed it would be displeasing to the Doctor that he should be so——

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* Both of these plans contemplate the election of a President from the number of the Council.

† Medical Authorities disfranchised would be :—1st. University of Durham. 2nd. Faculty of Physicians and Surgeons, Glasgow. 3rd. Apothecaries' Hall, London. 4th. Apothecaries' Hall, Dublin.

‡ This plan contemplates giving the Council so constituted the option of electing, outside their number, a President, in which case the Council would consist of 13.

Professor CHRISTISON—I must again appeal to you, my Lord. I think that the language which has been used regarding my assistant is language which no one would use at such an assembly as this, where a gentleman is not present to defend himself, whether it were true or not. (Applause). I do not know whether it be true or not, but I know that my assistant is a thorough gentleman, otherwise he would not be my assistant. ("Hear, hear," and applause). I appeal to your Lordship whether such language as has been used is to be allowable. I appeal to you if there is any gentleman in this assemblage who would have used such language in regard to an absentee——

Miss JEX BLAKE—If Professor Christison is willing, I am perfectly ready to say——

Professor CHRISTISON—I wish nothing but that this foul language should be put an end to.

The LORD PROVOST—I don't know what it is. She is giving her opinion——

Miss JEX BLAKE—I said before that the only excuse for the assistant was that he was alleged to be drunk. If he prefers me to say that the language was used when the person was sober, I am satisfied. (Cries of "Vote, vote.") I will not detain you on a subject little seemly or pleasant to dwell upon. I desire only to point out to you that our exclusion from the Infirmary—— (Cries of "Vote, vote.")

The LORD PROVOST—The lady will soon be done.

Miss JEX BLAKE—It was not the result of unanimous conviction on the part of impartial judges striving to do justice to all, but was the work of very keen and bitter partisans, who put every agency in motion to influence those who were not swayed by such indomitable prejudices as themselves. (Hisses). We have been taunted with wishing to turn out those who, in the discharge of our duty, were consequently compelled to do us an injury. I answer that fatal as that injury is to our whole professional career, I should never have felt justified in acting and speaking as I am now doing had I not felt it the result, not of unbiassed deliberation, but of bitter and unscrupulous partisanship. Our real offence is not that we wish to enter the Infirmary in one manner or in another, but that we have not been willing to renounce the purposes of our lives—the aim of our whole professional career—at the *ipse dixit* of Dr. Christison and Dr. Andrew Wood. (Hisses, and cries of "Vote, vote.") You have already heard how easily our admission could have been arranged with justice and convenience to all parties—— (Cries of "Vote, vote.")

The LORD PROVOST—Five minutes more. (A voice—"No, we will not hear any more.")

Miss JEX BLAKE—This is the first time that I have had an opportunity of pleading in public a cause which has hitherto been discussed in close councils and closed doors.

Mr. GIRDWOOD—Perhaps Miss Blake would confine herself to the merits of the case.

The LORD PROVOST—You must make a little allowance. She is quite inexperienced.

Miss BLAKE.—At a moment when ladies are being summoned from their luxurious homes to attend on wounded soldiers with every form and kind of injury—where other ladies are being trained in the great London hospitals to take charge of whole wards of male as well as female patients—when in that capacity they are constantly present with crowds of male students, alike at the bedside and at the operating theatre, I should have thought it needed little argument to prove that the presence of women as students needs not even to be challenged. A great deal has been made of the professional objection of students to our presence in the Infirmary; but I would point out, first, that the largely-signed petition, of which so much was made, only touched the question of joint action of men and women; second, that that petition has never been scrutinised by proper authorities, and no analysis of signatures has been made. (Cries of "Vote, vote.") Moreover, that in the case of the two latter petitions (also against mixed classes), when submitted to due analysis, only eight out of forty students with whom we are studying—*i.e.*, those most nearly, if not solely, concerned—had been induced to sign the petition. But if there are indeed some who feel this evidence insufficient, who seriously think it would be prejudicial for men and women to witness together suffering and its remedies—though it is by no means an objection for the whole of our sex in every case of the most delicate kind to depend wholly on the other for relief—it is by no means essential that such study should be in common. Three medical gentlemen, with great courage and chivalry, have come forward in the midst of opprobrium and professional censure to invite us to their wards; we have formally declared our distinct intention of attending in no wards where our presence is disliked by the attending physician or surgeon. The Infirmary is large enough. There are some fifteen or sixteen medical officers attending to it. No student ever attends the whole, or nearly the whole, of the practice in the hospital. Allow us to study in the wards of the three gentlemen referred to. There will still be twelve or thirteen wards wholly and entirely at the service of the male students. We on our part ask for no exclusive regulations. If the other students desire to attend in the wards where we are present, they would be at full liberty to do so—liberty which leaves them quite free to benefit by the advantages offered in those particular wards, yet leaves them at full liberty to avoid the much-deprecated mixed classes, by gaining their information, if they please, in all the other wards of the hospital. Surely no unprejudiced mind could refuse us this concession? Yet this modest request was refused uncompromisingly by our opponents, who used the almost irresponsible power entrusted to them for administration to crush, as they hoped, every chance of those whose existence as medical students is an offence to them. Are we wrong in asking you whether you would do well, even for the general interests of the institution, apart altogether from ours to appoint as your representatives and invest with supreme power those who (like one at least of those now desiring re election), for the sake of carrying out his own absolute will, forgets in the responsibility of his high office, to remember you or me? I would say a few last words, as representing that little band who have come strangers to your city, seeking that education for which Edinburgh has long been famous, depending wholly on your justice and your hospitality—whether, after all our struggle, we are to be sent empty away? I ask you to remember that we have earnestly and solemnly taken up our present work in the full and earnest belief that it is especially and peculiarly women's work—in the persuasion that there are thousands of our suffering sisters, who are writhing under the stern necessity which forces them in every case to consult one of the opposite sex, and that too, while they are being told that our very study of medical subjects is improper, if carried on by men and women together. I speak on behalf, I say, of this little band of women who have faced every difficulty, braved almost every form of obloquy, to carry out that which we honestly believe to be our duty and our mission, and in behalf of that much larger class of women who, in the language of a writer in one of the newspapers—to me wholly unknown—bids us bravely proceed, thinking, as he says, on "the silent thousands who watch with the sickness of hope deferred your struggle, and take courage." Gentlemen, the question has now passed from the hands of a clique, however powerful, to the calm judgment of the public. In your hands I leave it to do justice.

Professor CHRISTISON said it was not his intention, when he came to the meeting, to say a single word, but he had been called upon in various ways to take notice of what had been said, and he entreated his friends to bear for a moment with him. He was not in the practice of obtruding himself on an unwilling audience, and if a majority of the audience were opposed to the proceedings being protracted, he would bow to their decision. (Cries of "Go on.") He had taken no notice of anything that had been said against himself personally, although on such occasions he must say that he was attacked, not by direct charges, but by insinuations, which were far worse than direct charges. He only interrupted the lady when she made use of language which was uncalled for regarding gentlemen who were absent: but he wished now that the meeting would see the position in which he was placed. As the lady had told them, she called upon him and asked his support. He told her it was in vain for her to use any argument with him, because he had gone over the whole ground thoroughly before with Miss Garret some years previously, and gave her a whole hour of his time, and she did not move him in the least from his insuperable objections to the idea of introducing ladies as medical students into the University of Edinburgh, or into the medical profession. She had told them that thereupon the communication came to an end. She did not say that he received her with discourtesy, although she said in general terms that he did so. If he on that occasion showed any discourtesy he begged to apologise most sincerely; but he was not conscious that he had done so——

The LORD PROVOST—She did not say so.

Miss JEX BLAKE—I simply said that Dr. Christison would not hear me.

Professor CHRISTISON said he was careful to avoid any discourtesy, but he was thoroughly determined that Miss Blake's time and his own should not be wasted. (Hear). That was all. He held very decided opinions, formed deliberately upon considerations and reasons which he considered to be irrefutable; and no one could find fault if he persevered in the same track which he had resolved to follow. Could Miss Blake complain that he was found here and there in her way, trying to instruct the public, and trying to instruct such bodies as the managers of the Infirmary, as was his duty, in this respect? Surely he was entitled to hold his opinions, and entitled to carry them into practice? There were insinuations that he may have been at the bottom of the movement against the ladies—in short, that he had been the man who was "pulling the puppet strings." But he denied that he had taken any covert steps in the whole proceedings. He had done nothing but what was open and above-board. He knew nothing whatever of the movement of the students. He knew the students so well as to anticipate what they would do, and what they did; and he denied most strenuously that he had ever taken any step to put a single idea into the mind of any one student, as had been insinuated. (Cries of "That's good," "Bravo," &c.) As to the students' petition, he only knew that it was going on, but he knew none of those who signed it; and Miss Blake may rest assured that it was got up most honestly, for the students were too well aware what they were doing to commit the error of getting the signatures of those who were not students. (Hear). Dr. Douglas had referred to an incident that occurred at the meeting of the managers when they came to the vote whether ladies ought to be admitted along with the male students, as students of the Infirmary. Dr. Douglas voted in favour of the ladies' admission at that time; but he had changed his views since that time, and he had been taunted by Mr. M'Laren with changing his views. Dr. Douglas was induced to alter his mind by hearing some of the arguments put before the meeting; and he could assure the meeting that Dr. Douglas was not the only manager who had changed his mind since then—(Hear)—and he expected still to find there were other managers who would follow the example. (Hear). He hoped, therefore, to hear no more of Dr. Douglas being taunted with his change of opinion. In fact, he was thoroughly convinced that if every one had had the opportunity of hearing all that was then brought before the managers, there would have been a larger majority of the same opinion, that it was a most dangerous experiment to introduce the ladies into the Infirmary. He was not going to enter into the various arguments then brought forward; but there was one upon which he must say a word, because the little that had been said was rather in the other direction. It had been looked upon as rather a contemptible argument. That was the argument from the student side of the case. Mr. Reid had very properly reminded the meeting that the great object of the Infirmary was the relief and the cure of the sick and wounded, and there was no doubt that such was the primary object always to be had in view. At the same time, it seemed to him that Mr. Reid underrated the secondary object, of the hospital being made a means of instruction to medical students. There was no other way within the reach of the great mass of the medical students whereby they could learn their profession unless in the hospital; and more than that, he could assure the meeting, from his experience as a medical officer of the Infirmary from 1817 to within eleven years ago—and he defied any person to contradict him—that the patients were never so carefully looked after by their physicians and surgeons and assistants and nurses as when they were made the means of education, the reason being that when the patients were employed judiciously for the purpose of instructing the students, their cases had to be mastered far more thoroughly than in other circumstances. He had never seen the patients in the least degree dissatisfied that what was done with them was mainly for the instruction of the students. (Hear). Dr. Christison went on to say that of the ladies who sent an application to the managers of the infirmary to be admitted, it appeared that only one had any pretension to being a Scotchwoman. All the others were English. Now, in such circumstances it was natural to consider why these ladies were led to come to Edinburgh. There were many small but excellent schools in England where they might have got an education——

Miss BLAKE—Not an university education.

Dr. CHRISTISON—These ladies came to Edinburgh and asked the managers of the Infirmary to make an experiment—a very bold and a very rash experiment—to introduce a totally new system, unknown in Great Britain—that of giving a mixed education to ladies and gentlemen, for the purpose of giving the ladies a medical education. And were they to try this rash and boldest experiment in the greatest medical school of the British empire? If small schools were in danger by such an experiment, no harm would be done to the public, because the schools might rise to-day and fall to-morrow; but would the public not suffer were the University of Edinburgh to suffer? Some of them thought the risk might not be so great. Well, what did the students say, and the majority of the professors of the University who taught medicine? What did those out of doors and the physicians and surgeons in the Infirmary say? By a majority of fifteen to three, they said it would be a most disastrous thing to introduce such a system of mixed classes.

He (Prof. Christison) concluded by speaking in defence of the students. He would not by any means defend the conduct of those who had exhibited their feelings in an improper and unjustifiable manner; but, on the whole, he said that the students had taken the matter very quietly. They had expressed their opinions, and they all knew that when students were once aroused, they were apt to go to ungovernable lengths.

On the vote being taken, it was found that 100 had voted for Dr. Douglas' motion, and 96 in favour of the Lord Provost's. The Rev. Professor Charteris gave notice of the following motion, to be considered at a meeting, to be held on the 16th.

"That, in the opinion of the Court of Contributors, it is highly desirable that the managers of the Royal Infirmary should make immediate arrangements for the admission of all registered students of medicine to a qualified course of instruction in that institution."

Correspondence.

THE ADULTERATION OF DRUGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to intrude upon your columns for a short space in connection with the above important question. In the following letter it is not my intention to discuss the merits of the plan lately proposed by the Poor-law Commissioners' for the supply of drugs, of which so much has already been said. I wish simply to confine my remarks to a few practical illustrations, showing how essential it is that some mode of control should be instituted over contracts, upon which depend life and death.

Under the present contract system for the supply of medicines, there is held out a premium for adulteration, and manslaughter, unattended with responsibility is countenanced. It is impossible to lay too much stress upon the danger of valueless drugs and chemicals. *In extremis* is perhaps the time of all others that the doctor calls in the aid of powerful medicines, and yet he is leaning upon a broken reed.

Next to the patient, a fair trader is the greatest sufferer. The system of low-priced tenders, without an efficient control as regards quality, has so prostituted the contract trade that in most cases the drug vendor is either compelled to avoid it, or to enter the arena armed with miserable subterfuges, and a stock of inferior goods—the utter worthlessness of which he himself is hardly cognisant. We think the Commissioners might easily manage to adopt some plan by which they would give the Irish drug houses some guarantee that the trade should not be taken out of Ireland. There are many most respectable and worthy drug merchants in this country, who are already manufacturers and importers from the foreign markets.

As regards the important point, purity, numerous articles in your periodical, the *Pharmaceutical Journal*, and others, have proved that adulteration is as rife in London as it is in Edinburgh, Dublin, or anywhere else. In fact, that in every town there will be dishonest as well as honest traders. The first of these being only too ready to take advantage of any system that offers the best money prize, irrespective of how it is gained.

As illustrating the difficulty of detecting, and the inferiority of the drugs occasionally placed upon the market, I will give a few instances of my own experience—all of which came under my observation in one fortnight. I may mention that the samples analysed were examined for the purpose of buying.

Of three samples of pale bark examined in one day, the handsomest in appearance was the worst. It was in long pieces fully twelve or fourteen inches in length, and covered with lichens. It had a grey and wrinkled surface, but was thin in substance (*an indication of a young bark*), and was wanting in transverse markings. It was, in fact, although a handsome specimen, perfectly worthless, for it did not contain one particle of quinia.

Another case was a specimen of glycerine offered for sale from sample by a broker, who, I will do him the justice to say, did not know anything about its quality. This was, apparently, a pure and nice looking glycerine; it agreed in every respect with the characteristics given in the "Pharmacopœia," and was even miscible with a solution of nitrate of silver; it would, therefore, from a casual observation, have been pronounced a pure specimen. As it was one-quarter cheaper than the market price of that quality of glycerine, it was examined further, and found to contain fifteen per cent. of glucose or grape sugar (estimated by the potassio-cupric tartrate). The glucose having been procured from starch or sawdust. A solution with the gravity of glycerine might be procured for about a shilling per gallon, whilst the finest quality of glycerine is worth more than double that price per pound.

Another instance was that of a sample of lime-juice, which, when tried with the volumetric test of the "Pharmacopœia," gave the requisite degree of acidity, and therefore would appear, at first sight, to contain the needful quantity of citric acid. It proved to be a dilute lime-juice, brought up to the requisite degree of acidity by the addition of acetic acid. A novice in the *art* of adulterating would have used oil of vitriol as being the cheapest acidifier, but not so here. The expert cracksman does not use a coarse crowbar. This is only one, out of many specimens, where the writer has observed a marked attempt upon the part of adulterators to make their commodities adhere as far as possible to the most important tests and characteristics of the "Pharmacopœia." I drew attention some years back to this point in my articles published in the MEDICAL PRESS upon "Medica Analysis."

Another case was a sample of acetic acid unfit for use from the tarry impurities present.

Other examples might be multiplied *ad infinitum*, but the above fortnight's experience will suffice. The glycerine and lime-juice specimens were examples of wilful adulteration. The bark, merely a "low quality" specimen, which, when offered on the market, comes to much about the same thing. It is a well-known fact amongst the trade that some years since sarsaparilla, which had been exhausted (namely, sarsaparilla from which the extract had been prepared), was dried and largely imported into Ireland; probably it is so still. Such a specimen of sarsaparilla, or the bark above-mentioned, is, from a therapeutic point of view, simply equivalent to sawdust, and should be, commercially, of the same value.

I remain, Sir, yours very truly,

CHAS. R. C. TICHBORNE.

40 Mary street, Dublin.

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CELIBACY AMONG SOLDIERS AND OTHERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I confess to being altogether in a maze regarding the doctrines of the "scientific school," and their proposals for checking or mitigating prostitution, seduction and their collateral evils, baby farming and infanticide.

In a recent able, though somewhat obscurely worded, letter on these subjects, Dr. Drysdale, quite dogmatically, pronounces celibacy to be the *fons et origo mali* of those infamies, and while he, assuming the garb of nature as his guide, suggests early marriages as the remedy, yet, with strange contradiction, he condemns the *natural* consequences of early marriages—large families—as "incompatible with morality." The letter, cleverly written as it is, appears to me to be a mass of irreconcileable assertions, and if the new "scientific school" can devise no more efficacious means than this panacea for the evils of society and of civilization, many will be disposed to exclaim that, "the cure is as bad, if not worse, than the disease," and that the "scientific school," at least, can lay no claim whatsoever to the infallibility he sneers at, and as for the laws of animal life, the theories of Dr. Drysdale are totally opposed to them.

Sir Benjamin Brodie inveighed against the evils of celibacy, resulting from the vicious habits regarding which history repeats herself—from Sodom down to "the men in petticoats," from ONAN to French *frauds*, and modern masturbators of every sort; but it would be unjust to the memory of the great, gifted, and experienced surgeon, to say that he regarded celibacy, *per se*, as dangerous to health, to morality, or to civilization. Dr. Drysdale is certainly a step in advance of his learned *confrères*, living and dead, for he places the immoral and moral celibate in the same category, and says that, chaste or unchaste, the state is highly injurious to health, to morality, and tempting to society; and "*that more disease is produced* (*even if perfect chastity is observed*) *by the late marriages of Britain than by French dissipation!*" This is certainly a startling phase in social evils, scarcely ever dreamed of by medical men, and even now hardly to be credited if supported—which it is not—by the opinion of Mr. Holmes Coote, of Bedlam Hospital. We have it authoritatively stated, that neither chastity, late marriages with necessarily small families, nor early marriages with large families, will satisfy the moral requirements of this scientific age; notwithstanding the anomaly of "the Germans" with their large families—and starvation at home, as Mayhew tells us—"are getting on well with their campaign;" while the poor French, who were some time since held up as models for their frauds *de conception*, are crushed and overwhelmed in spite of plenty and the small family system.

Most medical men hold that late marriages, but for parturition alone, would not prove more dangerous to health and life, if perfect chastity is previously observed, than early marriages, and the children of late marriages are as healthy, *cæteris paribus*, as children born of parents of a corresponding age, and who have married early. What then are the evils of late marriages?

If Dr. Drysdale's theory of "*attention to the forces*" were once recognised, man would fairly come under the definition of the French *savant*, as "an animal who eats when not hungry and makes love at all seasons;" and, if pushed to its logical conclusion, the world would become a regular pandemonium, and nothing but prostitution, seduction, baby-farming, and infanticide obtain, rather become quite *natural*; for all should try to make square with "*nature*," and young Nature, we know, is a rapid breeder; but now comes the difficulty—for large families are not allowable by the "scientific school." What is next to be done? *Moral control*, to check the event or events, is out of the question; celibacy is at the outset the iniquity of iniquities, and of course none of its pernicious habits are to be indulged in when we have a partner; but what is to be done to prevent rapid breeding? This is what the "scientific school" allows every one to solve by intuition; it is too bold a step to proclaim openly to the world. The only way, then, of preventing large families in married life, if immoral celibate practices are not had recourse to, is abortion or infanticide! Child murder! Is this following the laws of nature? If this Malthusian idea takes root, where will it stop? There can be no second opinion about it, a child is a man or woman at conception—*omne vivum ab ovo*—and it would be contrary to the laws of nature or of animal life to destroy it, for if an impregnated ovum may be destroyed, abortion may be procured at any time during the nine months, and if it be allowable to kill a child a few minutes before birth, it may be legitimately done after birth; and if it be allowable to kill a child, certainly there can be no moral iniquity in killing a man or woman, and one should say much less if they happened to be diseased or infirm. This seems to me to be the doctrine of the "scientific school," and it is evident that the whole teaching leads to conclusions at which all the world would shudder with indignation and horror. If this be the remedy for the rapid breeding of England and Ireland, humanity and morality may exclaim, heaven protect us from any "system" that would inculcate such a doctrine—better starvation, seduction, anything in fact, than a practice so revolting to humanity and the natural law.

I hold, that it is a mistake to suppose that celibacy *per se* endangers health and morality. The moral celibate, who avoids prostitution and controls the sex appetite, not from fear of consequences, but on more laudable grounds, is often a greater benefactor of mankind in general, and society in particular, than the man who "makes square with nature." He preserves at the same time "a sound mind in a sound body," and encourages many by his example to avoid the vices which surround them. There are some especially privileged to learn the history of youthful indiscretions, and by that means often succeed in checking immoral celibate practices before the vice becomes confirmed. It would be quite as difficult for them to understand Dr. Drysdale's theory of "attending to the constant force of sex appetite," as it seems to be for Dr. Drysdale to understand how they can continue in that state with "a little moral control." There are plenty of people, besides priests, in England and Ireland, who are celibates from choice, and I would no more think of suspecting them of immoral practices, than I would Dr. Drysdale of administering mercury in syphilis. It is well known that the sex appetite does not exist in all to the same degree, and that the more it is cultivated the stronger it becomes, while if "the *constant force*" is attended to, it will be likely, as it often does, to do more injury to the constitution and morality than even immoral celibacy. If to check it partially would be dangerous, a variety of *loves* would be required, for a "thousand little incidents prevent us often enjoying our partners;" if, then, it be indispensable to attend to "the sex appetite," Mormonism would seem to be indicated as the natural state; but then the danger of "rapid breeding" stops the way. On the whole, the only solution of Dr. Drysdale's hypothesis seems to me to be to return to first principles; and as immoral celibacy and prostitution seem only a distinction without a difference, it is quite right that they should become partners, and have early marriages; and as prostitutes are known not to be too prolific, early marriage with them would cure the evils of celibacy and of prostitution—each would have a partner and a "fair share of love, offspring, and domesticity."

This "sex appetite" theory appears to me to foster rather than diminish prostitution; for if "the force" must be attended to, every person is bound to seek the occasion of attending to it, and as marriage cannot be accomplished at once, the alternative must be had recourse to—"to make square with nature." But as prostitution will continue in spite of any theory, the question arises: Will it not be advantageous to the human race that the diseases associated with it should be mitigated, checked, or stamped out if possible? Prostitution is bad, but its diseases make it worse. Medical men are in favour of eradicating or limiting contagious disease of every kind, and shall syphilis alone enjoy the privilege of enfeebling and destroying the human race, and making its baneful influence felt in the offspring of generations? "The Contagious Diseases Act" will, I believe, benefit the human race directly, by curing and lessening the tendency to disease, and by preventing the propagation of delicate, fragile, and diseased offspring. It will not do to say that syphilis is a deterrent of vice, as its opponents hold, because a man who is chaste only through fear of catching the disease is not virtuous in a moral sense, and may fall into the "greater evils" of immoral celibacy. Medical men should, of all others, be most active in trying to diminish the sources of contagion; they should be above suspicion in a matter of this kind, from any interest in the extension of contagious diseases. They know the pernicious effects syphilis has on the health of its victims; they know that the innocent are made suffer equally with the guilty, and that inherited syphilis has an effect for generations, in lessening the vitality and destroying the human race; they know that when the sex appetite runs high, or is inflamed by wine, evil associates, and the seductive influence of rouge, flaunting colours, immodest gestures, and a host of other inciting causes, and when by all these the reason is obscured, and self-control enfeebled, that if human nature yields to "the force," it does not calculate on being an invalid for life, and probably transmit to posterity the indelible marks of the sin of a moment, it may be the only one in a life. Without holding to any church theory on the subject, it is quite evident that it would be for the benefit of the prostitutes themselves to be healthy instead of diseased; they will, at least, be in a better position to return to moral pursuits, and some celibates may be disposed to choose from them non-infecting wives or "companions."

Besides the evil effects prostitution has on the health of the people, there is an immensity of healthy labour lost by the spread of syphilis, and what large sums of money are wasted on hospitals, medicine, and the doctors, by its victims?

As regards soldiers, let them have their wives by all means; let them be paid better that they may be able to support their wives; but in order that the wives should not incur the risk of being contaminated, and that they may beget healthy children to fight the battles of their country, or contribute to its wealth by healthy labour, by all means keep the garrison towns free from syphilis by a stringent "Contagious Diseases Act."

I shall now endeavour to show that neither poverty nor large families are incompatible with morality; for if this were so, England, and "notably" London, with its enormous wealth and not over large families, has much to atone for. Yet, it is in the capital of the greatest, the wealthiest, and most civilized country in the world, that the great evils of prostitution, seduction, baby farming, and infanticide prevail to a most alarming extent. It is there, too, society prominently "claims" and obtains "its full share of love, offspring, and domesticity," without let or hindrance, and without abating the social evils; and there is very little doubt if the population of London, large as it is, were not recruited from the healthy offspring of rapid breeding country districts, it would soon die out from the effects of its own vices, and the time would not be very remote when Lord Macaulay's "New Zealand Traveller" would be sketching the broken arches of London Bridge.

Ireland, notwitstanding its poverty and rapid breeding, is free from the vices of the sister country. Baby farming and infanticide are unknown; seduction is rare; and prostitution confined exclusively to cities and large towns. Every medical man in Ireland can vouch for the fact that Ireland is moral; and I will add the testimony of one of the most amiable, accomplished, and learned judges, and distinguished ornaments of the Bench in Ireland or England, addressing a jury during the past week in a case, happily rare amongst us, where early marriage had not the desired effect; the Right Hon. Justice Fitzgerald, Queen's Bench, said, *inter alia*:—

> "It is sometimes said that we are half a century behind other countries in civilization. If one of the results of civilisation were to be cases of this kind, I hope we shall long continue to remain so. *I believe in my heart and conscience that this country may well compare in chastity and virtue with the civilized world.*"

This is the conviction of a learned judge, who, from extensive travel and long residence in England, is capable of forming an unbiased opinion.

In Ireland, then, "rapid breeding" has not produced immorality. The majority of the population, though poor, are contented with frugal fare, and feel more happiness in poverty than the profligate spendthrift in easy circumstances, who suffers more from a luxurious life, *ennui*, and dissipation, than the poor healthy man suffers from labour. The poor find that the more "bread-winners" they have, the greater their prospects of improving their position; for Irish children labour for, are devotedly attached to, and scarcely ever forget, their parents; they confer more benefits on the human race by their industry, and the propagation of healthy offspring, than the comfortable do-nothings. Many hope by honest labour to better themselves, and feel with Tennyson's "Northern Farmer"—

"Feyther 'ad ammost nowt; leästaways 'is munny was 'id,
But, 'e tued an' moil'd 'issin deäd, an 'e died a good un,
'e did."

Manual labour and moral restraint are the very things that conduce to the production of large families, and I will add simple fare, yes—

"— The schoolboy's simple fare,
The temperate sleep, and spirits light as air."

Poverty approaching even to starvation is likely to coexist with every form of social life. If nature did everything for us there would be no struggle for existence, and the inhabitants of the Sandwich Islands might be envied as enjoying a Paradise. But for poverty, or dread of it, what comfort would many now in happy circumstances enjoy? If there were no colliers what a cold look out for warm comfortable homes, bright fires, and hot breakfasts. There would be no plates, knives, &c., without workmen; no grain without tillers of the soil; coal porters, crossing sweeps, and chimney sweeps are even necessary; and if England or some country did not supply these by some means or another, in what would her comfort consist?

Humanity and the Medical Profession particularly are indebted to Dr. Drysdale for the great boon, the inestimable blessing, of abolishing mercury in "contagious diseases," thereby contributing to the health, comfort, and longevity of the human race. I hope his clear intellect will see the advantage of checking these diseases altogether if possible, and also the moral gain of having early marriages, and large families of Anglo-Irish to contribute to the extension of civilization, and morality at home and abroad.

Yours very faithfully,
THOMAS HAYES, M.D., M.R.C.S.L.

Shanagolden, Co. Limerick,
December 20th, 1870.

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DR. ELLIOTT ON MR. MILL AND THE SMALL FAMILIES ADVOCATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Elliott has written so boldly on the side of women entering the Medical Profession, that Lord Shaftesbury this year read his observations, contained in your admirable journal, aloud to an admiring audience of London ladies. There is no question, then, that Dr. Elliott is ready to listen to any doctrines, even when they are new to him, and the way in which he states his case against my humble views of early marriage and small families as a cure for [illegible], is calm, logical, and entirely devoid of that [illegible] which has made me take no notice of one or two [illegible] which, I submit, would have come better from [illegible] schoolmasters, than from amiable members of the best-hearted profession in the world, and from persons who are accustomed to difficult questons. I reply to Dr. Elliott, as follows:—If it be true that the French peasantry in many parts of France "habitually limit their families to two children" (*vide* M. Block, quoted by Mrs. Grote in her *Collected Papers*), there can be no very great difficulty in attaining the end desired, if only people *desire* it. But, in order that a nation should desire a thing, we must try first to convince those, who, like Dr. Elliott, think for others. Mr. Mill is one of these; and he contends that, "little advance can be expected in *morality* until the production of a large family is looked upon in the same light as drunkenness, or any other physical excess." Why? Because large families and average low wages are synonymous; and low wages means fever, consumption, and all the horrors of human existence. In an hotel I stayed at a few years ago in France, were two young French couples, who had been married some years. I asked both the husbands why they had no children? They both gave the same reply—*i.e.*, that their salaries were very small, and they preferred to wait a year or two. This, according to the intuitive school of moralists, is "shocking." But in the eyes of a person who sees what celibacy comes to—*i.e.*, syphilis and other worse evils, is conduct by no means so easily found-fault with. Soldiers, all married, and all with large families, *might* be out of the question, I concede; but soldiers, almost all unmarried, as now, and extensively diseased, is also bad. There, surely, must be something better than either of these.

Yours, &c.,
C. R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.
99 Southampton row, London.

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Medical News.

Apothecaries' Society of London.—At a Court of Examiners, held on the 5th instant, the following gentlemen were admitted licentiates, viz.:—Messrs. N. B. Langley, of Cricklade; E. E. Rastrick, of Southsea; and F. H. Turner, of High Wycombe. And at the same Court, Messrs. Thomas Wood Hill, of St. George's Hospital, and Reginald Wade, of St. Bartholomew's Hospital, passed the primary professional examination.

Cholera.—An Indian paper states that in Cochin lemon grass oil is used in the cure of cholera. At the first attack a few drops are given with sugar and warm water, and it is also rubbed on the body to prevent cramp.

Working Men and Public Hospitals.—A movement has been begun at Birmingham, and was formally inaugurated at a meeting last week, for the purpose of supporting, by an organized system of workmen's subscriptions, one of the large public hospitals of the town. It was resolved to organize a system of periodical contributions, including all the factories and workshops of the town, and also to have annual collections in the same.

Public Health.—During the concluding week of 1870, the mortality in London and nineteen other large towns of the United Kingdom was in the ratio of 31 deaths annually to 1,000 of the population. It varied from 18 in Portsmouth to 49 in Liverpool. In the metropolis, 2,041 births and 1,760 deaths were registered, the former having been 105 below, and the latter 51 above the average. Zymotic diseases caused 419 deaths, including 110 from small-pox, 29 from measles, 110 from scarlet fever, 8 from diphtheria, 15 from croup, 49 from whooping-cough, 10 from typhus, 21 from enteric (or typhoid) fever, 1 from relapsing fever, 12 from simple continued fever, 10 from erysipelas, and 6 from diarrhœa. The fatality from small-pox is rapidly increasing. During the first thirteen weeks of the year 1870, the number of fatal cases registered was 99; in the next thirteen weeks the number was 118; in the following thirteen weeks of the summer quarter the deaths rose to 157; and in the last thirteen weeks of the year they amounted to 584. Altogether there were 958 fatal cases registered in the 52 weeks of 1870.

Poisoning by Carbolic Acid.—The Liverpool coroner held an inquest last week, on the body of a ship-steward, who had died from poison. Deceased had access to the captain's cabin, where there was a bottle of carbolic acid, which, it is supposed he drank in mistake for liquor.

BROMIDE OF POTASSIUM IN SACCHARINE DIABETES.

The number of the *American Practitioner* for January last contains an interesting paper on this subject by Professor Austin Flint, of New York. He relates three cases treated by the bromide in doses of fifteen to twenty grains, three times a day, combined with ordinary diabetic diet. In each there was a rapid diminution of thirst, a decrease in the specific gravity of the urine, and an improvement in the general health.

In one of the cases there was a remarkably rapid and great improvement, but Dr, Flint remarks, "It is by no means as yet certain that the improvement is not chiefly or entirely due to the dietetic management. The case affords a striking example of the tolerance of an anti-diabetic diet. The patient, in addition to all kinds of meat, inclusive of fish, oysters, and eggs, is allowed celery, lettuce, onions, cauliflower, tomatoes, and sour apples. The last named article, eaten raw and roasted, he finds a very good substitute for potatoes. He takes tea and coffee with cream. He eats butter freely. A small quantity of toasted bread is allowed. Camplin's bran-bread he found unpalatable. With this bill of fare he is thus far perfectly satisfied to give up sugar, and, with the exception of a little bread, all articles abounding in starch. A little sherry or claret wine is not interdicted."

Dr. Flint states that his "object in giving an acconut of these cases is not to claim in behalf of the bromide of potassium a special curative agency in saccharine diabetes; but to suggest to physicians to make trial of this remedy, in order to determine whether it be not entitled to be classed with other remedies which are sometimes useful. In the first of the three cases its usefulnesss was apparently clearly manifested."

RELIABLE PREPARATION OF CONIUM.

Dr. J. C. **Reeve**, of Dayton, Ohio, calls attention (*The American Practitioner*), to Squibb's fluid extract of conium, made from the unripe fruit or seed, according to the suggestions of Dr. Wm. Manlius Smith, of Manlius, New York. The dose to begin with is five minims, to be gradually increased. Dr. Reeve says: "For *convulsive and irritable coughs* it has proved in our hands a remedy of decided value. We used it during the closing period of an epidemic of hooping-cough, and we believe we saw great benefit from it, although we are not yet ready to abandon belladonna. For the frequent and distressing cough of phthisis and bronchitis we have had frequent recourse to it, and would not willingly do without it. Every one knows the bad effects so often caused by morphia in these diseases, and how very often we cannot resort to it at all. In such cases conium has proved to be everything we could wish—quieting the cough at night, and allowing the patient his much-needed rest, without any constipation, deranged digestion, or other distressing symptoms following."

NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Out of thousands of such persons it may cause enquiries so signed, on very various subjects much confusion.

Mr. Milton's letter on the "Staff of Life" reached us too late for this week.

Quackery.—"Consumption annually claims 60,000 victims in the British Isles. It smites the first-born of agonised humanity, attacks the fairest and loveliest of our species, selects blooming and beautiful youth, instead of haggard and exhausted age, and by some infernal subtlety has hitherto continued to baffle the profoundest skill of science, but its progress is now being arrested. A pamphlet on the subject (sent free), by J. Hamilton, M.D., 404 Oxford street, London."

The above advertisement is clipped from the London daily papers, and is issued by the same unprincipled scoundrel who was fined £1 and costs a week or two ago, as chronicled in this Journal, for causing obscene medical tracts to be distributed in the public streets. We beg to draw the attention of editors of those papers inserting these advertisements to the fact.

AN ERRONEOUS ANALYSIS.

To the Editor of "The Medical Press and Circular."

Sir,—Will you be good enough to favour me with your opinion in regard to the following matter?

There was published in a recent number of a medical periodical an utterly erroneous analysis of one of my preparations. The attention of the Editor was called by me to the error which was of a nature to be highly prejudicial to my interests. Instead of the mistake being rectified by the insertion of my letter of complaint or otherwise, the misstatement was reiterated in a very discourteous form and all satisfaction denied me.

What would you, Sir, recommend me to do under these circumstances?

I am, Sir, yours obediently,

Battersea Chemical Works, Jan. 5th, 1871. H. B. Condy.

*** We would advise our correspondent to propose to the conductors of the journal of which he complains, arbitration by some competent and impartial authority, or to the decision of one of the medical journals. No editor could possibly object to such a course, if his case was defensible, and if it was not, the rectification should have been accorded in the first instance.—Ed.

A NOVEL FEATURE IN SANITARY REFORM.

"**Mr. F. Smith**, of Leesten, announces that his two youngest children have scarlet fever; his four elder boys were removed, after disinfection of their persons and clothes, into lodgings on the day on which the disease in the little ones was pronounced.

"N.B.—This advertisement will be continued till the Medical Attendant shall certify that there can be no risk to visitors and others."

A correspondent draws our attention to the above advertisement in the *Malvern News* of Saturday last. It is certainly a novel way of telling one's friends to stay away from the house, and a most effectual mode of preventing contagion, and one deserving a good word from us as Medical Journalists. Still, we can scarcely expect that the plan of advertising "a clean Bill of Health" will be very generally adopted, on account of the expense it necessarily entails.

FELLOWS AND MEMBERS OF THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

To the Editor of "The Medical Press and Circular."

Sir,—Some time since I wrote to you regarding the law, whereby medical guinea fees might be claimed; and you notified, a member *might* sue, but that it *might* be considered *infra dig.* I think the time has arrived, that Members of the College, who are the responsible owners of the College property, as I am informed, equally with Fellows, should have the honour offered them of the College Fellowship, so that those who chose to accept it may, and have the pleasure of knowing that fees not paid at the time of visit cannot be obtained by law. This would place Members like myself in a just position, who consider our opinions of equal value with a Fellow, and that we could demand the guinea fee at visit on the law of custom. Many, like myself, don't like to be told, because patients don't pay at the time of visit, we should be acting *infra dig.*, if we sue at law, and be at the mercy of a County Court, Judge, to take what he likes to award. Let Members have the full honour of the College who chose it. It is their right.

Yours, truly,

London, January, 1871. M.R.C.P., London.

The Amenities of Editors.—If our readers knew but a few of the difficulties the conductors of journals have to contend with—how, at one and the same time, opposing interests heap praise and abuse; and when a happy idea occurs by which it is hoped to conciliate all parties, we find ourselves an unfortunate illustration of the popular fable—"The old man and his ass," who, by trying to please everybody, pleased nobody—they may form some notion that it is not all *cream* which floats in the Editorial Cup, but that with one stir of the spoon this delicious peptic quickly becomes antipeptic, and food for indigestion is the result. As an apt ilrustration of the predicament we sometimes find ourselves in, we will just mention that Friday's post brought us, amongst others, two letters which forced our souls into pious tribulation. One was from a subscriber of many years past who threatened to withdraw his subscription, because he considered we had given indirect countenance to the organised opposition to "The Contagious Diseases Act," in allowing a free discussion in our columns upon the use and abuse of the Act in question, about the wisdom of which Act "no sane man in his idea could entertain a doubt." The other was from an intending subscriber, apparently as sane as his *confrère*, who first wished to ascertain if the Editor, in his official capacity, sanctioned that most iniquitable of all Parliamentary measures, "The Contagious Diseases Act." And this is not an isolated case; a truly liberal Editor makes as many enemies as friends, and *vice versâ*; but such to our minds is a sad comment upon the liberality of this boasted Liberal age, when all views are supposed to receive not only toleration, but attention from those of opposite opinion. Until this happy consummation shall reveal what we yet fail to see, a proper deference and consideration to opposing views, at least it shall not be said that in this journal *both sides* of every question affecting the Profession and the general weal cannot obtain a hearing, even at the risk of following in the sequel of the fable, and "lose our ass in the bargain."

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MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Jan. 11th.

Hunterian.—7 p.m. Meeting of Council.—8 p.m. Dr. Hilton Fagge, "On a Case of Dilatation of the Stomach."

Royal Microscopical.—8 p.m. Mr. B. T. Lowne, "On the Anatomy of Ascaris Lumbricoides." Mr. H. J. Slack, "On the Use of Colloid Silica in Preparing Crystals for the Polariscope."

Epidemiological.—8 p.m. Papers (Dr. Christie, of Zanzibar, and from Official documents), "On Cholera in East Africa."

Friday, the 13th.

Clinical Society of London.—8½ p.m. Annual General Meeting for the Election of Officers. Mr. T. Smith, "On a Case of Ulcer following Vaccination." Adjourned Discussion.—Dr. Silver, "On the Use of Veratrim Viride in Acute Rheumatism." Dr. Teevan, "Four Cases of Operation for unusually large Calculi," Monday, the 16th.

Medical.—8 p.m. Ordinary.

Tuesday, the 17th.

Pathological.—8 p.m. Ordinary.

Royal Institution.—8 p.m. Professor Foster, "On the Nutrition of Animals."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Discovery of the Nature of the Spleen. By Hy. B. Sylvester, B.A. London: J. and A. Churchill.

Half-Yearly Abstract of the Medical Sciences. Vol. LII. London: Churchills.

Insanity and its Treatment. By C. Fielding Blandford, M.D., F.R.C.P. Edinburgh: Oliver and Boyd.

The Relations of the Medical Profession to Modern Education. By Edward S. Dunster, M.D. New York: Appleton and Co.

The Naval Medical Service. By F. J. Brown, M.D., F.R.C.S.

Newspapers received.—The Washington Review; British Journal of Dental Science; The Quarterly Journal of Mental Science; Boston Medical Journal; Il Medico Condotto; Woodhull's American Weekly; The Homœopathic Journal and Review; The Medical Temperance Journal; The Doctor; The Practitioner; Pacific Medical Journal.

Marked Newspapers.—Woodhull and Claflin's Weekly; Bucks Herald; Malvern News; Malvern Advertiser; Public Opinion; Exeter Gazette; Worcester Herald; Lincoln Chronicle; Manchester Examiner; Irish Times; Belfast News Letter.

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APPOINTMENTS.

Burgess, W. F. R., M.B., M.R.C.S., House-Surgeon to Guy's Hospital for March and April, and Obstetric Resident for January.

Dobie, W., L.R.C.P.Ed., Surgeon to the Police, Bingley.

Douglas, W. S. P., M.B., M.R.C.S., House-Physician to Guy's Hospital for April, May, and June.

Durham, F., M.R.C.S., House-Physician to Guy's Hospital for January, February, and March,

Eager, W., M.R.C.S., Obstetric Resident at Guy's Hospital for March.

Frean, Mr., Resident Obstetric-Assistant at the Middlesex Hospital.

Gordon, J. G., Physican's Assistant at the Royal Infirmary, Manchester.

Greaves, Mr. W., House-Surgeon to Guy's Hospital for May and June.

Harris, M., M.R.C.S., House-Surgeon to Guy's Hospital for January and February.

Haynes, H. E., M.R.C.S., Medical Officer for District 3 of the Evesham Union.

Jefferies, W. R. S., M.B., C.M., Medical Officer for the Penderyn and Rhigos Districts of the Merthyr Tydfil Union, Glamorganshire.

Johnston, J., M.B., an Acting Physician to the Birmingham and Midland Free Hospital for Sick Children.

King, R., M.R.C.P., B.A., M.B., Medical Registrar and Superintendent of Post-mortem Examinations at the Middlesex Hospital.

Leapingwell, W. T. G., M.R.C.S., Resident Medical Officer at the Eastern Dispensary, Leman street, Whitechapel.

Leeson, H. B., M.D., F.R.C.P., Consulting Physician to the Royal Isle of Wight Infirmary, Ryde.

Murray, J., M.D., an Assistant Physician to the Middlesex Hospital.

Ryan, J.P., L.R.C.S.I., Assistant Medical Officer to the West Derby Union Workhouse.

Smith, A. W., M.B., Obstetric Resident at Guy's Hospital for February.

Sumner, W.A., M.R.C.S., Public Vaccinator for the Parish of Marylebone.

Vachell, C.T., M.B., House-Surgeon to the Glamorgan Infirmary.

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VACANCIES.

Edinburgh Royal Lunatic Asylum—Assistant-Physician.

Midhurst Union, Sussex.—Medical Officer and Public Vaccinator.

Nust Union, Shetland.—Medical Officer and Public Vaccinator.

Clonmel District Lunatic Asylum.—Assistant Resident Physician. Salary £100, with board and residence. (See Advt.)

Kent County Ophthalmic Hospital.—Honorary Consulting Surgeon.

East London Hospital for Children.—Surgeon. Election, Jan. 24th.

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Marriages.

Macdonald—Hunter.—On the 28th ult., at Farmton, G. Macdonald, L.R.C.P., of Markinch, Fife, to Maggie, only daughter of Mr. Hunter.

Mayo—Matthews—On the 28th ult., at Sporle, A. C. Mayo, M.R.C.S., of Mildenhall, to Eleanor, third daughter of the late Mr. T. Matthews.

Thomas—Sheppard.—On the 29th ult., at Sydenham, W. Thomas, F.R.C.S., of Birmingham, to Mary Elizabeth Sheppard, of Sydenham.

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Deaths.

Banon.—On the 22nd ult., at Upham, Richmond, G. D. Banon, L.R.C.S.I., Inspector-General of Hospitals, aged 54.

Coghlan.—On the 26th ult., at Clarendon road, Notting hill, John Joseph Coghlan, M.D., aged 43.

Swiney.—On the 24th ult., J. Swiney, M.D., of Cheltenham, late Member of the Medical Board of India, Hon. E.I.Co.'s Service, aged 87.

Thurnall.—On the 30th ult., at Bedford, W. Thurnall, M.R.C.S.E., [illegible], aged 54.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

THE NEXT PROFESSIONAL EXAMINATION for the MEMBERSHIP will COMMENCE on THURSDAY, the 19th of JANUARY, 1871.

Candidates are required to give fourteen days' notice, in writing, to the Registrar of the College, with whom all certificates and testimonials required by the By-laws are to be left at the same time.

Pall mall East, 1870. HENRY A. PITMAN, Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, FEBRUARY 6th. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, FEBRUARY 13th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Pall Mall East, 1871. H. A. PITMAN, M.D., Registrar.

APOTHECARIES' HALL, BLACKFRIARS.—The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, JAN. 27th and 28th, 1871. A Syllabus of the Subjects for Examination may be had on application.

An Examination in ARTS will again be held in the month of APRIL, 1871.

R. H. ROBERTSON, Secretary to the Board.

CHURCH STRETTON PRIVATE ASYLUMS

FOR the UPPER and MIDDLE CLASSES of BOTH SEXES, are situated among the Shropshire Hills, Twelve Miles from Shrewsbury, on the rail to Hereford.

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Vide page 1016 in the Medical Directories for 1867.

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Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

CLONMEL DISTRICT LUNATIC ASYLUM.—The Board of Governors of the Clonmel District Lunatic Asylum will, at their meeting to be held on TUESDAY, the 7th day of FEBRUARY, 1871, proceed to Elect a properly qualified person as ASSISTANT RESIDENT PHYSICIAN, at a salary of £100 per annum, furnished apartments and rations.

Candidates must be duly qualified as a Physician and Surgeon, and hold a diploma in midwifery, and be prepared to discharge the duties of Apothecary to the Institution hereafter if required.

Qualifications and Testimonials to be forwarded not later than the 25th day of January, 1871, addressed to W. H. Garner, F.R.C.S., Resident Medical Superintendent; and the personal attendance of Candidates will be necessary on the day of Election.

The gentleman elected will be required to enter on his duties forthwith. By Order.

Clonmel District Asylum, December 14th, 1870.

WHITE'S
SACCHARIZED HYDRATE OF MAGNESIA.

FOR INFANTS and FEMALES it will be found an invaluable Medicine. From its agreeable and pleasing taste, it has the advantage over all other preparations of Magnesia, as the most susceptible stomach will not reject it.

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Sold in bottles at 1s. and 2s. 6d. each, and in Winchester Quarts for dispensing.

THE MEDICAL PRESS AND CIRCULAR.

VOLUMES LXIV. AND LXV.

1870-71.

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Adams, John, Member of the Council R.C S. Eng., Consulting Surg. Lond. Hosp., and late Lect. on Anatomy.
Adams, Robt. M.D., Pres. of the Rl. Col. Surg. Irel.
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Billing, Archibald, A.M., M.D., F.R.S., late Examiner in Medicine at the University of Lond. and Phys. to the Lond. Hosp.
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Dudley, Dr. Gardiner, Phys. to North Lond. Consum. Hosp.
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Fagge, Dr. Hilton, Phys. for Diseases of the Skin to Guy's Hosp.
Fenwick, S., M.D., Assist. Phys. and Lect. on Physiology to Lond. Hosp.
Fergusson, Sir Wm. Bart., Serg.-Surg. to the Queen.
Foster, Balthazar, M.D., Phys. to Queen's Hosp., Birmingham.
Fleming, Chr., M.D., F.R.C.S.I., Surg. to Richmond Hosp., and Examiner Rl. Col. Surg. Irel.
Frankland, Dr. E., F.R.S., Prof. of Chemistry at the Rl. Institution and Rl. Col. of Chemistry.
Frazer, W., F.R.C.S.I., Lect. on Materia Medica, Carmichael School, Dub.
Gordon, C. A., M.D., C.B., Deputy Inspector General of Hospitals.
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FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,

Physician to the Farringdon Dispensary.

(*Continued from page 22.*)

Another phenomenon of nervous flatulency scarcely less remarkable than the one referred to in the last paragraph of the preceding part of this essay, is its disappearance in some cases without any perceptible discharge of gas, and almost as suddenly as its appearance in those cases in which it appears most rapidly. In the case mentioned by Dr. George Johnson, and already referred to, "sudden and enormous tympanitis," alternated "with as sudden and complete flattening of the abdomen, *no wind passing either by the mouth or the anus.*" One of my patients liable to suddenly developing tympanitis assured me that she has frequently been struck by its subsidence without any perceptible exit of gas either by the mouth or the anus; and, in fact, because believing that no such exit occurred, she convinced herself that the abdominal distension was not due to the presence of gas, but to some mysterious muscular action. Indeed, as we shall presently see, even Sir James Simpson felt obliged to invent a similar hypothesis to explain a similar phenomenon; and so many cases of the kind in question may easily be adduced from medical records that it is no longer possible to doubt their reality. Moreover, our belief in them is now greatly facilitated; for though we may assure ourselves that in such cases the abdominal swelling subsides without the expulsion of gas either by the mouth or the anus, we have no longer any difficulty in admitting that the swelling is, nevertheless, due to the presence of gas in the alimentary canal. As I have already pointed out, the recognition of the fact that the transfer, often instantaneous, of gas from the air-bladder into the blood of fishes, through a mucous membrane, is a normal process, enables us both to perceive that an analogous process may occur in man, and to believe that, as a matter of fact, it often does so. And, further, if my readers will accept provisionally the hypothesis I have suggested—viz., that the process in question occurs only when the action of the nerve-force causing the mucous membrane to secrete is suspended, that hypothesis will supply them with a complete explanation of that remarkable phenomenon, hitherto wholly shrouded in mystery, the sudden disappearance of "phantom"-tumours in patients rendered deeply anæsthetic by chloroform.* In such cases the nervous system (spinal, and ganglionic, as well as cerebral,) being rendered dormant, the condition facilitating osmosis through the alimentary mucous membrane is induced, and the air, previously effused by nervous-force into the alimentary canal, quickly passes back by osmotic force into the blood. A notable case of this kind, especially valuable because of the expedient resorted to in order to ascertain if any gas escaped *per anum*, is recorded by Sir James Simpson: the patient was placed under chloroform, and, meanwhile, one end of a tube was inserted in the anus, the other end being kept under water; but though the swelling subsided, "not a bubble of air escaped" into the water.

As the abdominal enlargement constituting the chief feature of spurious pregnancy is one of the most signal examples of "nervous" flatulence, and as the morbid phenomena associated with it have seemingly increased the mystery of that hitherto mysterious disorder, I shall not be digressing from, but shall, I believe, rather elucidate my subject, if I here add a few words concerning those phenomena. Spurious pregnancy occurs not only in women, but in the lower animals: women who have never been married, and those who have already been mothers, animals still in the virgin state, and those who have borne young, are alike liable to this curious affection. It manifests itself in domestic animals—the bitch, cat, and cow, for example, sometimes after unfruitful sexual intercourse, and sometimes after periods of heat when no such intercourse has taken place. Both in animals and women the phenomena of spurious pregnancy sometimes suddenly cease; and sometimes they go on increasing to the full term of pregnancy, and end by being transformed into phenomena of the puerperal state. Occasionally the semblance of pregnancy continues far beyond the period of gestation, and assumes a more or less persistent or chronic character. Harvey long ago observed in hounds which had been well fed, not only swelling of the abdomen, but the presence of milk in the mammæ, in cases in which the animals had either passed through the stage of heat without any intercourse with the male, or, having had such intercourse, had not been impregnated. The peculiar state denoted by these physical phenomena in animals, is also sometimes denoted by a remarkable psychical phenomenon—the stealing by one animal of the young of another of the same kind, in order, apparently, to gratify the cravings of the maternal instinct.

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* The power of anæsthetic agents to cause the subsidence of gaseous tumours is now so well known, that chloroform as an aid to diagnosis has become generally resorted to: its use in detecting cases of spurious pregnancy is specially insisted by Sir James Simpson—"the abdominal enlargement disappearing as the state of deep anæsthesia supervenes." Obstetric Memoirs. Vol. I. P. 96.

Women affected with spurious pregnancy, often mimic real pregnancy in the most astonishing manner: the abdomen swells; they suffer from nausea and vomiting; the menses are in some cases suppressed for many months in succession, and though recurring in others, are extremely scanty; a feeling as of quickening and motion of a child in the womb is experienced; the areolæ around the nipples often assume a tint as deep as that characteristic of real pregnancy; milk is in some cases present in the mammæ; and the various anomalous phenomena—physical and mental—of real pregnancy are not unfrequently observed in cases of pseudo-pregnancy also.

Now, it appears to me that a true understanding of the nature of the proximate cause of the remarkable phenomena incident to real pregnancy clearly reveals the mystery of those observable in cases of spurious pregnancy. Concerning the cause of the nausea and sickness commonly accompanying real pregnancy, I expressed my views in 1863,[*] and predicted how the malady would be prevented and subsequently, in a paper read to the Medical Society of London, I gave evidence that the correctness of those views had been verified by the experience of both myself and other physicians: I showed that in cases of pregnancy exciting impressions are being continually transmitted from the growing ovum to the spinal cord, that these impressions are thence reflected in various directions, and *inter alia* on to the stomach, thus producing nausea and vomiting. That this interpretation is the true one I proved by adducing evidence that by reducing the reflex excitability of the spinal cord by means of the spinal ice-bag the nausea and sickness in question can be stopped.[†] In cases of real pregnancy the menses are suppressed, as I venture to affirm, by nervous energy. That energy first becomes manifest in the vigorous contractions of the vagina—as a reflex result of the stimulant influence of the semen within it; and noting the strength of those contractions we are enabled to understand how strong are likely to be the analogous contractions of the uterine arteries as reflex consequences of not only the same exciting cause, but also of another similar one which the ovum becomes when descending into, and fixing itself in, the womb. It cannot be reasonably alleged that as soon as conception takes place the whole amount of what would otherwise constitute the catamenia (especially of a woman who menstruates copiously) is at once diverted for the nourishment of the ovum; for in its earliest stages of life it is quite unable to appropriate even any considerable part of the elements which constitute the menstrual flux, and, certainly, the unappropriated part is not reserved in the uterine vessels: therefore, as it seems to me, the only alternative hypothesis is that which agrees with all the facts of the case, viz., that nervous excitement, originating in the womb by the act of conception, is propagated to the vaso-motor nerve centres related to the uterine arteries with the inevitable result—reflex action on those arteries, causing them to contract, and thus to shut off the flow of blood to the womb to such an extent as to constitute suppression of the menses. Of course, however, the growing ovum is enabled, by its vital force, to draw blood through the uterine arteries in quantities adequate for its nourishment. But as the ovum grows, the reflex actions originated by it describe arcs of increasing width, and the mammæ, which at first are only slightly affected (and then probably more by revulsion of blood owing to the suppression of the menses, than by direct nervous influence), partake of the excitement in an increasing degree. These reflex actions on the mammæ, however, instead of being mainly through the agency of vaso-motor centres, and vaso-motor (negative motor) nerves on to blood-vessels, are mainly through the agency of spinal centres, and positive-motor nerves on to the gland cells and ordinary tissue of the mammæ, thus producing the secretion of milk, and those textural changes denoted, *inter alia*, by the increasing darkness of tint of the areolæ. The various phenomena of pregnancy which I have called anomalous, and which are only occasionally met with, are all referable to hyperæsthesia, and consequent preternatural excitement of the nervous system, caused precisely in the same way as are the phenomena already severally explained.

Now, assuming the correctness of these premises, we perceive immediately that whether an animal or woman be pregnant or not, if the spinal and ganglionic nervous centres become hyperæmic, and therefore preternaturally energetic and excitable, as they usually do during real pregnancy, an adequate and intelligible cause of the phenomena in question—whether they be phenomena of real or of spurious pregnancy—has been originated; and I need only appeal to the common experience of medical observers in confirmation of the assertion, which I make with the utmost confidence, that the causes of such hyperæmia and consequent preternatural excitement of the nerve-centres mentioned are extremely manifold, and are both very frequently and very powerfully operative. Such being the case, and considering the remarkable delicacy and impressionableness of the nervous system of many women, considering also the unhealthy and unnatural lives which thousands of them lead, as well as the operation of the social codes of civilised communities, by which a large portion of women are inexorably debarred from allowing their reproductive organs to fulfil their natural functions, we see that the phenomena of spurious pregnancy are no longer a subject of marvel, and that, on the contrary, the wonder is that they do not occur much oftener than they seem to do. There are, however, certain phenomena which perhaps need a few more words of explanation. How is the sensation of "quickening," and of the frequently recurring motions of the child produced in cases of spurious pregnancy? When gas is pent up in several different parts of the intestines, each part being temporarily, and more or less completely shut off from the others, by spasmodic and hour-glass-like contractions of the vermicular muscles at intervals along the tube, the gas escapes from one segment to another only by the operation of considerable pressure. Now the force constituting this pressure is slowly cumulative, and generally only expresses itself by causing the gas to pass with a certain violence and suddenness (differing in degree in different cases) from one part to another, and the sensations produced by these sudden and often considerable displacements, resemble in a very striking manner the movements of a child in the womb, and may well deceive even those women who are especially careful observers of their own feelings. The "motory contractions in the abdominal walls" sometimes experienced are easily explicable as expressions of spinal hyperæmia, the centric nerve-cells related to motor nerves presiding over the abdominal muscles being especially active, and therefore producing the involuntary muscular movements in question. The absence of the catamenia, and their scantiness when recurrent in cases of spurious pregnancy, are rendered thoroughly intelligible by the observations made above concerning the cause of the suppression of the menses during real pregnancy.

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[*] See the Author's work on "The Functional Diseases of Women."

[†] I must warn my readers that precisely because, in these cases, the spinal ice-bag is a potent remedy, it is, in inexperienced hands, a dangerous one also. There are many women in whom it is capable of quickly causing abortion; but I believe every woman suffering from the sickness of pregnancy, may be effectually relieved by this remedy judiciously used, without incurring any risk of a miscarriage.

Sir James Simpson, unable to divine the nature and causes of spurious pregnancy, and especially of its chief feature, the abdominal swelling, said 'he had tried various experiments to ascertain its cause, but in vain; and as yet he could come to no decided conclusion on the subject. . . . The diaphragm he was inclined to suspect to be a chief agent in the production of the swelling."* I cannot help thinking, however, that had that distinguished physician been cognisant of the doctrine explained in this essay, he would have felt no difficulty in coming to a decided conclusion with regard to the nature not only of the abdominal swelling, but of all the other notable phenomena of spurious pregnancy; and, believing that a knowledge of that doctrine will carry conviction with it, I venture to hope that suffering women, tortured by great and more or less sudden distension of the kind in question, will no longer encounter the reproach as they often have done, of so conducing to their own physical disorder, by indulgence in "hysterical" feelings and the gratifications of a perverted will as actually to generate the disease over which they sometimes seem to be supposed—witch-like—to have a certain mysterious control, and that, henceforth, they will be easily delivered from this distressing malady.

(To be continued.)

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ON DISEASES OF THE SKIN.

By J. L. Milton,

Surgeon to St. John's Hospital for Skin Diseases.

(*Continued.*)

And first, for reasons now to be mentioned, I think we might include under the head of eczema an exceedingly obstinate affection attacking the leg and running into ulceration,—a complaint generally seen in persons of middle age and advanced life. On as good grounds as have often been urged for giving a name, this variety might be called ulcerative eczema; but as I have no wish to introduce any new terms, I shall confine myself to noticing it simply as a variety of eczema, the variation being, I think, due *solely to its attacking a part peculiarly liable to ulcerate.*

It is attended by all the signs of an acute but local attack of eczema, and perhaps in no part of the frame is this malady more distressing than when it fixes on the lower part of the leg; the pain, heat and itching, tormenting the patient almost incessantly, especially at night. In very severe cases one or more spots will rapidly pass into ulceration; indeed, this seems the natural termination of the attack, and there is occasionally some mitigation of the symptoms when it has ensued. This ulceration is very refractory, often requiring months to cure, even under the most careful treatment. It is peculiarly in the ulcerative stage that it stands so widely marked out from eczema and is so rarely recognised as such, owing to the fact that a large proportion of patients suffering from this complaint are never seen by the surgeon till it has reached this epoch. I have, however, repeatedly traced it from eczema. In other cases instead of ulceration the orifices of the sudoriparous, and possibly also of the sebaceous, ducts become so large that they can be easily seen. Eczema in this part, unless effectually cured, is very apt to return, the relapse being heralded in by pain, itching, and redness, sometimes of a purple hue and extending over a large part of the leg.

It does not in any way follow from all this that ulceration of the leg or ankle is always due to eczema. Many ulcers are free from any complication of this kind, the skin around being never more than red and tender, while eczema may run its course without being attended by ulcer; but assuredly out of a given number of cases of ulcer complicated by eczema a certain proportion begin with the latter complaint; how many I am not prepared to say, but, judging from the entries in the case book at St. John's, the numbers are pretty evenly balanced. Perhaps, as a rule, it will be found that when the ulcer is seated about either malleolus it is the first in order, and when higher up the leg, especially if it be superficial, that eczema or erysipelas was the first to appear; but I do not in any way bring this forward as an established fact.

Occasionally a patch of old superficially-ulcerated eczema is seen on the ankle, covered with a crust almost like dried gruel in colour and appearance, or even like nail or horn. The crust is naturally quite insensible, and not always calculated to reveal the nature of the affection; but if it be removed by macerating it for some time in solution of carbonate of soda and covering it with oiled silk, the skin beneath is found to be affected with the ulcerative form of eczema just described, being red or purplish, painful, and superficially ulcerated. These patients are generally in an infirm state of health: most of those I have seen had suffered from bronchitis. The process here is very clearly allied to the obstinate purplish discolouration of the lower part of the leg caused in many cases by eczema.

In the forty-sixth volume of the "Transactions of the Medico-Chirurgical Society," Dr. Ogle describes two cases of what is called spurious or sebaceous ichthyosis. The patients were two girls, sisters, and the symptoms consisted of a slow formation of hard crusts, much like what I have described, seated on the lower part of the leg and foot. When these were removed, the skin beneath was found to be red, glazed, and disposed to crack. Under the microscope the scales seemed to consist of layers of epithelium, with some round, and reddish-coloured, solid-looking bodies, along with numbers of old and evidently worn-out epithelial cells. Now, I think, were this affection removed from ichthyosis and added to eczema or favus, it would be a step in the right direction. It is not ichthyosis, and has nothing in common with it, while it has a very great deal in common with eczema. The skin beneath the crusts is found in the same state as when those of old standing eczema are removed, and the crusts seem to form in the same way; that is to say, a small patch of skin slowly inflames, the cuticle dies and is thrown off, and a crust is gradually formed. In one case, which I examined with great care, this seemed to me clearly the process which took place. The pathognomonic sign, therefore, is due here to accumulation of serum, &c.; in ichthyosis, it is the cuticle itself which is altered and hypertrophied, but still attached, or only thrown off when a new cuticle is formed. I have only seen one instance of this affection in 16,000 cases of cutaneous disease. The patient was a young girl, and the disease was seated on the legs, there being some scores of small, almost circular, crusts on each leg, giving them a most singular appearance. It is true, the secretion of eczema, when microscopically examined, is different from what was seen in Dr. Ogle's cases, consisting generally, when hardened into crusts, of layers of albumen or lymph mixed with a few blood discs or globules; but this may have been due to the disease having, in the cases mentioned by Dr. Ogle, penetrated more deeply into the ducts of the sebaceous glands than eczema usually does.

In the paper spoken of above as read before the Medico-Chirurgical Society, I stated my reasons for believing that both pityriasis and tinea circinata occasionally form starting-points of eczema. Pityriasis rubra is, indeed, so far as I have been able to observe, an undeveloped eczema, and, along with that rare affection known as red general pityriasis, ought, I think, to be referred to eczema altogether. But tinea circinata also will certainly pass into eczema, though under what circumstances of health and constitution this transformation takes place I have been quite unable to determine. Sometimes it is seen in healthy children, or again, the very reverse may be met with. In the first instance of this kind which I ever observed, three children of the same family were placed under my care for impetigo, principally affecting the scalp. The eldest of these children, a boy, and the youngest, a girl, suffered only slightly; the second, a boy, had it in a very severe form. A considerable time afterwards, two children came to stay with this family for some little while. They were both suffering from tinea circinata. Whether as a coincidence or a result I know not, but the fact is certain that the other three children were very shortly after affected with ringworm. The younger boy, who had suffered so severely from impetigo, displayed here a similar peculiarity, for in him one large patch of tinea became decidedly eczematous, discharging serum very freely, while no symptom of the kind was seen in either of the others. Yet this boy was far the healthiest and strongest of the three. In another case, in which six young ladies, sisters, were affected with tinea, several of the patches in two of the sisters turned to obstinate eczema; yet there was no perceptible difference of constitution among these girls, nor have subsequent observations thrown any more light upon the point.

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* Obstetric Memoirs. Vol. I. P. 303.

The few cases of *Burmese ringworm* which I have seen appeared to be true eczema, the form called eczema marginatum by some writers, beginning as tinea circinata and developed by friction into a discharging surface. The disease is described by Hebra as eczema marginatum, as also by Devergie, but under another name. Köbner, however, looks upon it as a tinea due to the presence of the trichophyon tonsurans. But Mr. Nicholson, who has had ample opportunities of judging, describes, under this name,* a disease which is quite unknown to me, and appears to be a true vesicular disease, marked by a tendency to ulcerate. He says it begins with *a vesicle* in each groin, which is scratched and broken. From this point it spreads by *an advancing line of vesicles*, which are followed by a free discharge of serum from the affected surface. Small, irritable ulcers and patches of ringworm break out on the legs, arm-pits, and neck; those on the legs sometimes degenerate into ulcers. The complaint in men invariably appears in the groins; in women it may show itself in any part. Mr. Nicholson, who has tried tincture of iodine, nitrate of silver, nitric oxide of mercury, and many other remedies, has found none so successful as the nitrate of mercury ointment.

I know nothing of the complaint in this form. I never saw any vesicles, and as Mr. Nicholson, who has himself suffered from the disorder, speaks positively as to their presence, as also about the existence of ulcers near the nates, I can only assume that the affection he describes is distinct from anything seen in this country and is an ulcerative form of herpes.

What is Eczema?—We have as yet nearly everything to learn respecting the nature of the complaint. We can put together some few scattered observations and draw the fairest inference they admit of, and that is about all we can do. Up to the present time eczema has escaped the fate of so many disorders, for no parasite or fungus has yet been discovered peculiar to it, nor is it usually attributed to a blood poison, hereditary gout, tubercle or inherited syphilis. We may, therefore, look upon it for the time being as a waif and stray, the pathology of which may thus stand some chance of being cleared up by a diligent observation of facts. I have long striven to show that the essence of disorder is excessive action of some part of a function, and I venture to class eczema thus. I have also in different papers endeavoured to combat the idea of scrofula, rheumatism, &c., having anything to do with the duration or severity of diseases. I am glad to find that Hebra has long been an active supporter of a similar view; morbid innervation (Krankhafte Innervation) is, according to him, the great agent in the generation of eczema, and we require no such machinery as that which starts with a peccant matter in the blood.* Scrofula does not modify it for better or worse, and a scrofulous person throws off eczema just like any other patient. Just as little faith has he in the belief that mental disturbances influence the outbreak of eczema.

Eczema, though very often quite independent of any visible disorder of the health, is certainly to some extent due to impaired nutrition, because patients suffering from it improve under the use of red wines, cod-liver oil, fat meat, and medicines which, judiciously given, increase the appetite, make the patient stronger and augment the weight, as tonics and purgatives undoubtedly do at times. It is, too, dependent to some extent on the state of the nervous system, for it is incontestible that great anxiety will bring it out in persons disposed to it. Cold dry winds and great heat, especially if combined with much exposure to light, will both develop it. Contradictory as this may seem, it is not more so than the fact that excessive heat and cold will both bring on blistering of the skin. Chilblain is, when not an erythema, as essentially (though a low form) a bulla as that produced by boiling water, only that there is much less secretion of serum; the cuticle perishes often as infallibly in the one as in the other. The action of light, too, is not more mysterious here than in small-pox. Eczema does not seem to have any essential connection with other diseases often seen in persons suffering from it. It is frequently met with accompanied by other diseases of the skin, such as lichen, scabies, pityriasis, tinea, lepra, lupus, boils and impetigo; and it may be seen combined with asthma, bronchitis, hæmorrhoids, scrofula, gout, rheumatism, neuralgia and dyspepsia; but none of these nor any combination of them exert the slightest permanent influence over its course. It is seen in persons who perspire profusely, and again when the skin is extremely dry. With the exception of the local forms I have not been able to make out that it depends in any way on the patient's occupation. It is found in half-starved persons and in the over-fed. Dr. Frank Smith, of the Sheffield Public Hospital, considers that in eczema there is deficient renal secretion, in consequence of which urea and other waste products accumulate. In proof of this he adduces the facts:—1. That the urine of inveterate eczema contains indican in pathological quantities. Indican is a very complex product, easily resolved into leucine, indigo, glucine, &c., and its presence is supposed to prove that the natural transition from the more complex to the more simple of the products of secretion and function is going on more slowly than natural. 2. That observation shows there is a very deficient secretion of urea and the chlorides in persons suffering from eczema. In three examinations of the urine of persons affected with this disorder, it showed in one case 22 grammes of urea in 1,200 c.c. of urine; in another 15 grammes in 1,000 c.c., and in a third 22 grammes of urea in 1,200 c.c. The serum of the blood of one of those patients yielded urea in considerable amount. The urine in inveterate eczema, Dr. Smith says, is what may be called a constant quantity. It is either colourless or a rich cider colour, with a specific gravity about 1·017 to 1·022. It is acid, and remains so for many days, with, in many cases, a peculiar odour like that of cider. We have, therefore, little or nothing to warrant us in going farther than saying that eczema is a disorder of the nervous structures and secreting surface of the derma, and that as disorder is an interchangeable term for exaggeration of some part of a function or functions, so we find here excessive secretion, formation of defective cuticle, and defective secretion with extremely heightened tactile sensation.

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* "On Burmese Ringworm." By Edward Nicholson, Assistant Surgeon Royal Artillery. *Journal of Cutaneous Medicine*, Vol. I., p. 377.

* "Handbuch der Speciellen Pathologie," &c., 3r B., 3e L., S 396.

In conclusion, then, I would venture to define eczema as a non-contagious inflammation of the papillæ of the skin, attended with increased nervous sensation in these parts, augmented and abnormal action of the perspiratory ducts, the contents of which often exhibit pus globules and plastic lymph, and increased secretion of very imperfectly formed epidermis: a disorder standing nearer to erythema, pityriasis, and tinea, than to herpes or impetigo, though capable of being complicated with both these groups; diversible in its natural state into two great forms, the acute and chronic, between which it is not always easy to draw a clear and positive line of separation, instances, out of both divisions, of cure under the same form of treatment being numerous enough.

Anatomical Seat of Eczema.—According to Dr. Purdon[*] the anatomical seat of eczema is the Malpighian layer, and when it is artificially induced in animals, one of the first changes is rythmical contraction of the vessels followed by permanent stasis, the transparency of the part experimented on being obscured, while there is increased serous infiltration and growth of cells. But I feel little hesitation in saying that the structure of the corium is, in some cases at least, much more deeply affected, and that the morbid action may even reach to the subcutaneous cellular tissue. At the same time it may be said that the superficial part of the derma is the more usual seat.

Eczema does not, except in very rare instances, permanently affect the derma, but there is one set of cases in which it does, and produces marks which I have seen endure so many years that I am disposed to think them indelible. It is when the disease fixes on the corners of the mouth in pasty-looking delicate children. Long after I have seen the surface pale, furrowed, and bearing unmistakeable marks of erosion of the derma.

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ON CONTAGIOUS DISEASES AND THE MEDIUM THROUGH WHICH THEY ARE PROPAGATED.

By William F. West, L.R.C.S.I., L.K.Q.C.P.I.,
Medical Officer to Rathmullan Dispensary.

We may strongly presume that all contagious and infectious diseases are so through the medium of certain germs peculiar to each disease, for it is one of the proofs that a disease is contagious because others exposed to the infection are affected in exactly the same way as the patient they were supposed to take it from, modified of course to some extent by individual temperament or constitution, which goes to prove both the doctrine of Biogenesis, and also that it is through poisonous germs floating in the atmosphere that the disease is contagious. We mean by the doctrine of Biogenesis, that life is only produced from life, that is, from pre-existing living germs or organisms, as distinguished from the old idea that life might be produced from dead matter, as maggots were thought to be produced from the tissue of decomposing meat, whereas it is now known that the maggots are produced from eggs deposited in the meat by flies. The germs of disease floating in the atmosphere and entering the system of a healthy person, produce like phenomena to those seen in the patient from whom the disease was taken, and it is easy to conceive how a disease is infectious; thus, the poison germs of the disease are exhaled from the patient's lungs and skin, and impregnate the atmosphere around with them, so that anyone in that atmosphere must necessarily breath those germs, which enter through the thin wall of the capillary tubes of the lungs with the oxygen of the air, and through the delicate wall of the capillary blood-vessels ramifying in the air vesicles into the circulation. The same doctrine of Biogenesis and atmospheric poison germs may also account for the various epidemics which often sweep over a line of country. Thus, certain poison germs at particular seasons of the year, generated in some way, perhaps from the eggs of insects deposited on the leaves of trees, and becoming detached as the leaves wither and dry up in Autumn, or from the decaying of vegetable matter, which latter is likely the cause of dysentery, the fevers, typhoid, typhus, intermittent, and very likely cholera and some other diseases, and thus accounts for Autumn being the season of the year at which these diseases are most prevalent, as at that time leaves of trees and many plants wither and decay, are resolved in fact into their component elements, and in the process disseminate poisonous germs which give rise to disease; these germs being taken into the atmosphere are carried by the wind over particular districts as is seen in some epidemics, which might be accounted for by the wind blowing in one given direction, or in other cases scattered irregularly over a large extent of country, which also might be accounted for by the wind shifting from one point to another, and thus scattering the poison germs over a wider range. Medical men have argued whether epidemical diseases are also contagious and infectious, but I think in the present advanced state of medical science, and considering the foregoing arguments, it is plain these epidemics are infectious and contagious, "if, indeed, we admit the latter word as being different from infectious, for although, of course, taking the literal meaning of the word from the latin *con*, together and *tango*, to touch, it is certainly different, signifying, in a medical point of view, that a disease is liable to be taken by another person from the act of touching a patient labouring under such disease, yet I think there is no disease liable to be propagated in this manner from one person to another, with the single exception of parasitical skin diseases, which must of course necessarily be so, as the spore or germ of the parasite is transplanted direct from the skin of a patient suffering from one of these loathsome complaints, to that of a healthy person, wherein it finds a genial soil natural to its habits to grow and foster itself at the expense of the surrounding tissue which it modifies or destroys. I should also say, that the diseases of insect and perhaps some reptiles are very many of them contagious, owing to the fact that from the peculiar constitution of their skins and bodies, when certain poison germs come in contact with them they penetrate through the external tissue, and passing into the viscera of the creature, grow at the expense of its blood and so destroy it." I say, there is good reason to believe that epidemics are infectious, because the poison germs in the atmosphere that first produced the disease, are not lessened or destroyed by the fact that they are taken into the system of the persons attacked, no more than wheat or any other grain is lessened or destroyed by being cast into the ground in Spring, though it may disappear from the sack or bin, or whatever it may have been contained in, and be seen no more for a time, yet it is sure to spring up again to life, bearing an innumerable offspring to propagate the species still further; so the system of living animals receiving these poison germs, acts as fit soil wherever they are nourished, grow, and generate others like themselves innumerable, and are thrown off and scattered through the surrounding atmosphere, as the grain is thrown off and scattered on the earth, or as the seed from the lofty tree or the down from the thistle is carried and scattered by the wind hither and thither, and deposited in a soil wherever it grows and bears fruit, and the atmosphere, near a patient thus becomes highly infectious. But the objection is brought forward that a cholera epidemic is certainly not infectious, for that I would say the infection or non-infection of cholera is still an open question, as there can be arguments brought forward on both sides; for instance, there are plenty of examples of persons obliged to be in close proximity to patients suffering from cholera, who have been stricken down, while others farther off escaped, and I heard my father tell of a house in Jamaica, right opposite to which he lived, in the same street, during a cholera epidemic, in which house three whole families died one after another, so at last the house was thrown down to prevent any others from going into it, which shows that the cholera poison emanating from the persons of the first family suffering from the disease had infected the house to such a degree, as to render it a habitation of death to all who entered it. On the other hand, we have examples of people nursing and coming in contact with cholera patients, and also after they died, and yet these people never took the disease; I have heard of a Dr. Geohegan, who, in the last epidemic of cholera in Ireland, used to strip himself naked, and get into the bed of a cholera patient immediately after he died, and this he did five or six times to prove that cholera was not infectious, but I think this only proved that it was not contagious, and that there was no more danger from his doing that, than from walking in the room where the patients were; nor do I think such examples proof against the idea of its being infectious, for similar examples can be brought forward in the case of other diseases acknowledged on all hands to be most infectious, as typhus fever, scarlatina, small-pox, &c. For a disease to be infectious, it is not necessary that every one exposed to the danger should take it; if so it would be a pity for the poor doctors.

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[*] *Medical Mirror*, April, 1870.

Some men through a particularly strong and healthy constitution, have the power, to a great extent, of resisting the poison of the most contagious diseases, while others on the contrary through a delicacy of constitution are very liable to become victims to contagious poison. Again, through a peculiarity of constitution not depending simply on health or strength, some individuals have the power of resisting the poison of certain diseases, while they very easily succumb to that of others, just as some seeds will not grow well in certain soils requiring a peculiar soil for themselves. In both the cases that I have mentioned, when such people are exposed to the infection of disease and yet escape any harm from it, I think even they may be infected by the poison, but through the healthy or peculiar condition of their blood, it has the power to resist those morbid changes which poison germs floating in the vital fluid always have a tendency to produce, and such persons not struck down by the disease are said to have escaped the infection, when they may be really infected, and I would say they have resisted the infection. Again, people often think they have been exposed to infection when they really have not. Thus, they go into the room of a patient lying ill with fever, measles, or small-pox or other contagious disease just at the commencement of the malady, and it is well-known that at the beginning of an infectious disease there is no poison given off from the patient, nor has it been ascertained at what particular time the poison commences first to be exhaled. It seems, "taking up my former simile," that some time must elapse for the poisonous seed to grow, generate, and ripen in the soil of the constitution before the pestilential harvest is reaped, and the grain is fully matured and exposed in the prostrate sheaves, the bodies of the victims ready to be taken to the charnel-house, the barn where human harvests are stored, till the day when the Archangel's blast shall winnow like a fan the chaff and grain. A great many scientific men however, consider that some of these contagious diseases are caused by poisonous gases emanating from the ground in wet marshy districts, or the effluvia from sewage matter, but there is good reason to believe that it is not merely a gas that is given off in these cases, like hydrogen, oxygen, nitrogen, sulphuretted hydrogen or any simple gas, because it is easy to understand, and it has been shown that living germs are mixed, or rather are floating through those gases given off from sewage matter; and, in the same way with marshy grounds, there are vegetable germs given off with the gases, perniciously modified and changed by the process of decay which the vegetable matter has undergone or is undergoing, for the humidity of the soil itself will not produce any bad consequences, a good illustration of which we have in our Emerald isle in the large tracts of bog with which Ireland abounds, and which are always swampy, yet the moisture of these bogs never produces any disease: Why is this? The Irish peasant would answer, because the isle has been blessed by St. Patrick, but a more scientific reasoner than poor simple Pat, would say the cause is to be found in the fact that, peat has preservative properties, and arrests the decay of any animal or vegetable matter which may be in it, and likely it may have decomposing properties also. But in ordinary soil which has not been blessed by the Saint, or has not these wholesome peculiarities, the water causes or at least increases the decay of vegetable matter, and there is one very strong proof, that it is from the poison thus arising that cholera is generated, which is, that in cases where cholera has broken out among our soldiers and others in India and elsewhere, those sleeping on the ground or nearest to the ground in marshy districts, are most frequently attacked, and in houses those on the ground floor suffered most, and indeed, in some cases those on the upper stories escaped altogether, while those below were dying fast—as Watson quaintly expresses it, "the cholera poison loves the ground." From this idea that the poisons which generate disease, are produced from the dying of vegetable and animal matter, is suggested another idea which I think is true, that death generates or produces death; the death of the vegetable producing the death of the animal and that of the animal producing the death of others, a fearful example of which we now have before us on the continent of Europe, where disease and death are entering rapidly the ranks of the hostile forces, from the decomposition of the bodies of their slaughtered foes and comrades. The seeds of death were first sown in our globe, when our erring mother Eve plucked the forbidden fruit, and they have been growing since, and increasing every year, till now in our time the death harvests reaped by the sickles of the various diseases is something enormous. Of course, we may say this is owing to the increased population of our earth, but certainly, if the harvest field has been enlarged, death has been equal to the increased labour, by employing an extra set of hands in the shape of new, and till lately unknown, maladies, and also seems to have enlisted the passions of men, and made their minds and intellectual powers subservient to their passions, for the purpose of inventing new machines to more speedily destroy human life, just as mewing and reaping machines were invented more speedily to cut down the corn. The march of intellect, as it is called, has certainly made rapid strides in the art of destroying life. Has it advanced as rapidly in the art of preserving it? I think this rather a doubtful question.

All that has been said with regard to contagious diseases, also goes to prove the doctrine of Homogenesis, by which is meant that like is produced from like, as contradistinguished from the doctrine of Xenogenesis, which is, that parent germs may produce an offspring different from themselves; for which latter theory was brought forward the argument that worms of various kinds in the human body, and in cattle, were produced from the tissue of the body, and were yet dissimilar from it; but this argument was founded on a mistake, for the worms in the body of a man or beast are generated from eggs deposited in it, either by the drinking of bad water, or eating badly cooked or unwholesome food containing these eggs, so this argument only proves the doctrine of Homogenesis still further, the eggs of parents producing a similar offspring. Yet the doctrine of Xenogenesis is, I think true to some extent, as we have numerous instances of heterologous growths on and in the body, which growths must be said to be an offspring from the normal tissue of which the body is composed, or as in the case of nut-galls, an offspring from the tissue of the tree, yet differing from the normal structure of both.

These growths must be the result of mechanical or vital conditions modifying the normal structure of the body, mechanical, as in the case of corns, bunions, &c., vital, as in the case of cancerous, fibrous, cystic, &c. There are also changes found in the blood itself, the result of some morbid condition acting on the vital fluid, as is seen in phthisis, where the quantity of fat that should be in the blood is deficient, and the white and red cells are imperfectly developed, a new product is then found in the blood called tubercle, the result of this morbid condition, and which seems to take the place of the fat cells, and so the blood is greatly changed, and also in some other diseases the blood is modified pathologically, as in rheumatism, gout, leucocythemia, &c. It is plain these changes are owing to internal conditions, and so we have Xenogenesis or a parent producing offspring different from itself, and it seems that all these diseases following this law are non-contagious, which is quite reasonable, and according to our former arguments, because *that* depending on an internal condition of the constitution cannot be transferred to another person where these conditions do not exist. So, I think none of these growths are contagious, not even cancerous tumours, which some medical men think are liable to be taken off another person, but if the pathology of cancer be true: that it depends on an internal condition of the blood, how can another take it whose blood is not in that state? and the fact that no matter how often you remove a cancerous tumour, it is liable to return in the same or some other place, goes far to prove that the disease depends upon some morbid condition of the blood itself.

Dr. Richardson objects to the germ theory on the grounds that the presence of the assumed germs is not proved, but I think he must acknowledge there are very great arguments in proof of their presence, and they have been actually demonstrated in the effluvia of sewage matter. 2. He objects that the specific character of each germ is not traceable in such malady. To this, the doctrine of Homogenesis affords an answer. 3. He objects that if the germs are reproductive and indestructible, the universe would become filled with them, which, as a media of disease would destroy the people. To this I would reply that the advocates of the germ theory do not assert that the germs are indestructible, but quite the contrary, on the idea of their destructibility found hopes of eradicating these diseases, or at least of preventing their further course when they break out, and also they are not reproductive, except when sown in the constitution of men, no more than wheat or any other grain is, except it be sown in the earth.

I wrote this paper some two months ago, for amusement, not having the most remote idea of publishing it, but, as I see the germ theory is occupying a good deal of attention just now, I intrude these ideas upon the readers of the MEDICAL PRESS, hoping that some more experienced minds may follow the subject still further, and set me in the right paths wherever I may have strayed from the road of medical science.

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NOTE ON A CASE OF PITYRIASIS VERSICOLOR, TREATED WITH CYANIDE OF POTASSIUM.

By WALTER RIVINGTON, M.S., Lond.,
Surgeon to the London Hospital.

C. W., aged thirty-three, unmarried, consulted me on account of a large patch of chloasma situated round the umbilicus. The parasitic growth extended equally on both sides, and presented the ordinary appearance of the disease which is too familiar to need description. The patient could not account for the appearance of the patch, which had been troubling him for some time, and was spreading, but it probably rose from contact during connection with some member of the fair sex suffering from the like affection in the corresponding region. At first he had not experienced any inconvenience, but latterly he had been annoyed with severe attacks of itching in the part. Having by me at the time a strong solution of the cyanide of potassium, which I used for the removal of stains of nitrate of silver, I determined to apply it, thinking that it would probably act as a poison to the mycelium and sporules, and would relieve the intolerable itching. Pouring a little into the hollow of the hand, I rubbed it well over the abdomen with the effect of at once rendering the patch considerably paler, and removing the irritation. A few days afterwards, on examining the patch, I found that it was much less visible than before and apparently disappearing. The treatment was repeated, and so effectual did it seem to the patient that he did not have anything more done. Three months afterwards, however, he again presented himself on account of the recent reappearance of the complaint, and I then tried a solution of the cyanide of five grains to the ounce. This was applied two or three times by the patient himself, but it did not destroy the parasitic growth—it merely allayed the itching and made the patch paler. I then tried ten grains to the ounce, and under this I believe the growth would have been destroyed, but as it acted too slowly the strength of the lotion was raised to thirty grains to the ounce, and a few applications proved sufficient.

As my experience of the efficacy of the solution of cyanide of potassium in chloasma is limited to this single case, I cannot, of course, draw general conclusions; and, as I am not attached to a Skin Hospital or Skin Department of a General Hospital, I have no material at hand for comparing the various methods of treatment recommended in the disease. I think, however, I am justified in saying that a strong solution of cyanide of potassium is likely to prove a very effectual and agreeable, or, at least, not disagreeable, remedy for the complaint. If used, it should not be of less strength than half a drachm to the ounce, and its application should be continued for some short time after the growth appears to be removed. If applied on lint covered with oiled silk no doubt a more rapid effect would be produced.

It would be worth while to try the solution in other forms of vegetable parasitic disease—in tinea tonsurans and tinea favosa—and I do not doubt that it would be found efficacious and supersede the necesssity of epilation, due caution, of course, being used in the application of so powerful a poison. The solution will kill pediculi pubis, and is more pleasant and cleanly than mercurial ointment.

Whether it can be used for the destruction of cancer cells, or other morbid products, is a point yet undetermined.

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Hospital Reports.

METROPOLITAN FREE HOSPITAL

AT a recent visit to this hospital we were informed that a death from tetanus had occurred in a woman operated on for the cure of piles by ligature. The woman, a healthy Jewess, became, soon after the ligature of a bunch of internal hæmorrhoids, affected with trismus, which was followed by implication of all the muscles and led to death. Chloroform inhalations were sedulously kept up; but afforded only slight relief, and the patient suffered greatly. In the out-patients, under Dr. Charles Drysdale, we noticed a case of lead poisoning. Dr. Drysdale mentioned that women affected with severe poisoning often came to the hospital, as there are two factories for white lead, one in Hoxton and one in Bethnal Green, in the neighbourhood. The wages of the poor women who work in these factories are wretchedly small—about nine shillings a week; and in the Hoxton one the patient said that many of the workers are affected with wrist drop, and that abortions and flooding among the women are very frequent, and in some cases fatal. They work from eight in the morning until seven at night, with that arm always immersed in the white lead. In the Bethnal Green factory the master is said to be a humane man, and to treat his operatives with consideration. Hence, there is not so much lead poisoning in that factory. Dr. Drysdale observed that this was one of the only trades that was necessarily dangerous to health, and he thought that these white lead factories should be inspected regularly by the medical officers of the district.

LONDON HOSPITAL.

Dislocation of Radius and Ulna outwards.

(Under Mr. Rivington.)

C. D., a boy, aged fifteen, came into the receiving-room of the London Hospital on Saturday, April 23rd, 1870, and was seen by Mr. Rivington. His right arm had been caught and twisted by machinery and both the bones of the forearm had been torn away from their attachments to the humerus, and dislocated outwards. The humerus was in its natural position, and could be traced without difficulty. The inner condyle was close under the skin on the inner side of the forearm, the integument being very tightly stretched over it, as well as over the trochlea, which could also be defined. So tightly was the skin drawn over the condyle that it threatened to give way, and convert the simple into a compound dislocation. The forearm was inclined outwards at an obtuse angle with the humerus, and twisted. The head of the radius was unsupported by bone, and lay in front, while the sigmoid cavity of the ulna rested on the humerus between the capitellum and the external condyle. Evidently, the radius was separated from the ulna, and the orbicular ligament torn.

Reduction was effected by Mr. Rivington in the following way:—Some cotton wool was placed round the upper part of the forearm, and a wet bandage rolled round it; then a dry bandage was fastened over the wet bandage, and formed into a loop, through which the surgeon passed his head and body. Steady extension was then made from the body, with the patient's arm in the flexed position, whilst one hand grasped and manipulated the humerus, and the other held the forearm at the wrist. By this means the bones were completely under the control of the operator, and reduction was speedily effected. The limb was then put up in an angular splint, and taken into the hospital under Mr. Couper, the Surgeon of the week.

Severe Wound of Forearm, opening into the Elbow-joint.—Conservative Surgery.

H. C., aged six, was admitted into the London Hospital on the 1st April, 1869. Shortly before her admission she had been run over by a cart, which caused a deep wound at the upper part of the left forearm, close to the bend of the elbow, and extending nearly across the limb. The laceration was very cleanly cut, and passed through the muscular fibres of the biceps and coraco-brachialis muscles, which were both torn across. The elbow-joint was opened —the coronoid process was detached, and the olecranon process was fractured. The internal cutaneous nerve was seen crossing the wound. A probe could be passed into the joint and through it, reaching to the skin at the back. The large nerves and vessels did not appear to have suffered; both arteries could be felt pulsating at the wrist. Considering the favourable age of the patient, Mr. Rivington decided on practising conservative surgery, and endeavouring to save the arm without resorting to any operative procedure, such as partial or complete excision of the elbow-joint. The arm was accordingly put up in the flexed position, and came under the care of Mr. Curling, the Surgeon of the week. It would be tedious to give a diurnal narrative of the further history of the case—a brief epitome only is necessary. During the first few days there were considerable swelling and some inflammation; but both yielded to treatment. Matter formed in one or two places, and was evacuated by Mr. Curling. At the beginning of May the wound had so far healed that passive motion was attempted; but this led to swelling of the hand and arm. When the swelling had subsided, passive motion was again resorted to, and continued daily. By 20th of May the patient was able to move the arm about with her other hand, and no longer objected to having it touched. Gradually she regained the power of motion in the limb, which promised, when she left the hospital in June, to be very serviceable, although the range of voluntary extension was small. A few months afterwards an attempt was made to find the address left at the hospital, but without success. Hence, it is impossible to state to what extent the joint has now recovered from the accident, and some part of the instructiveness of the case is necessarily lost. The condition of the limb, however, at the time of the discharge of the patient was sufficiently favourable to justify the conservative method of treatment.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

January 2nd, 1871.

John Gay, Esq., President.

THE NATURE AND PATHOLOGY OF GLANDERS.

The President recounted a case of glanders in the human subject to which he had been called for the purpose of performing tracheotomy, but there was no dyspnœa, though otherwise the man was very ill. He was an omnibus conductor, and caught glanders from a horse which sneezed in his face; coryza, pain in neck, difficulty in swallowing, elevated temperature, rigors, &c., were present. The skin looked dusky, and a remarkable stench pervaded the room. The nostrils and fauces were implicated, and sanious pus was discharged from the bowels. There was an eruption on the skin, and the only gland implicated was the sub-maxillary. The patient died; no examination of the body was procurable. The President made some remarks on the nature and pathology of glanders.

Dr. Webster narrated a case he saw *post-mortem* at the Hospital at Copenhagen. There was no eruption on the skin, the disease seemed not so rare in North Germany. He thought the disease might be contracted by those who lived in stables occupied by glandered horses, just as in Spain, Italy, and other warm climates, consumption is believed to be caught from residence in a house with consumptive invalids.

Dr. Fred. Simms enquired as to the degree of prevalence of glanders in London stables.

Dr. Wiltshire remarked that the disease was called glanders when it affected the air passages, and farcy when it affected the skin, areolar tissue, lymphatics and glands. The disease was communicated by contagion, and possibly by infection. Globules of mucus, snorted into the air, might be carried some distance, and thus the disease was made to appear infectious. Dr. Wiltshire inquired if the disease was known to affect animals with divided hoofs, and whether also carbolic acid had been made use of as a curative agent.

Mr. J. Roalfe Cox, of the Veterinary Infirmary, Mount street, Grosvenor square, on submitting some morbid specimens, illustrating the disease of glanders in the horse remarked, that the septum nasi, with its membrane and the lungs, being the structures more especially involved, he would exhibit portions of each, taken from two horses, suffering from chronic glanders, which had been destroyed that day.

In the one case, the lungs were studded with small indurated deposits, imparting to the feel that of so many small shot or seeds scattered throughout, and the condition was equally marked whether on touching the pleural covering or the cut surface of the lung, and to such extent that a square inch contained several deposits. These deposits, generally called tubercles, he explained as a marked pathological character of glanders, and observable more or less in every case, according to its stage and duration. The tendency is, for these deposits to remain for a time, comparatively inactive, and contemporary with their development, the same tuberculated condition of the septum nasi occurs, as shown by the numerous eminences on the surface of the specimen exhibited, which imparts the same kind of feel to the finger. The mucous membrane is thickened and raised in patches, with here and there points of ulceration and erosion, and the septum further shows a peculiar worm-eaten appearance as if pricked with a pin. At this stage, there is discharge from one or both nostrils, and the glands in the sub-maxillary space become swollen and indurated, forming the marked and characteristic symptom, whence the disease derived its name. The term *gland·ed* probably becoming converted into glandered. It is this stage of the disorder which is usually fraught with so much mischief, because the animal being enabled to perform a certain amount of work, is allowed to live on, escaping observation and disseminating contagion.

A more advanced stage is shown by the parts from the other horse in which suppuration and more active disease have supervened. In this lung were numerous cavities, varying in size from a marble to an egg, presenting a ragged sloughing appearance, and containing a thin dirty pus, with *débris* of lung tissue and tuberculous matter. The septum nasi in same case shows the old character of the disease in a thickened and puckered appearance of the mucous membrane, from partial covering of old ulcerated surface; there are also more recent points of ulceration in other parts, contemporary with the suppurative stage in the lung. At this crisis wasting of the animal occurs, and frequently the skin, and more particularly that of the limbs, becomes involved; hardened tumours form, which suppurate leaving deep ragged ulcers which have no tendency to heal, but are followed by other formations of like character, especially in the course of the absorbents, the glands becoming also affected, and this state is accompanied with much œdema. The latter symptom has given rise to the term *Farcy—Farcin* in the French, from Latin, *Farcire*, to stuff, evidently from the swollen appearance of the affected limb. Another highly characteristic symptom in the skin affection, is a tubercular eruption all over the body, imparting a knotty and pimply feel to the hand, and raising the tufts of hair covering the little indurations, so as to make the effects of this eruption very perceptible. Glanders and Farcy are but varied forms of the same specific disease, each condition supervening on the other in course of time, so that glanders may equally result from inoculation with Farcy virus as the converse. Glanders may occur in the chronic form, as described, having more active symptoms disclosing sooner or later; or may take place in a very acute form from the commencement, running its course rapidly, and terminating fatally, frequently within a fortnight.

In these cases there is extensive ulceration of one or both sides of the septum nasi—destruction of the turbinated bones, and extension to the frontal sinuses. The lungs invariably present the same disposition to tubercular deposit (so called), notwithstanding the short duration of the disease, and there is a general suppurative pneumonia with marked disposition to vomicæ. As a rule, acute glanders results from contagion, and chronic glanders from a diseased state of system generated under combined sources of debility, as over work, insufficient nourishment, and chiefly from confinement in ill-ventilated stabling, in which the horses are respiring vitiated air during many hours consecutively. It is also an occasional sequel to protracted and exhausting diseases, particularly those of the respiratory organs. Exceptionally, however, chronic glanders may result from contagion, and the acute form under the other circumstances alluded to, though probably *infection* is also in operation in the latter.

In reply, as to the frequency of the disease in London, he stated that it was by no means a rarity, and that there would be little difficulty in discovering a case on a visit to the horse slaughterers at any time. The disease was chiefly found in the studs of cab and omnibus proprietors, and among horses placed under similar conditions of work and stabling, with exposure to infection and contagion. Considers the disease is highly contagious under all forms, is incurable, and the sooner a glandered animal is destroyed on discovery, the better. The disease is readily communicable to all the horse species, as the horse, the mule and the ass. Is not aware of experiment as regards the zebra, but has no doubt that animal would be equally susceptible. In the bovine tribe is not aware of any authenticated instance of the disease.

As regards liability of the human subject, he believes it occurs more often than the limited number of recorded cases would indicate. In his own experience, the instances have been by no means infrequent, coming directly and indirectly to his knowledge, and he believes it to be highly dangerous as regards risk to human life.

The usual period of incubation, is from four to ten days, rarely earlier than the former, although an instance of *one day* only has been related to him as a fact, and it is rarely protracted beyond the latter in an acute outbreak. In the chronic form, the development is sometimes very insidieus.

ROYAL IRISH ACADEMY OF SCIENCE.

A GENERAL meeting of the members of the Royal Irish Academy was held last week:

Rev. J. H. JELLETT, President, in the Chair,

When the following new members were elected members of the Academy:

Very Rev. Ulick J. Bourke, Tuam; George Woods Maunsell, Esq.; John Symons Esq., Hull; and Ramsey H. Traquair, Esq., M.D.

MR. CHARLES R. C. TICHBORNE, F.C.S., read two short papers, entitled

"LABORATORY NOTES."

The first was on "The Production of Acetic Acid by the Destructive Distillation of Resin." He said he found that when resin was submitted to distillation, among other products was a strongly acid solution. The silver salt of this acid was formed, and on analysis it proved to be acetic. He remarked that it was rather surprising to see acetic acid produced in appreciable quantities from a substance so comparatively pure in oxygen. The amount of oxygen in colophony was 10·6 per cent., whilst in an acid yielding substance, such as woody fibre, it was 49·4 per cent. The subject of the second paper was, "The Formation of Ozone by Resin Oils." He said when light resin oils were submitted to the combined action of atmospheric oxygen and light, ozone was produced in abundance. (Such oils, when poured upon a solution of iodide of potassium, instantly produce blue iodide of starch). At the same time the boiling point of the oil was raised. Ozone was probably the prime mover in the production of colophonic hydrate, a substance discovered about two years ago by himself. All the terebine oils on exposure to light produced this effect. That obtained from pine seeds was said to possess this property in a most marked manner—oils of lemon and bergamot in a slight degree. The resin oils possessed this property, more decidedly than ordinary oil of turpentine. Mr. Tichborne, by experiment, showed the action of those ozonified oils upon iodide of potassium.

The papers were referred to the Council for publication.

MR. G. J. STONEY, F.R.S., next read an exhaustive paper "On the Cause of Interrupted Spectra of Gases." This paper was also ordered to be printed.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

WEDNESDAY, DEC. 7TH, 1870.

DR. MATTHEWS DUNCAN, Vice-President, in the Chair.

MR. ANNANDALE showed—1. A preparation exhibiting a fracture of the bodies of the first and second lumbar vertebræ, the result of a fall from a height of fourteen feet. There was complete loss of motor power in the lower extremities, with hyperæsthesia; 2. A portion of intestine which had been constricted by a band of lymph. This he had successfully relieved by the operation of gastrotomy, but the patient died from exhaustion the following day; 3. Fragments of an uric acid calculus removed from the bladder of a gentlemen by lithotrity; 4. Fragments of oxalate of lime calculus removed by lithotrity.

DR. WATSON showed a boy from whom he had, ten months before, removed the astragulus and the ends of the tibia and fibula. There was very little shortening, and the patient could rest his whole weight on the limb, walking also quickly and easily; 2. A patient from whom he had removed an epithelial tumour occupying the pterygoid region, and extending back as far as the anterior pillar of the fauces. He had found it necessary to remove a portion of the lower jaw; 3. An epithelioma removed from the angle of the mouth and where the submaxillary glands were involved. The original disease was first removed and extending the incision, the base of the lower maxilla was divided, and the whole of the diseased glands in the submaxillary region dissected out. The patient was well; 4. Cast of the arm of a boy with dislocation of the radius backwards; also the parts removed in excision of the joint; 5. Testicle removed on account of cystic disease; 6. Testicle removed on account of medullary disease. In the former of these two cases, the antiseptic dressing with lac and carbolic acid was carefully employed; but copious suppuration occurred, and a large abscess formed. In the latter case, oakum alone was employed as dressing, and the part healed within a week without a drop of suppuration; 7. Fragments of uric acid, calculus, and four calculi, larger than peas, removed from the bladder by means of the scoop lithotrite; 8. Fragments of uric acid calculus, weighing two drachms, removed at one "sitting;" 9. A large calculus removed from bladder of a female by rapid dilatation of the urethra.

Dr. Matthews Duncan showed a calculus weighing 800 grains, removed from the bladder of a lady. He had employed forcible dilatation of the urethra.

Dr. Handyside read a "Notice of an Encysted Filaria within the Muscle of Codfish."

Dr. Peel Ritchie believed the parasite to be quite innocuous.

Dr. Joseph Bell read a communication entited, "Notes on Excision of the Mamma." He dwelt on the importance of excising not only the whole tumour, but the whole breast, and the forms of incision to be employed. In cases where the axillary glands were affected, but where the skin was not infiltrated, the constitution not visibly affected, and the tumour of slow growth, surgeons, he thought, were entitled to operate, removing by careful dissection the whole of the diseased glands.

Dr. Watson had no doubt of the propriety of the principles inculcated by Dr. Bell, regarding the removal of infected glands.

Mr. Annandale agreed with Dr. Bell in the views he had expressed.

Dr. Matthews Duncan advocated preliminary incision and examination of the tumour in cases where diagnosis was doubtful.

Dr. Bell said Professor Spence was one of the first to point out the importance of dissecting out and removing the enlarged lymphatis and glands.

Dr. Miller read his "Case of Femoral and Obturator Herniæ."

Drs. Duncan, Chiene, and Handyside made remarks.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XX.

PRECIPITATION OF SEWAGE WITH THE SALTS OF ALUMINA AND IRON.

When sewage is defæcated with caustic lime, or with the salts of iron and alumina, the phosphoric acid of the sewage is precipitate in the form of an insoluble or nearly insoluble tribasic phosphate, generally of lime (bone-earth); but the ammonia of the sewage is left in solution, and is therefore lost. Observing, however, that phosphoric acid will combine with magnesia and ammonia to form an almost equally insoluble tribasic phosphate, in which there are two equivalents of magnesia and one of ammonia, attempts have been made by several chemists to recover the ammonia as well as the phosphoric acid, by means of magnesian salts in conjunction with caustic lime. Sir James Murray, for example, who had devoted great attention to the chemical properties of magnesia compounds, proposed, long ago, that the phosphoric acid and the ammonia of sewage should be precipitated in the form of ammonia-phosphate of magnesia, by the aid of sulphate or chloride of magnesium; and more recently (in 1853) Mr. Herapath, of Bristol, obtained a patent for "causing the phosphoric acid and ammonia of sewage to be precipitated in a comparatively insoluble state by the addition of magnesia, or a magnesian compound, at or about the same time as the deodorisation of the said sewage is effected by the addition of some chemical agent which will not decompose ammonia or its salts." The agents which he employed were sulphate of iron (one part) and burnt magnesian lime-stone (four parts), and, as we have already said, the process was tried at the sewage works of St. Thomas, near Exeter, without commercial success. Later still (in 1858), Mr. George Lindsey Blyth, who was at that time the consulting chemist of the Board of Health, obtained a patent for the precipitation of ammonia from sewage by means of a solution of phosphate of magnesia in combination with lime or other precipitating agent. His description of the process is as follows:—Superphosphate of magnesia is first to be prepared by the mutual decomposition of superphosphate of lime and a salt of magnesia, the superphosphate of lime being obtained from bones, bone-ash, apatite, phosphorite, coprolite, phosphate of alumina, phosphate of iron, phosphate of copper, or any other substance containing phosphoric acid, by the aid of sulphuric or muriatic acid, or other acid, the proportions being, in the case of phosphate of lime, one ton of phosphate to half a ton of sulphuric acid of commerce, previously mixed with three times its weight of water, or three-quarters of a ton of hydrochloric acid of commerce diluted with twice its weight of water. These are allowed to stand together for two or three days, being frequently stirred; and then they are mixed with a ton of sulphate of magnesia, dissolved in a sufficient quantity of water, say a little more than its own weight. Powdered charcoal is then added in sufficient quantity (about one ton) to bring the mixture into a solid and convenient form for transport. When used for the purification of sewage it is to be dissolved in water, and added to the sewage in the proportion of five parts of the phosphate to every 100 parts of solid matter in a gallon of the sewage. The whole is then to be well mixed and thoroughly incorporated by means of an agitator. If the sewage does not contain enough free ammonia or other alkali to neutralise and precipitate all the superphosphate of magnesia, lime is to be added, in the form of milk of lime, until the sewage is faintly alkaline to test paper. By this means the ammonia-phosphate of magnesia is thrown down as a flocculent precipitate, which carries with it, after the manner of a clarifier, any insoluble impurities suspended in the liquid. In like manner, instead of lime, he claims the use of any other alkali or alkaline earth, as potash, soda, magnesia or magnesian limestone, or alumina. He thus produces a valuable manure, containing, as he supposed, the ammonia, as well as the nitrogenous organic matter of the sewage, and the phosphoric acid employed; "while the supernatant liquor being freed from ammonia and nitrogenous matter, liable to undergo putrefaction, becomes deodorised, and may be either applied to the irrigation of land, or run off into the ordinary channels of drainage without fear of creating any nuisance or offence."

This process has never been applied on a large scale, as the unfortunate death of Mr. Blyth, directly after the date of his patent, stopped negotiations which were afoot for the purchase of the invention, and for the use of it, under the management of the author, at Southampton and Leicester.

Theoretically, the process of Sir James Murray was condemned by Dr. Hofmann and Mr. Witt, on account of the supposed solubility of ammonia-phosphate of magnesia in the comparatively large volume of sewage water in which it would have to be precipitated; for, according to Dr. Fresenius, on whose experiments they relied, the salt is soluble to the extent of one part in 45,000 parts of water containing free ammonia, and in 15,000 parts of pure water; but its solubility is increased to one part in 7,000 parts of water charged with a salt of ammonia. By a single calculation, therefore, they decided, without reference to experiment, that the process was not available for the profitable defæcation of sewage.

In like manner, Professor Way has reported of Mr. Blyth's process without, in our opinion, submitting it to trustworthy experiment. His remarks on the process are to be found in the "Second Report of the Commission appointed to inquire into the best mode of distributing the sewage of towns, and applying it to beneficial and profitable uses" (1861); and his experiment is thus described,—"A quantity of soluble phosphate of lime (superphosphate), equal to 31·75 grains of phosphoric acid, and sulphate of magnesia equal to 18·75 grains of magnesia, were added to each gallon of sewage taken from Northumberland sewer on the 24th of March, at 9·30 a.m.; lime-water was then added, sufficient to precipitate the whole;" and the following are the recorded results:—

Constituents per gallon.	Before Treatment.	After Treatment.	Precipitate
	Grains.	Grains.	Grains.
Organic matter—			
Suspended - - -	24·37	33·84	40·27
Dissolved - - -	12·30		
Lime - - - -	12·52	21·16	25·71
Magnesia - - -	1·59	18·60	2·36
Soda and potash - -	5·72	8·87	1·29
Chloride of sodium -	34 30	32·83	
Sulphuric acid - -	6 40	46·59	
Phosphoric acid - -	2·48	12·59	21·62
Carbonic acid, silica, oxide of iron, &c. - -	18·22	6·50	14·25
Total per gallon - -	117·90	181·00	105·70
[illegible] - -	7·88	7·81	2·37
	In solution.		

The composition of the dry precipitate thus obtained was as follows:—

Organic matter	38·09
Lime	24·32
Magnesia	2·23
Phosphoric acid . . .	20·45
Carbonic acid	5·79
Silica, sand, oxide of iron, &c. .	9·12
	100·00

The organic matter contained nitrogen = 2·24 ammonia.

It is not possible to understand the results of this experiment, for it is well known that, independently of the precipitating power of the salts of magnesia in conjunction with lime, lime itself is capable of removing phosphoric acid from its solutions in a most complete manner, when the alkali is added in sufficient quantity to neutralise free acid, and to form tribasic phosphate of lime. Even Mr. Way's own experiments in the two cases which precede the magnesian process, show that, with from fifteen to sixteen grains of quick lime per gallon of sewage, the whole or nearly the whole of the phosphoric acid is precipitated. In one case, to use his own words, five-sixths of it are thrown down, and only 0·45 of a grain per gallon is left in solution. In the other case all of it is recovered, there being left but a mere trace of it in solution. How, therefore, in this experiment with Mr. Blyth's material, as much as 12·59 grains per gallon, or rather more than one-third of the whole of the phosphoric acid present should have escaped precipitation is altogether beyond our comprehension. Nor can we understand how with only 36·67 grains of organic matter in the original sewage, as much as 74·11 grains are obtained in the two products. There are also discrepancies in the analysis of the dry precipitate, which give additional weight to the conclusion that the experiment is not reliable. It may be that the process does not remove ammonia from sewage to the extent that Mr. Blyth imagined; but it certainly cannot be said of it that it fails to recover the phosphoric acid used, and that, therefore, "it is the most costly of all the plans that have been proposed" for defæcating sewage. In our own experiments—made at the time of the patent, as well as recently—we ascertained that sewage was very perfectly purified by the process; and that when a proper amount of lime was used, the whole of the phosphoric acid employed was recovered, together with no inconsiderable portion of that contained in the sewage. In two experiments on sewage of different strengths, with a quantity of the material containing 10·30 grains of phosphoric acid, and then an excess of lime, the results were as follows:—

Constituents per gallon.	London Bridge Sewage.		Coventry Sewage.	
	Before Treatment.	After Treatment.	Before Treatment.	After Treatment.
	grains.	grains.	grains.	grains.
Soluble matters . .	68·33	90·02	46·61	68 07
Chloride of sodium .	16·05	14·86	7·91	7·00
Phosphoric acid . .	0·64	0·68	0·53	0·65
Organic matter . .	16·91	11·26	5·84	3·45
Ammonia . . .	6·33	6·24	1·16	1·06
Do. organic. . .	0·79	0·63	0·22	0·10
Oxygen required for oxydation .	2·54	1·41	0·78	0·43
Suspended matters. .	47·42	0·00	21·11	0·00
Organic matter . .	27·51	0·00	8·87	0·00
Mineral do. . .	19·91	0·00	12·24	0 00

The percentage composition of the dry precipitated matters from the original sewage, and from the sewage when treated with Blyth's superphosphate of magnesia, were as follows:

Chief constituents.	London Bridge Sewage.		Coventry Sewage.	
	Before Treatment.	After Treatment.	Before Treatment.	After Treatment.
Organic matters	57·89	28·06	41·02	12·16
Phosphate of lime	3·11	27·11	2·89	32·65
Earthy matters, &c.	14·65	35·30	15·87	45·60
Sand, &c.	24·35	9·53	40·22	9·59
	100·00	100·00	100·00	100·00
Containing nitrogen—ammonia	3·11	1·61	2·50	0·99

In both these experiments the lime was added to the sewage in great excess, as the object was to ascertain whether the phosphoric acid would be retained in the solution, as Mr. Way supposed; but as this is manifestly not the case, there is no reason why, in practice, the lime may not be reduced to the maximum proportion necessary for the precipitation of all the phosphoric acid. In Mr. Way's experiment, already referred to, the quantity of lime was evidently deficient, and hence there is no excess of earthy salts; but in an experiment by Mr. Hurtslett on sewage from the same sewer, the earthy matters, according to the analysis of Mr. Way, did not exceed 9 64 per cent. of the imperfectly dried precipitate. The results of these analyses, as given by Mr. Way, are as follows:—

Composition of the precipitate obtained from Sewage of Northumberland street Sewer, by means of Blyth's process.

	Mr. Way's experiment.	Mr. Hurtslett's experiment.
Moisture	0·00	8·10
Organic matter	38·09	58·11
Phosphate of lime	44·56	8·66
Carbonate of magnesia	2·45	0·43
Carbonate of lime	0·37	8·29
Sulphate of lime	?	0·92
Alkaline salts	?	0·38
Silica, oxide of iron, &c.	9·12	15·11
	100·00	100·00
Nitrogen—ammonia	2·24	4·50

In Mr. Hurtslett's experiment the original sewage contained 98·4 grains of soluble matters per gallon, and 21·6 grains of suspended matters. When this sewage was treated with Blyth's materials in the proportions of 1 ton 3 cwt. of the superphosphate compound, and 4 cwt. of lime, to every million gallons of sewage, the dry commercial precipitate amounted to 3 tons 8 cwt.; and, according to Mr. Way, it had the composition above stated. The value of the precipitate was estimated at £3 14s. a ton; and it was calculated that it cost £1 15s. a ton to produce it—100 tons, in fact, of the precipitate, worth as a manure £370, would cost for materials and labour £175; and, therefore, they would yield a profit of £195. Subsequent experience has shown that the magnesian compounds may be omitted from the mixture, and that the precipitated phosphate of lime is quite as available for plants as the original superphosphate.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 18, 1871.

MEDICAL SELF-REFORM BY THE TRIUNE DIPLOMA EXPEDIENT.

The Working Licensing Corporations of England—if we may by this designation distinguish the Colleges which qualify the greatest proportion of the Medical Practitioners admitted to the Profession—have readily consummated the self-reform which the Medical Bill of last year was intended to effect. Merging personal prejudices in good fellowship and joining hastily hand in hand for the purpose of meeting public opinion, and saving themselves from compulsory and, perhaps, disastrous reconstruction, the Colleges of Physicians and Surgeons of London and the Apothecaries Company have fused their licenses into one triune qualification, and at one move have cleared the Medical Licensing system of two encumbrances, and, at the same time, strengthened their own already forcible hold on the confidence of the Profession. We assume that the appointment of a Joint Examining Board is an accomplished fact, inasmuch as the proposition has received the unanimous recommendation of the three Committees on the proposal of the Presidents of the two Colleges. A meeting of the Committees of the Colleges with the Deputation from the Apothecaries' Society was held last Friday, when it was moved by the Presidents of the Colleges of Surgeons and Physicians, that a Joint Board of Examiners for England should be appointed, and that candidates passing its examination should receive Membership of the College of Surgeons and the Licences of the College of Physicians and the Apothecaries Hall. A sub-committee composed of three representatives from each Corporation, together with the Secretary of the College of Surgeons, the Registrar of the College of Physicians, and the Clerk to the Apothecaries Society, was appointed to draw up a scheme, and they were to meet for the first time last Friday.

The Corporations who are parties to this movement have, we think, evinced true wisdom and large-mindedness in the adoption of this course, and they deserve the highest credit for having at once, and without hesitation, turned their backs upon petty prejudices and individual objections for their own advantage and at the public will. They have held up the mirror, and it would be well if Licensing Bodies elsewhere would make wise use of it to discover the peril in which they stand, and the utter folly of obstructiveness.

Twice has the Irish College of Physicians defeated similar movements initiated by the Royal College of Surgeons in Ireland, and it is but a few weeks since they —for they are mainly responsible—took their stand upon narrow, protective, and impossible "suggestions," utterly behind the necessities of the occasion and the feeling of Parliament.

The Council of the Royal College of Surgeons of Ireland, beforehand in the desire for self-reform, has been compelled by this want of co-operation to follow its English Sister, and, lacking the reciprocity evinced by the London College of Physicians, has been obliged to put its scheme in the form of a compulsory law instead of an amicable arrangement.

As we said last week the conjoint diploma, a *sole* right to practise, is the only just and feasible settlement of the Licensing controversy. But, as yet, the arrangement is incomplete, failing as it does to embrace the Universities within its benefits. It is impossible that any qualifying scheme can be just or satisfactory as long as any medical Faculty whatever is in the position of perpetuating abuses if it wishes. Whether the Universities are to be forced into co-operation by the summary process of law, or by the more protracted method of starvation, remains yet to be seen, but the result must be the same; for if our anticipations be not falsified, the triple diploma cannot fail to be looked upon as the only comprehensive and unchallengeable certificate of competency, and to absorb sooner or later nine-tenths of the qualifying patronage of the public.

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SCARLET FEVER.

Dr. Aldis has published, as a pamphlet, his paper on "Scarlet Fever in St. George's, Hanover square," which we recently reported as read to the Association of Officers of Health. He remarks that cases sometimes get admitted to general hospitals. Then he tells us that on one occasion he found, in a dirty, small room, a man, his wife, and three children, one of which had been lying dead from scarlet fever for three days without a coffin, but was afterwards buried as soon as possible. The two other children, being very ill with the same complaint, were taken with the mother into the Fever Hospital, but one child was returned dead, and kept without a coffin for some days. A wake was held upon the first that died, so that some of the neighbours had been visiting the room, and running the risk of infection. This was in St. George's, Hanover square!

Here is another startling statement:—

"One of the large piles of building, called 'model lodgings,' in the Hanover district, and erected with the benevolent object of giving to the labouring classes cleaner and more comfortable homes, is yet so constructed that there is a deficiency in the general sweep of air over and through the building, and almost a necessity that the vapours of the wash-tub and of the water-closets shall be at times breathed and swallowed by the inmates, instead of being clearly blown away. Scarlet fever appeared in a child, aged two, at No. 5, in the week ending August 4th. Next week, another child, aged four, had it in the same rooms. In the week ending 26th, a child of nine, at No. 3; September 2nd, the mother and baby, at No. 5; September 16th, three children, at No. 24; September 23, another child, at No. 21, and another, at No. 3; September 30th, a boy, at No. 24, and a girl, at No. 27. Thus there were twelve cases of scarlet fever in seven different apartments in a model establishment. It is but fair to record that not one death occurred from scarlet fever in the new model lodgings called Gatliff buildings, in Belgravia, between June, 1869, and March, 1870."

Dr. Aldis has prepared a table from the Registrar-General's Return, showing how the deaths from scarlet fever were distributed during ten years in the western districts of the metropolis. It appears that St. Mary and St. John's, Paddington, produced 686 deaths, with a population of 75,784; Kensington Town alone 645, with a population of 51,910; Chelsea 678, population 63,439; St. George's, Hanover square, 600, population 87,771; Westminster 657, population 68,213; St. Martin-in-the-Fields 122, population 22,689; St. James's 305, population 35,326. Dr. Aldis says:—

"On looking over this table it may be asked,—Why should Belgravia have produced more deaths from scarlet fever than the Hanover and the Mayfair districts together? Firstly, it may be noticed that Belgravia contains a greater population than the In-wards,—in fact, the greatest of the Western sub-districts,—which has increased for several years since the taking of the last census at the rate of 1,500 persons annually, who became occupiers of houses newly erected, affording accommodation to families, many of whom occupied single rooms, and were of an age very susceptible of infection. The lower level of Belgravia, the geological features of the southern parts, and the vicinity of the Thames,—now greatly improved, with sewers tide-locked at intervals,—all may be in some measure accountable. The drainage, however, of the lower level sewer is rapidly progressing, which, when completed, will remedy this last evil. I have already noticed the somewhat stationary population of the In-wards. Still, the mortality from scarlet fever in Belgravia is favourable, according to the table, when compared with that of some of the Western districts. It is lower than that at St. Mary, Paddington, of Kensington Town—each having a smaller population—and the total deaths of St. George's from the same cause are lower than those of its neighbours, Chelsea and Westminster, whose population is also less numerous."

As to prevention, Dr. Aldis writes:—

"There can be no doubt that isolation is among the best means for preventing its extension, and that all of us adopt this plan where practicable. I remember causing three children who had the complaint, at an orphanage in Bloomfield place, to be removed into an empty house in Bloomfield terrace, where they recovered, and none of the others suffered. Without houses of refuge in our districts it is impossible to isolate the patients. There are so many children attacked under the age of five, which precludes their admission into the hospital without the mothers, that it affords a barrier to isolation in numerous instances. But it often happens that kind persons, receiving into their families those of another family apparently healthy, in which scarlet fever had appeared, inadvertently subject themselves to infection through these visitors being subsequently attacked.

"The difficulties in regard to isolation and in the way of suppressing scarlet fever among the poor are very great; they have often no other place to occupy when we wish to disinfect their bedding and rooms, but sometimes they allege that it is cruel to cause their own removal, and occasionally they have obtained certificates stating that they cannot safely be removed, which may be true; they often conceal the disease and break promises made of taking their children to the hospital, although living with their children in the kitchens, and letting the rest of the house to lodgers."

Notes on Current Topics.

About the War and Wounded

It is heartrending to read day by day the cruel sufferings of this awful war, and to find that whatever paper we take up we are sure to meet with some illustration of how rapidly war brutalizes men, and how, as they warm to their work, soldiers seem to lose all trace of humanity. We shall give but briefly a few facts. Suffering seems to spread so widely, and to increase so fast, it is impossible to keep pace with the horrors of the war.

A balloon letter from the *Standard's* correspondent in Paris, dated 2nd of January, says—

"The rates of mortality are, indeed, fearfully augmenting. In the week ending the 25th December there were 2,728 deaths; in the last, 3,280, being an increase of *five hundred and forty-two* within seven days. Diseases of the throat and chest have gone up to the figure of 450, as the glass has gone down; typhoid fever counts 250 victims, the natural result of bad food and foolish recourse to stimulants; and small-pox has carried off 454, the maximum since the plague has set in. This appalling mortality is to be attributed to the vitiated air breathed by the peasantry who have sought shelter in the city, and pack themselves into narrow spaces for the sake of economy and warmth, and neglect the commonest sanitary precautions."

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A correspondent of the *Daily News* having spoken of the depression in Paris caused by the evacuation of Avron, adds:—

"In the meantime, it must be confessed that Paris is in great suffering. I have no scruple in telling you this, which might seem to give hopes to the enemy of a speedy surrender, because I have no doubt whatever as to the fortitude of the people, who are, indeed, ready to hold out to the last crust of bread. The patriotism of the Parisians is unflinching. Whatever murmurs we may hear—whatever complaints against the Government—there is no thought of surrender among those who have the best right to complain. Therefore, in all frankness, I give you the death list for the last week, namely, that ending December 31:—Small-pox, 454; scarlatina, 6; measles, 19; typhoid fever, 250; erysipelas, 10; bronchitis, 253; pneumonia, 201; diarrhœa, 93; dysentery, 51; diphtheria, 12; croup, 16; puerperal affections, 8; other causes, 1,897—total, 3,280. This is a fearful total, and shows an increase of 550 deaths over the lists of the two previous weeks. Small-pox, typhoid fever, bronchitis, and pneumonia are enormously increased in fatal effect. And it ought to be observed that the weekly bills of mortality do not by any means show the total mortality of Paris. We know nothing of the deaths in the ambulances, and in other public institutions. I cannot be far wrong if I put the total mortality of Paris in this last week at 4,000. When 4,000 people die in a week out of a population of 2,000,000, this implies, if the same rate of mortality were to continue all the year round, decimation. It is considered an excessive mortality in England if death takes 1 in 1,000 persons in a week. Here, death takes 2 in 1,000."

The *Telegraph's* correspondent says:—

"For the last six weeks the meat distributed among the poorer classes has been about a quarter of a pound every three days; and the whole of this, be it remembered, has been horse. Yet, although the suffering has been fearfully augmented by the intensity of the cold, hardly a voice has hitherto been raised in favour of submission. Every kind of waggon and cart is to be seen hurrying into Paris laden with trunks of trees. The sawyers are at work night and day, and the axe of the wood-chopper is plied ceaselessly in the streets. The large courtyard of the Grand Hotel is almost filled with logs of timber, which are rapidly chopped up. The population, exclusive of the Line, the Mobiles, and the war battalions of the National Guard, was carefully reckoned last month, and found to be as nearly as possible two millions and five thousand souls. All English registrars and statists will be aghast to learn that last week there died out of this aggregate no fewer than 3,280 souls; and this computation does not include those who died in hospitals or ambulances, who, I am told, may be reckoned at 500 more."

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If we turn from these horrors in hopes of finding better accounts from places where the stress is not so heavy, still, the tale of human woe seems just as terrible. We last week spoke of numbers frozen to death that had been seen in the course of his journey by one who gave a personal account of it to the Editor of this journal. It would seem that it is no solitary case.

"The other day," says the *Times* correspondent at Cassel, "I had a most horrible sight of human suffering. About 1,500 prisoners arrived at midnight, on their way from Frankfort to Stettin, in open railway trucks, no other carriages being available. When the train started from Frankfort in the morning the thermometer was above freezing point, but in the course of the day such a sudden change set in that in the evening the glass marked many degrees below it. They were scantily clothed, some of them without great coats, which they had sold, buying tobacco with the money; others had thin cotton stockings and wooden shoes; others, again, had nothing at all on their feet. Lying in the same open trucks which conveyed them from Epernay, exposed to the intense cold, they were in many instances frozen to the boards in their own filth. One of them at least—some people speak of more—was frozen to death. They were in a most terrible and pitiable plight, and the groaning of some of the poor sufferers was fearful. After their arrival they were distributed in the waiting rooms of the station, and in the barracks, where they received restoratives in the shape of coffee, soup, and meat. Warm clothes and blankets were given to many of them, and they continued their journey after stopping fifteen hours, with the exception of about 20, who were sent to the Lazarette. When I saw them there they had first to be bathed. They were literally swarming with vermin. Some of them, being Mobiles, were mere boys of 16, and again men above 50; others had served in the Line; and all of them were suffering from exhaustion or pulmonary affection."

The Contagious Diseases' Act and its Alleged Abuse.

The accusations of those who are opposed to the Contagious Diseases' Act are usually unfortunately vague. There is much declamation about the liberty of the subject, but very little proof that any well-disposed, innocent person has suffered by the carrying out of the Act. A surgeon who writes to the *Daily Telegraph* gives, however, the following story:—

"A soldier, who had been fourteen years in India, returned home in November last, and was marched to his quarters in one of the subjected districts. His sister, who lived in an inland town, hastened to meet him on his return. The man obtained leave to walk out with his sister, who remained a short time in the place. When the pair were passing down the street the sister was much alarmed by the conduct of a man in plain clothes, who dogged their footsteps, and otherwise conducted himself in such an offensive manner that the soldier turned and threatened him. On this the spy withdrew, but immediately returned with another man, employed by Government for a similar purpose, and the two then followed the brother and sister, the latter being so frightened that the brother conducted her into an hotel, and ordered some refreshment, hoping thus to get rid of his tormentors. Presently spies No. 1 and No. 2 followed them into the same room, No. 1 ordering a pint of porter. They both stared most impudently at the girl, and otherwise conducted themselves with great insolence to her. No. 1 at last got up and said to her, 'You've got to go along with me.' 'What's she got to go along with you for?' replied the soldier; 'she is my sister, and has come many miles to see me.' 'Oh, that's all bosh,'—or words to that effect—replied the spy; 'she's got to go along with me to be examined;' whereupon the soldier slipped off his belt, and felled him like a bullock. The girl escaped in the *melée*, and returned home the same night. The soldier was tried by court-martial and sentenced, as he *naïvely* remarks, "to carry shot and pick oakum for preventing his sister from being made a common —— by one of England's bullies.'

We, of course, attach no more importance to this story than it seems worth, but if such an occurrence is possible, there can be no doubt, at least, that inspection of prostitutes does not effect unmixed good.

Poisonous Gloves.

Our attention has been directed by a respected correspondent to a case which he ascribes due to the wearing of gloves dyed with some poisonous substance. His patient, a lady, purchased a box of green-coloured gloves, at a well-known and respectable house. In none of the gloves was the dye permanent, for upon the hand becoming heated, it was stained to such a degree that warm water would scarcely remove it. After wearing a few pairs—for the gloves rapidly became shabby—the lady noticed a vesicular eruption presenting itself at the sides and root of the nails. This vesication in a few days proceeded to ulceration. Under suitable remedies the rash disappeared, but upon the lady resuming the wearing of the gloves, the mischief recommenced with renewed severity. Upon our correspondent examining the gloves further, and analysing a solution prepared from them, he discovered the existence of an arsenical salt, which at once cleared up the mystery of the case, and the nature of the dye.

Lettsomian Lectures.

The first of the Lettsomian Lectures was delivered before the Medical Society of London on the evening of the 9th, by Mr. F. J. Gant. The subject was the "Excisional Surgery of the Joints." The first lecture related specially to the knee-joint and its excision.

Mr. Gant, in his introductory remarks, referred to the fact that the practice of excision of diseased bones and joints is found to have been recommended by Hippocrates more than 2,000 years ago; also by Paulus Ægineta. Operations, however, of this class never got into repute till quite recently, when, in America as well as in England, surgeons began to practice excisions rather than amputations. The well known names of Sir W. Fergusson, Mr. Henry Smith, Mr. Bryant, and the late Mr. Jones, of Jersey, were among those mentioned by the lecturer as having distinguished themselves in this useful branch of conservative surgery. Mr. Gant described his method of operating, exhibiting the instruments used, the portions of bone removed, the kind of splint he employed to ensure perfect rest afterwards, and, lastly, at the close of the meeting, were seen patients with sound and serviceable limbs after excision of the knee-joint, performed at various dates anteriorly.

The Medical Results of the American War.

The Annual Report of the Surgeon-General, United States Army, has just issued from the Press, and includes the usual statistics of the standing army, representing at the present time an average mean strength of 29,022 white and 3,407 coloured troops.

The printing of the medical volume of the first part of the Medical and Surgical History of the War is near completion. This volume embraces the statistical tables representing the sickness, mortality, and discharges from service on surgeon's certificate of disability, of *white* and *coloured troops* during the war, and will be a work of nearly seven hundred and fifty pages, quarto. With this volume will be bound the appendix to the first part of the Medical and Surgical History of the War, containing the reports of medical directors, and other appended documents—about four hundred pages.

The whole of the manuscript for the surgical volume of the first part of the Medical and Surgical History of the War is now prepared, and several of the more important subjects that would belong to the second volume, as, for example, the tabular statements, discussions, histories of typical cases (with illustrative wood-cuts and lithographs) of 29,572 cases of amputations and 4,775 excisions are nearly perfected. The effect of the law authorising the issue of artificial limbs to mutilated soldiers and seamen, in bringing to Washington a large number of pensioners to present their claims, has permitted the study of the remote effects of injuries and mutilations. In the reports of the surgery of European wars, and of campaigns in India, Abyssinia and elsewhere, the history of cases terminated when the men were invalided or discharged.

The number of catalogued specimens in the collections of the Army Medical Museum at the date of the last annual report was twelve thousand two hundred and twenty (12,220), and is thus increased to thirteen thousand five hundred and two (13,502).

The collections now include eight hundred and ninety-seven (897) human crania, and (34) skeletons. Elaborate tables have been prepared, exhibiting their measurements. The diameters, facial angle, internal capacity, and position of the *foramen magnum* are indicated for each cranium. It is hoped that the publication of this important contribution to anthropological knowledge will be authorized by Congress. The Museum possesses a larger number of skulls from tumuli, and of crania of North American Indians, than are elsewhere collected.

Thirty-six (36) quarto volumes, each containing fifty (50) photographs of surgical cases, with descriptive letter press, have been distributed to the principal medical schools and societies in this country and Europe.

It is scarcely necessary to adduce proofs of the practical utility of the collections of the Army Medical Museum. Besides affording a field of study for medical officers, indispensable to the acquirement of the fullest knowledge of the special duties required of them, the illustrations of military surgery and of camp diseases contained in the cabinets have greatly promoted general professional knowledge on these subjects; and it is noticeable that, in the standard systematic work on surgery by Billroth and Von Pitha, in the last edition of the English System of Surgery by Holmes, in Didiot's "Service de Santé des Armées," and in nearly all works on military medicine and surgery printed in the last five years, the majority of the woodcuts are derived from the specimens in the United States Army Medical Museum.

Clerical Trustees to Irish Medical Charities.

The initiatory working of the Irish Church Act has been marked by a circumstance which has created much excitement in Cork, and which we note because it may materially modify the constitution of many Medical Charity Boards throughout Ireland.

The ex-Secretary of the North Cork Infirmary the moment he was legally entitled to raise the question, wrote to Mr. Chichester Fortescue, the Chief Secretary, asking to be informed whether clerical members of the Board of Trustees held their seats *ex-officio*, and, if so, whether those seats were not necessarily vacated the moment the clerical gentlemen ceased to belong to an Established Church.

Mr. Fortescue was not slow in replying, that he was of opinion that *de facto* they ceased to be trustees, and consequently they were not summoned to the last meeting.

They, nevertheless, attended to assert their right to continue as trustees, at least until properly qualified lawyers had given their opinion as to the meaning and intent of that portion of the Church Disestablishment Bill bearing on the question. Reporters were present at the opening of the meeting, but they were informed that, in accordance with an old resolution passed by the trustees, their meetings were private, and the representatives of the press then withdrew. After some discussion it was resolved to hold a meeting on Monday next, at which the Town Clerk should be asked to attend, and, in accordance with directions there given, to draw up a case which should be submitted to the Protestant Clerical Trustees of the Infirmary for approval, and afterwards to the law advisers of the Castle for their opinion, which it was agreed should be accepted.

The Frost and Fractures.

The frost having continued so long, the pavements are in a very slippery condition, and a great many accidents have already occurred through falls in the streets, consisting of broken limbs, cut heads, &c. As our readers know, old people's bones in particular are brittle, and unless some precaution be taken we have no doubt that many serious accidents will occur. A correspondent suggests that a leathern strap should be fastened round the middle of the foot by means of a buckle, and large headed nails inserted on the under surface and clenched, heads downwards. Not having had an opportunity of trying this contrivance we do not know how it would answer, but at any rate the experiment is well worth making, to keep unfortunate pedestrians on their legs.

Public Vaccinators in Liverpool.

At the last meeting of the West Derby guardians a letter was read from the Poor-law Board, dated 10th January, enclosing the copy of a communication the board had received from the Lords of her Majesty's Privy Council, respecting the proposal of the guardians to appoint the whole of the medical officers of the union as public vaccinators for the ensuing three months, in consequence of the prevalence of small-pox in the union. The Lords of her Majesty's Council considered that the present staff of public vaccinators of the union was quite sufficient for the full performance of public vaccination in the union, and therefore recommended that the proposal of the guardians should not be approved by the Poor-law Board.

The Nude in Science and Art.

Under this title an artist has, *àpropos* of the Female Medicine controversy, discussed in an Edinburgh paper the subject of conjoint contemplation of undressed nature by boys and girls. He says:—

"I, as an artist who has drawn much from the nude figure, both male and female, may say that, in the study of the latter, I have not been influenced by the lower passions—indeed, the result has rather had a contrary effect; and from the observations I have heard from other artists upon the same subject, their experience confirmed my own. Now, I have always studied, as a matter of course, alongside of men, but I feel certain that the effect on me would have been quite different had women been present. I feel that then I would have been too disgusted to have proceeded with my work. This, from all I gather, is at present very much the state of feeling among our male medical students. I can quite understand that female art students studying the human figure may do so, both from male and female models, with perfect impunity to themselves; and I cannot see why in medicine the same result should not hold good—only, as it appears to me, the sexes must imperatively be kept apart."

Very true and very logical! No doubt the mental promptings of such studies would be all the worse for the living presence of full-nerved students of the opposite sex, but we do not admit that without such exacerbating cause, the dwelling of the eye on such subjects would not be necessarily innocuous. It is certainly more or less depraving in its tendency on the coolest of male students, and, therefore, to be encountered not unnecessarily, and only in the unavoidable pursuit of learning, and for some great object.

Surely, the greater the outrage to delicacy the worse the effect on the student—the less the necessity to grapple with latent passions, the less justifiable to coquette with them. It is, therefore, no argument that because men, not too careful in matters of delicacy and not too inflammable, may or must encounter naked figures, therefore women, tender in feeling and inviolate in morality, should insist on contact with objects assumed to be distressing and disgusting to them.

As for mixed lithotomy classes they are possible only in Constantinople.

Vital Statistics of Liverpool.

An examination of the fifty-two weekly returns of mortality which have been published, shows that the deaths of 16,096 persons were recorded in Liverpool in the course of the past year. This total, it is hardly necessary to add, represents an excessive mortality. The three previous returns of 1867-9 stand 14,511, 14,858, and 14,744, all considerably lower than the total just given for the past year. In 1867 the death-rate was 29·4, in 1868 it was 29·6, in 1869 29·0, and now it is given at 31·0 per 1,000 inhabitants. The deaths now returned are therefore 1,352 in excess of the previous annual total. Now, the return of zymotic diseases might reasonably be supposed to show a very marked increase in proportion to the excess in the mortality from all causes. An examination of the deaths falling under this head does not, however, show so high a rate as might have been expected. Thus, the deaths of 4,003 persons were caused by zymotic diseases in 1868; the next yearly total was 4,233, and now it is said to be 4,735 for 1870. Still, it cannot be denied that the account now presented is a deplorable one, seeing that nearly 30 per. cent of the entire deaths were caused by the worst forms of zymotic diseases. Small-pox is terribly fatal in London, and in the large towns of Lancashire and Yorkshire; and, unfortunately, it is in these places where vaccination is so actively opposed by the disciples of the Morisonian school. Fevers, other than scarlet fevers, destroyed 900 lives in 1870, the fever quarterly totals being 107, 102, 211, and 480.

Rare Chance for a Physician.

The following is culled from an American contemporary. It is too good to be ignored by medical parasites, who thrive upon the profession as a trade. No doubt many of our brethren in certain districts are pestered by an inferior class of patients; but for any who wish to cultivate a practice of goats we recommend *Santa Barbara*, for after all there is nothing like the real wheat,—the genuine article, and we advise the buyer to take to the goats a well as the supply of office medicines, the buggy and the ditch, for we fear where doctors are so few and far between—forty miles—as ministering angels, that the bearded lady Cashmere is not to be sniffed at :—

> "Dr. C. W. Strang now offers 160 acres of splendid farming land for sale cheap, all fenced with a ditch three and a half by three feet. The land is all level. One house with four rooms; a flower garden and good water; farming tools; one buggy; a supply of office medicines, with a practice worth 2,000 dols. per year, which will increase. No opposition within forty miles. Also, 500 goats, that are bred up into the Cashmere variety, three-eighths and five-eighth breed and common goats. I will sell all (except the goats) for 2,000 dols., which is extra cheap. I will sell the goats at the low price of 3 dols. 50 c. per head.
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> "For further particulars, address Dr. C. W. Strang, Suey, Santa Barbara County, Cal."

The Storing of Poisons.

The Privy Council has given the Pharmaceutical Society of England, at the same time a rebuke and a reminder of their duty to deal with the question of storing of poisons :—

> "My Lords believe it to have been the opinion of Parliament that proper regulations in this matter are required for the protection of the public, and, as more than two years have elapsed since the passing of the Act without the Pharmaceutical Society having proposed any such regulations, my Lords think it right to inquire whether the Pharmaceutical Society intends, within any specified time, to propose such regulations to their Lordships."

From the correspondence columns of the *Pharmaceutical Journal* we learn that there is in the Society and possibly in its Council, a powerful *laissez faire* party who discourage the adoption of any precautionary measures by the arguments which persons of the obstructive vein might be expected to adopt. They say that the cases of poisoning by mistake are very few, that the introduction of elaborate precautions would hardly be possible where much business is done, and so on, but we think that injury to any person by misadventure in compounding might be, and ought to be impossible, and the Pharmaceutical Society ought to inculcate such cautions that any person disregarding their warning might be held responsible in character and pocket for the omission.

The Late Dr. T. Mayo.

We regret to announce the death of Dr. Mayo, formerly President of the Royal College of Physicians of London. He took to the degree of M.D. at Oxford in 1818. His work "On the Pathology of the Mind" was long a standard text book; and his "Clinical Facts and Reflections," issued in 1847, equalled his great reputation.

The College of Surgeons of England.

At a meeting of the Council last week, the large proportion of rejections (117 out of 221 candidates) at the Preliminary Examination was referred to, and the question was raised whether the examination was too severe. In the report of the Court of Examiners reference was made to the regulation of the College that students should attend a course of lectures on Practical Anatomy and Physiology. Inquiries had been made as to the exact meaning of this, it was intimated that it included practical instruction in Histology, Physiological Chemistry, and Physiological Physics; that it was not intended to revive or encourage vivisections, but that the mode of instruction must be left very much to the discretion of the teachers. The money was voted for the forthcoming Hunterian Festival.

Medical Piece-Work in England.

About twelve months ago it was resolved by the members of the Medical Society in Preston that the surgeons who attended on members of friendly societies—should raise the rate of their remuneration from 2s. to 3s. per head per annum. The increase was demanded and insisted upon by the surgeons, but the demand was looked upon by the friendly societies as a piece of "trade combination" and was vigorously resisted. That resistance at length resolved itself into the establishment of a "Preston Amalgamated Friendly Societies' Provident Dispensary." When the Provident Dispensary was established, at the beginning of last year, the terms of membership were—"for self and wife, ½d. per week, wife and one child, 1d., wife and three children, 1½d., wife and five children 2d., wife and seven children, 2½d., and ¼d per week per child more than seven children and under sixteen years of age; the general public to be admitted to the privileges of the institution on payment of weekly contributions, ½d. each in excess of those above specified."

The local papers are in great jubilation, because the dispensary has lived out a year, and has £20 in pocket, and they appear to think that the medical millennium has, therefore, arrived. However gratifying their little balance may be, it is certainly not surprising when the prices are considered. Can the Committee favour us with a balance sheet of the value they get for their money? What quality of work they got from their medical jobbers? And will the said contractors let us know how many hours work they gave to their duties in the year, and whether they received dustman's wages for their labour?

The Primary Examination of the College of Physicians of London for the Licence will commence on February 6th. The next Pass Examination will commence on February 13th.

Deputy Inspector-General of Hospitals J. H. Orr, C.B., of the Indian Madras service, has been permitted to retire on a pension of £800 per annum, instead of £550, as at first notified.

The subject selected for competition for the Hastings Gold Medal of the British Medical Association, value twenty guineas, for 1872, is "On Investigations on the Germ Theory of Disease;" and the award will be at the Annual Meeting of the Association in that year.

The next Evening Meeting of the Pharmaceutical Society of Great Britain will be held on February 1st., 1871. The following Lecture will be delivered:—"On the Microscope and its Revelation." By William B. Carpenter, M.D., F.R.S., F.G.S., F.L.S., Registrar of the University of London.

Dr. William MacCormac, late surgeon to the Belfast General Hospital, and to the English Ambulance Corps, son of Dr. Henry MacCormac, of Belfast, has been elected to the Fellowship of the Royal College of Surgeons of England, *ad eundem*, as we foreshadowed some months ago. He is candidate for the vacancy in the medical staff of St. Thomas's Hospital.

At the recent preliminary examination in arts, &c., for the Fellowship and Membership of the Royal College of Surgeons, which was conducted as usual by the College of Preceptors, 303 candidates were examined—viz, 82 for the fellowship, of which number 61 passed, and 221 for the membership, out of which number more than half were rejected,—viz., 117.

One of Dr. Bird's tables in his Physiological Essays tends to prove that the specific gravity of Europeans is greater than that of Natives of Bengal, as 1·018 is to 1·001. The higher degree of heat in the European is 98·68 to 97·28 in the native, as indicated by the thermometer in the mouth. His analysis of the blood of the two races goes to show that the Bengali has more albumen and fewer red corpuscles than the European.

Complaints have been made, that the inquiry of the Contagious Diseases Act Commission is conducted privately, and that female witnesses have not been admitted to give evidence. Both statements are incorrect. Each of the societies, formed severally to oppose and to support the operation of the Act, has been invited to send a representative; and although neither of the gentlemen thus attending has, of course, been able to take part in the proceedings, both have had the freest communication with Mr. Massey, the chairman; and both have been allowed to bring forward witnesses. Nor have female witnesses been excluded.

SCOTLAND.

Edinburgh University Endowment Association.—The Association has met with a large amount of encouragement during the past year. The munificent gift of Sir Roderick Murchison, supplemented by the Government grant, establishes a new chair in the University, the Professorship of Geology. The Syme Fellowship will, in all probability, be brought into practical operation in the course of the present year; and Dr. Neil Arnot has announced his intention of giving £1,000 to each of the Scottish Universities during this year. In connection with the extension of the University buildings, the Duke of Buccleuch has become a trustee of the fund for purchasing the site of the present Infirmary, which is to be acquired for that purpose.

Mr. Wickham, F.R.C.S., Assistant Physician Royal Edinburgh Asylum, has been appointed Medical Superintendent of the Burgh Asylum, Newcastle-on-Tyne. We congratulate Dr. S. Rae, as this is the fifteenth occasion on which one of his assistants has received a head appointment at other asylums.

Literature.

MATERNITY HOSPITALS.*

So much has been said about hospitalism, and the controversy is not yet closed, that one cannot but turn with interest to anything on the subject from such a man as Dr. Matthews Duncan, especially as the propriety of large maternity hospitals has been the greatest point in the discussion, and he must have paid great attention to it. Our interest is materially increased when we find that the learned author takes a view directly opposed to that of the late Sir J. Simpson, whose strong expressions produced a great impression, and one, too, that is likely to last. Dr. Duncan has no confidence in the statistics of amputation, &c., in private practice, and we have always felt similar doubts to those he so forcibly expresses. Yet both Le Fort and Simpson gave them their countenance. Moreover we feel with Dr. Duncan that the statistical argument has been too much relied on; in fact, that all attempt at argument has been quenched by an imposing array of figures, and after all there is some truth in the notion that you may prove anything by figures. Let it be proved that the mortality in childbed, or after operations, is greater in hospitals than in the homes of the patients, it does not necessary follow that hospitals are therefore to be abolished, and the proposal to pull down and rebuild them frequently is one to stagger both managers and subscribers. We confess to the utmost misgiving as to maternity hospitals, which we think the least needful and so the least useful of all. When certain diseases get introduced into them they spread with frightful rapidity, and the charities for attending the poor at their own homes have in no instances been so acceptable as in the case of childbirth.

Dr. M. Duncan says all that can be said for the hospitals, and we think everyone who wishes to form an unbiassed opinion should certainly read his book.

HALF-YEARLY ABSTRACT.

We have received the *Half-Yearly Abstract of the Medical Sciences*, now edited by Dr. Donnell Stone, and find it to equal its predecessors in variety and interest. The volume for July to December, 1870, is the fifty-second of this useful publication, and it contains 283 articles selected from a great number of journals and arranged in a systematic manner.

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* On the Mortality of Childbed and Maternity Hospitals. By J. Matthews Duncan, A.M., M.D., &c. Edinburgh: Adam and Charles Black. 1870.

ON THE PRACTICE OF EMPLOYING CERTAIN SUBSTITUTES FOR THE GENUINE INGREDIENTS IN SOME ARTICLES OF DAILY FOOD.[*]

THIS is a small octavo pamphlet of about twenty-five pages, and from its price, fourpence, it is evidently written for popular distribution, which its usefulness should certainly command. The advantages, nay the absolute necessity, that every lady should make herself acquainted with the culinary art in order that "she may feel her power and authority in the household," and, what is of more consequence, that she should be enabled to estimate the value of certain substitutes for the genuine article, in order to ensure good and wholesome food, are matters insisted upon, as only one thoroughly *au fait* with the duties of the mistress of a household could do.

HOLMES'S SYSTEM OF SURGERY.[†]

WE have already announced the appearance of the fourth volume of Mr. Holmes's great work. This second edition of our Encyclopædia of Surgery has gone on regularly, and each volume has been carefully revised by the several authors. We understand the fifth volume, completing the work, will not be very long before it is out; and we advise all who can afford it to possess themselves of what is, in effect, a surgical library. Mr. Holmes, as we have recently stated, is now restored to his sphere of labour at St. George's Hospital, and we trust may long be spared to the profession of which he is both as an active member, and a literary worker, a distinguished ornament. But we must just mention the contents of the fourth volume of his System.

It opens with "Diseases of the Joints," by Mr. Athol Johnstone. Then follows Mr. A. Shaw's essay "On Disease of the Spine." Next, we come upon "Diseases and Injuries of Nerves," divided into two parts: Part 1, embracing "Nerve-Lesions, and their more Immediate Effects," is by Dr. Lockhart Clarke; Part 2, "On the Remoter Consequences of Nerve-Lesions," is from the pen of Dr. Brown-Séquard. Dr. Lockhart Clarke then contributes an essay on "Locomotor Ataxy."

The next division of the work embraces the "Organs of Digestion and Respiration." Here we see the veteran of St. Bartholomew's, Mr. Holmes Coote, leading off "On the Tongue." Mr. Durham follows "On the Nose," Mr. Salter follows "On the Teeth," Mr. Geo. Pollock "On the Mouth, Pharynx, and Œsophagus," Dr. Barclay "On Croup and Diphtheria," Mr. Durham "On the Larynx," and Mr. G. Pollock "On the Intestines." "Hernia" obtains a separate essay by Mr. J. Birkett, and "The Rectum" another by Mr. H. Smith. The "Urinary Organs" are treated next by Sir H. Thompson. But "Lithotomy" gets a distinct essay by Mr. Poland, and "Lithotrity" another by Mr. Charles Hawkins.

This enumeration suffices to show that Mr. Holmes has associated with himself a large proportion of the surgical-teaching power of London. We do not propose to enter into a criticism of each of these essays. It will rather be our duty to refer to them from time to time as authoritative expositions of London practice in the present day. We may add, however, that the present volume contains a coloured plate of urinary calculi and upwards of a hundred wood engravings of great accuracy.

Correspondence.

THE STAFF OF LIFE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Will you kindly allow me to ask through your columns how it happens that medical men, with so very few exceptions, utterly neglect all precautions for securing their patients a due supply of such an all important item of food as really good bread. We have had from time to time elaborate disquisitions as to the relative value of "heat producers" and "force producers," or generators, and no small amount of labour has been expended, sometimes in mere assertions; oftener still to the credit of the Profession be it said, in painstaking, careful, honest, trustworthy examinations about the properties of meat, vegetables, wines, spirits, tea, coffee, spices, &c., and yet amid all this not a step is taken about the most necessary thing of all—nourishing bread. The legislature steps in and punishes, when it catches him, the butcher or fishmonger who sells stinking meat or fish, while it allows the baker to pursue with impunity a practice which, all things considered, is really more prejudicial to the health of the community. To a certain extent, a man's own perceptions, his sight and smell, shield him from the rascality of those who would palm off rotten fish and stinking meat on him; but these perceptions can lend him no aid whatever in distinguishing between nutritious bread and that which is perfectly useless. Again, a tradesmen using short weight is, if detected, fined, reprimanded, and threatened; but justice halts in pursuit of the baker, who, with impunity, sells not short but barely half weight of nourishment. Indeed, respecting a great deal of the bread sold in London, it would be a very liberal comparison to assume that it contained half the weight of nutritive matter it ought to do, a large proportion of each loaf being made up of material little, if any, more nutritious than so much sawdust.

So long as matters are suffered to remain in this state, so long will the public health continue to fall below *par*, when ever some other cause as anxiety, over fatigue, or short allowance of some other kind of food also comes into operation. With really good bread, a man may live very well indeed on an extremely small allowance of fresh meat. Vast numbers of the Scotch Lowland peasantry, amongst the finest and strongest men living, are accustomed to eat very little animal food, the reason being that their staff of life, porridge, is properly prepared; the bran being all utilized, instead of being used to fatten pigs and cattle with, as is so foolishly done in many parts of England; whereas a servant in one of our West-end families cannot keep himself anything like as well and strong on fine white bread and two or three pounds of meat daily—and for an excellent reason: the most important article of his food, the bread, is deficient of the gluten, cerealin, and phosphates; for however good the meat, vegetables, milk, and beer may be, if the bread be defective, the health is constantly being undermined, even in those who can get everything of the best; while for those whose chief dependence is, and ever must be, on it, any reduction in the amount of nutriment it contains must be an evil of the most serious nature. In cases, and there are plenty of them, where from one-sixth to one-third of the earnings of the entire family is spent on bread, keeping this article in its present state means mulcting them of twenty or thirty per cent. of their hardly-gotten wages.

The reader may possibly think I am over-stating the case of bread *versus* meat; but first of all, in answer to this, I would remind him that the three nitrogenised constituents of animal food, albumen, fibrine, and caseine are found in wheat flour; and, in the second place, that those who are in the very best position for observing the effects of an undue preponderance of meat over bread, that is to say physicians, whose practice lies almost entirely in the upper classes, are precisely those who have spoken out most clearly as to the injurious effects of the usual system. Sir Henry Holland tells us,[*] that it is a common and often a serious error to regard animal food as the main source of bodily strength and support; and Dr. Henry Bennett says distinctly, that meat-fed children are not so strong or healthy as those who use a more mixed kind of food. Again, it is found that men in training, who are restricted almost solely to animal food, cannot long bear the strain on the system thus occasioned.

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[*] On the Practice of Employing Certain Substitutes for the Genuine Ingredients in Some Articles of Daily Food. By a Lady. London: H. K. Lewis.

[†] A System of Surgery. Edited by T. Holmes, M.A., Cantab, Surgeon and Lecturer on Surgery at St. George's Hospital. 2nd Edition, in 5 vols., with illustrations. Vol. IV. London: Longmans, Green, and Co. 1870.

[*] Medical Notes and Reflections, 1855. P. 221.

But it was useless to attempt any remedy so long as the bread itself was utterly innutritious. However, there is now a chance of a vast improvement being effected, if the Profession will only lend their aid, for the public are quite at sea on the matter. They think that white bread must be pure, and they confound purity with a proper standard of nutritive matter. They have an idea that alum is put into all London bread, and consequently either accept the fact and its consequences as inevitable, or make a spasmodic effect to break the fetters which bind them to the baker's system. This, generally, assumes the form of a mania for what is called household bread, country-made bread, or brown bread. So far as I can make out, these merely contain a certain addition of bran, leaven, &c., the proportions of which are known only to the initiated, but the properties of which are clearly to render the bread more hard, sour, and unpleasant to the taste, so that children cannot really be induced to eat it. Occasionally, the hook being duly baited, the advertisement of some digestible bread is snapped at, and the buyer gets an extra amount of starch for his money, but no more nutriment than before. Or, he purchases what he considers a "very pure" bread, which means one that contains still more starch, and is whiter than that he has been using--absence of colour being here as indicative of proper composition as it would, in a person's face, be significant of sound health.

It is scarcely to be expected that the bakers will take this question up. With them such a step would mean a general suicide or serious mutilation. One pound of bread prepared from properly made wheat flour, such as that of Chapman's patent, sold by Messrs. Orlando, Jones, and Co., goes quite as far as a pound and three quarters of the best ordinary bread. I have now tried it in quite a hundred and fifty cases among the patients of St. John's Hospital, and the testimony is quite to the effect that it goes very much farther than the ordinary bread. The patients, especially children, do much better on it: it does not get dry and sour as household bread does, and it regulates the bowels very well indeed. In the course of a week or two, I hope to be able to report more at length upon this bread, provided you will kindly allow me to do so. In the meantime, I may observe, that as very few makers make it, and that as a great majority of them will certainly never take the trouble to procure the flour, the best plan is for the patients to do this themselves, and either make it at home or get their own baker to make it into bread for them. I suppose there are many places where the flour can now be had retail. I only know, however, of one, and that is at Mr. Alexander Davidson's, Devonshire street, Portland place.

I have the honour to remain, Sir, yours, &c.,
J. L. MILTON.

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ANTISEPTICS AND DISINFECTANTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In your issue of the 4th inst. there was reproduced by your very able chemical editor, Mr. Tichborne, a table exhibiting the comparative value of antiseptics, according to Dr. Crace Calvert. Among the substances therein enumerated was permanganate of potash (Condy's Fluid.) This circumstance has constrained me to venture to direct your attention to the fact, that that substance is not an antiseptic at all; nor so far as I am aware, had it been patronised as such by those having an interest in saying most in its favour; at any rate, I can vouch for this being so in my own case. I have always been careful to point out that Condy's fluid is not an antiseptic or preserving agent, but a disinfectant, in the same sense wherein fresh air is one. You will, I think, agree with me that the latter agent; namely, air, which is the one whereby ventilation operates as a disinfectant, is no antiseptic. One of the great aims in the preservation of food, for instance, is the exclusion of air. It would therefore seem to me that to class the permanganates with antiseptics, and to experiment with them as such, is much the same thing as to class in that category pure air and experiment with it in the apparent expectation that it might prove capable of preserving from decomposition organic bodies. I cannot see that any good would arise from proving that free air has no antiseptic value; but, on the contrary, believe that only misapprehension as to the value of that essential to health would thereby be engendered in the public mind, which is not yet sufficiently instructed to distinguish between antiseptics and disinfectants. In the same way, experiments undertaken to prove that permanganates are destitute of antiseptic properties, which everyone qualified to experiment already knows, instead of being of any service to sanitary science, must, on the contrary, when published, be detrimental thereto, by erroneously leading popular opinion to conclude that they are therefore inefficient disinfectants, which is exactly the contrary to the truth. The disinfecting virtues of those agents depend precisely on the same principle as that whereon the efficacy for disinfection of ventilation hangs; namely, the essential element oxygen, which plays the main part in all true sanitation.

Yours, obediently,
5th January, 1871. H. B. CONDY.

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MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In the leading article of your number of yesterday I observe this sentence—"There is, no doubt, a party in the Profession, which would, without hesitancy, put their foot down upon the short road, and, as Mr. Cæsar Hawkins has proposed, sweep the 'medical authorities' out of representation"—*i.e.*, in the General Medical Council.

I must request your insertion of this letter in your next number to contradict such an extraordinary blunder in the use of my name, as, so far from having ever made such a proposal, I should think it extreme folly to take the education and guidance of the Medical Profession out of the hands of those persons, who, by their experience and knowledge, are best capable of consulting and acting for the benefit of the public as well as for that of the Profession.

I am, Sir, your obedient servant,
CÆSAR H. HAWKINS.
26 Grosvenor street, January 12th, 1871.

⁂ The printers having substituted the name of Mr. Cæsar Hawkins for that of Mr. Charles Hawkins in our article of the 11th, we beg to express our regret that the misprint was not observed in the proof, and to apologise for the same.—ED. M. P.

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Medical News.

Royal College of Surgeons of England.—Mr. George Bate passed the preliminary examination for the diploma of Fellow of the College on the 20th, 21st, and 22nd of December, 1870. In addition to the subjects included in Part I. of the examination, he acquitted himself satisfactorily in the following subjects in Part II. thereof—viz., Greek, French, and chemistry, having previously passed in other necessary subjects. 9th January, 1871.

A Good Word for St. Pancras at Last.—The Marchioness of Lothian, accompanied by some other ladies, paid a visit to St. Pancras Workhouse on Saturday, and were shown over the various wards of that establishment by Mr. Goodson, the master; and over the infirmary by Dr. Ellis, the resident medical officer. At the conclusion of the visit the Marchioness expressed her high approval of the extreme cleanliness and comfort apparent in all the wards, and the attention which appeared to be paid to the aged and infirm poor generally.

The Literature of Florence.—The following medical and scientific works will appear in Florence during the present month. The first on the list is an "Encyclopædia of Scientific and Industrial Chemistry, with a History of its Modern Application," directed and edited by Professor Selina; (2) "Vitality in Animals," by Dr. Brehm; (3) "The Phenomena of Industrial Life," by Stafforelli; (4) "Notions of Modern Chemistry, for the Use of Schools," by Dr. Marco; (5) "A Course of Elementary Physics;" and (6) a fourth edition of a "Compendium of Physical Science," both by Giovanni Luvoni.

The Devonshire Hospital.—The Annual Report for the year 1870 has just reached us, from which we learn one very gratifying fact, that the admissions of in-patients were nearly six times the number seen only as out-patients—viz., for the year 1870, in-patients 1,273 ; out-patients 228 ; a most signal proof of the estimation in which the internal management of the hospital is held by subscribers and patients. Whilst congratulating the medical and other authorities connected with this institution, we could only wish that every hospital were in such a desirable condition, as to be able to give indoor accommodation to even half the number of patients applying for it.

The Reform Committee of the British Medical Association, appointed at the Annual Meeting held at Newcastle, met at Birmingham on Tuesday, December 27th, and decided—

1. To accept the responsibility, which the withdrawal of the Medical Bill of the Government last Session was declared by members of the Legislature to have thrown on the Association, of preparing a Bill for the ensuing Session of Parliament.
2. That the withdrawn Bill of the Government, with such modifications as the principles advocated by the Association demanded, should form the basis of the proposed Bill of the Association.
3. That Clause xviii. of the original Bill of the Government, which was was expunged in the House of Lords, should be restored,
4. That the General Medical Council should be made representative of the whole body of the Profession, as well as of the Government, of the Universities and of the Corporations.
5. That the Council should with this view be constituted on the principle of containing—

Representatives of the Universities and Corporations in the proportion of one-half of its number.

Nominees of the Government, in the proportion of one-fourth, and representatives elected by the registered members of the Profession residing in the United Kingdom also in the proportion of one-fourth of the Council.

6. That the enactments of the Council, so constituted, should, as regards preliminary and medical education, be binding on the Universities and Corporations.
7. That provision be made for rendering the professional examinations practical.

A sub-committee was appointed to carry out the above resolutions.

The Famous Carlisle Life-Tables are well known to all concerned in life assurance. They were formed on the vital statistics collected and arranged by the late Dr. Heysham, a celebrated physician of Carlisle, who died a little while ago, at a very advanced age. His life has recently been written by Dr. Lonsdale, and published in a very costly volume. He is described thus by a contemporary : "How noteworthy a figure he was—how lusty, vigorous, and well-chiselled his character and life ! There stands the man—'a three-bottle man,' a hearty liver, a vigorous politician, a laborious statist, an enlightened practitioner, an unaffected philanthropist, an eccentric magistrate, the friend of Paley, Milner, and Law, a man to be liked and relished."

Sir Roderick Murchison continues to recover his strength, although his progress is somewhat slow.

The Medical Club.—The next house dinner of this Club will take place on Thursday, the 19th instant, when W. Adams, Esq., will preside.

The Geneva Convention.—A conference on this subject will be held at Vienna as soon as circumstances will allow.

The Weather.—Some idea of the cold of the last week of 1870 is furnished by the Registrar-General. The mean temperature at Greenwich Observatory was 25·7, or 11·7 below the average of the same week in 50 years. On the night of Christmas Day the thermometer fell to 9·8 degrees. On the [illegible], in St. James's Park, the ice was about four inches and a half thick—there were about 13,000 skaters and sliders. In [illegible] Park the ice was safe, about 20,000 skaters and [illegible]. In Finsbury Park the ice was eight inches thick—there were 8,000. On the Serpentine the ice was only three and a half inches thick, 15,000 skaters and sliders. On the [illegible] the ice was four inches—6,000 skaters.

The Health of the Metropolis.—Last week the aggregate mortality in London and nineteen other large towns of the United Kingdom was in the ratio of thirty-three deaths annually to every 1,000 of the estimated population. Portsmouth stood the lowest, with a rate of nineteen ; Liverpool the highest, with one of fifty-six. In the metropolis, 2,368 births and 1,828 deaths were registered, the former having been eight below, and the latter eighty-three above the average. There were 651 deaths under five years of age. Zymotic diseases caused 401 deaths, including seventy-nine from small-pox, thirty-four from measles, 112 from scarlet fever, four from diphtheria, nine from croup, thirty-six from whooping-cough, ten from typhus, eighteen from enteric (or typhoid) fever, nine from simple continued fever, sixteen from erysipelas, and nineteen from diarrhœa.

The Frost.—The *Stockport Advertiser* says the coldest nights during the late severe frost have happened singularly enough on the Friday in each week, each succeeding Friday being more severe than its predecessor, until it culminated on Friday night week in twenty-eight deg. of frost. It is many years since the thermometer was so low as on that night, and during the whole of Saturday it did not rise much, the cold being then more felt than on any other day. It was accompanied by a dense fog. The frost has thus lasted sixteen days without intermission—a long period for this changeable climate. The severity of the weather has been especially felt by the lower animals.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Dr. Luther.—Received your paper "On the Unwisdom of the Antagonism existing between Medical and Hydropathic Practitioners."

Dr. Naismith.—"The Medical Ladies at Edinburgh," in our next.

Dr. C. N.—We thank you for your congratulatory letter. The difficulties of Editors are *not* unfortunately more imaginary than real. The cases mentioned in our last under the heading "Amenities of Editors," are only specimens too often met with.

Mr. A. P., Manchester.—Enclosure received with thanks. The case mentioned shall be enquired into.

Pharmacist.—The report that Messrs. Cox and Son, the well-known druggists of Brighton, had made the extraordinary number of one million quinine pills, each containing 1½ grains of quinine, in eight days, is perfectly correct.

Facta non Verba.—Excuse us, your motto should be *Verba non Facta*. We have no notion of allowing you to slander a clever physician of good repute in these columns.

Dr. Waring-Curran.—Thanks for names of new subscribers. The Press shall be forwarded to the addresses given. We wish more of our provincial friends would follow your example in extending our increasing circulation.

A Student of St. Thomas's Hospital.—*Nephritis Retinitis* is neither rare nor unusual in Bright's disease. Forward us the notes of the case.

Dr. J. L.—The Gardner Peerage case seems identical. Confide in us further and we will write privately to you on the *mutatum tempus puriendi*.

Medical.—Consult our advertising columns, or utilise them for your purpose.

Dr. Reid.—The paper in the *Pacific Medical and Surgical Journal* by Dr. Waring-Curran on Sciatica, appeared originally in the Medical Press and Circular.

Mucus Disease.—See a paper in October Number of *Manchester Medical Reports*, in which you will find the information required.

Psychologist.—The paper upon "The Admissibility of the Evidence of the Insane," which is announced in another column to appear in our next impression, will furnish you with the medico-legal bearings of the case you are interested in. You cannot do better than wait for the publication of this paper, as you will find it a very exhaustive treatise on some points about which many difficulties have recently arisen.

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MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Jan. 18th.

Hunterian.—7½ p.m. Special Council Meeting.—8 p.m. Dr. Sutton on "Herpes of the Tongue, Pharynx, and Larynx."

Thursday, the 19th.

Harveian.—8 p.m. Dr. Farquharson "On some Forms of Pneumonia."

Friday, the 20th.

Royal Institution.—8 p.m. Professor Tyndall, "On the Colour of Water, and on the Scattering of Light in Water and Air."

Saturday, the 21st.

Royal Institution.—3 p.m, Rev. W. H. Channing, on "The Laws of Human Life revealed in History."

Metropolitan Association of Medical Officers of Health.—7½ p.m. Dr. Robert Barnes will bring forward for discussion the question "How far is the present prevalence of Small-pox to be attributed to the plan recently introduced of limiting the number of Public Vaccinators." Dr. T. Spencer Cobbold, F.R.S., F.L.S., will read a Paper, "On Entozoa in Relation to the Public Health, especially as regards Sewage Irrigation." Illustrated by Drawings and Specimens.

Monday, the 23rd.

Medical.—8 p.m. the second of the Lettsomian Lectures. Mr. E. J. Gant, F.R.C.S., "On the Hip and Ankle Joints."

Tuesday, the 24th.

Pathological.—8 p.m. Ordinary.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED

Intra-Thoracic Aneurism. By Christopher Heath, F.R.C.S. London: Churchills.

Typhoid Fever in Islington. By E. Ballard, M.D. London: Churchills.

Hints on Cookery. By a Lady. London: H. K. Lewis.

Scarlet Fever for Ten Years. By C. J. B. Aldis, M.D. London: Churchills.

Nature; New York Medical Gazette; The Shield; Boston Medical Journal.

Marked Newspapers.—Shrewsbury Journal; Tyrone Constitution; Exeter Gazette; Coventry Herald; Stirling Journal; Hastings News; Saunders Newsletter; Scotsman; Spectator; Figaro; Lincoln Chronicle; Devon Journal.

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VACANCIES.

Kent and Canterbury Hospital.—Assistant House-Surgeon. Salary £50, with board and residence.

Alderbury Union.—Medical Officer. Salary £80, with extra fees.

Garstang Union.—Medical Officer. Salary £45, with extra fees.

West Derby Union.—Assistant Medical Officer. Progressive salary £80 first, £100 second year, with fees extra.

Newcastle Dispensary.—Two Visiting Assistants. Election in February.

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APPOINTMENTS.

Archdall, Dr. G., Medical Registrar at the London Hospital.

Carruthers, W. H., M.D., M.R.C.S., Senior House-Surgeon at the Royal Infirmary, Manchester.

Claridge, Mr., House-Surgeon at St. George's Hospital.

Coleman, O., M.B., M.R.C.S., Medical Officer for the Surbiton District of the Kingston Provident Dispensary.

Coombe, G. A., M.R.C.S., House-Surgeon to the Southport Infirmary.

Curran, Dr. J. Waring, Medical Officer of the No. 2 District of the Mansfield Union and Surgeon to the Mansfield Infirmary, Surgeon to the Pharley Forge Works.

Darby, J. T., Physician's Assistant at the Royal Infirmary, Manchester.

Ewart, Mr. W., Ophthalmic Assistant at St. George's Hospital.

Glendinning, D., M.D., Medical Officer for the Bingley District, Keighley.

Harrison, R., M.R.C.S., Assistant House-Surgeon to the West London Hospital, Hammersmith.

Herman. Mr. G. E., Resident Accoucheur at the London Hospital.

Hunt, J., M.R.C.S., Resident Surgeon at the Birmingham Dispensary.

Lee, E. S., M.R.C.S., House-Surgeon to the West London Hospital, Hammersmith.

M'Carthy, Mr. J., Surgical Registrar at the London Hospital.

Macdonald, J. E. L., L.R.C.P.Ed., L.R.C.S.I., Medical Officer for the Thornley District of the Easington Union, Durham.

Mackenzie, Mr. S., Resident Medical Officer at the London Hospital.

Mayhew, C., L.R.P.C.L., M.R.C.S.E., Assistant House-Surgeon to the Stockport Infirmary, vice W. L. Roberts, M.R.C.S.E.

Middleton, W. H., L.K.Q.C.P.I., Assistant Medical Officer to the General Hospital for Diseases of Children, Manchester.

◆

Marriages.

Currie—Wavell.—On the 4th inst., at Halifax, R. Currie, M.D., of Skelmorlie, to Sophia Elizabeth, daughter of E. M. Wavell, Esq.

Lack—Wright.—On the 3rd inst., at Wymondham, Thomas L. Lack, M.R.C.S., to Ellen Wright, daughter of W. Taylor, Esq.

Orwin—Stewart.—On the 10th inst., at Ramsgate, by the Rev. B. Copeland Etheridge, Frederick James, second son of James Orwin, M.D., of Notting-hill, London, to Elizabeth, second daughter of the late Robert Campbell Stewart, Esq.

◆

Deaths.

Low.—On the 6th inst., at St. Brelades, Jersey, Alex. James Low, M.D., late Student of St. Bartholomew's Hospital, aged 30.

Scarr.—On the 1st inst., R. T. Scarr, M.R.C.S., Bishops-Stortford, aged 61.

Speedy.—On the 3rd inst., at Winchester, Hants, of scarlatina, Robert Speedy, Surgeon, 46th Regiment.

Rutherfurd.—On the 13th Nov. at Cordoba, Argentine Confederation, South America, Edward Rutherfurd, Esq., M.D. (Edin.), M.R.C.S., seventh son of the late T. Rutherfurd, Esq., of Fairnington, N.B., aged 31.

Advertisements.

◆

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 25, 1871.

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THE ADMISSIBILITY OF THE EVIDENCE OF THE INSANE.

By J. H. Balfour Browne, Esq., Barrister-at-Law.

It is of some importance at the present time to endeavour to discover in what cases the evidence of persons of unsound mind should be relied upon. There are panics in the world which interests itself about social economy, just as there are on the Stock Exchange. We have had one recently. Fiction has gone so far in the direction of sensation, that actual current history has had to follow. There is a close connection between the novels and the histories of a period. They are both, in their tone of method, outcomes of the same spirit. The newspapers then which bear the same relation to history that a photograph does to a painting, found a sensational subject in what is called "Rib-breaking in Asylums." Many journals endeavoured to increase their circulation by exposing the abuses of the asylum system, and commissioners in lunacy, and medical superintendants of lunatic asylums were subjected to the cheap vituperation of an incensed press. Abuses pay. If it were not for disease doctors could not live. If it were not for those diseases of society, abuses and anomalies, newspapers would be almost useless. But as *some* doctors shake their heads when there is nothing the matter with the patient and make visits when there is no necessity for attendance, so newspapers sometimes let loose their "rosin'd lightnings" when there is no necessity for it. However, the panic is almost passed. The subject is no longer found remunerative, and the time seems to have come for the consideration of one or two of the questions which were raised, and to which no satisfactory answer has as yet been given. One of the cases which gave rise to the consternation alluded to, was that which came before Mr. Justice Willes, at the Lancaster Assizes about a year ago.

William Wood and John Hodson, two attendants in the Lancaster Asylum, were there indicted for assaulting a patient, and upon the evidence of another patient, named James Dutton, were found guilty and sentenced to seven years' penal servitude. It is not difficult to understand that such a result raised the whole question as to the admissibility of the evidence of persons of unsound mind, and that the declaration of Lord Campbell, C.J.* that there would be total impunity for offences committed in asylums for the insane if the only persons who could give information (meaning patients), were not to be heard, was remembered. In this place that is the only question which we would wish to consider, although the whole subject of attendants in asylums and on the insane presents itself, together with the recommendation made by the Commissioners in Lunacy in the year 1851, to the Committees of Visitors of Lunatic Asylums. That recommendation was that for satisfactory performance of the duties of attendants it was essential that there should be not simply the ordinary qualifications of sobriety, honesty, activity, and general intelligence, but that equally indispensable were a fair education in reading and writing, good temper, patience, firmness, habits of self-control, and, in regard to the more helpless patients, a certain aptitude for training and directing them in the way of employment or amusement,† and all this was to be had for wages varying from £12 to £18 for females, and from £18 to £25 for males. Mr. Hood's idea of politics was a despotism, and an angel from Heaven to rule. Every virtue for £15 per annum!

With regard to the competence of persons of unsound mind to appear as witnesses in courts of law, Dr. Ray has pointed out that, in his opinion, it would be well to dissociate the idea of incompetence to testify from that of insanity. The law has not, however, adapted itself to this opinion. Those four kinds of men who may, according to Lord Coke, be looked upon as *non compos mentis*,‡ are incompetent witnesses until the cause of incompetency is removed.|| There is, however, some incon-

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* Denison's Crown Cases. Pp. 254.

† Fifth Report of the Commissioners in Lunacy to the Lord Chancellor.

‡ Coke's Littleton, 247, a.

|| Best's "Principles of the Law of Evidence." Fifth Edition. Pp. 208. See also 3, Coke's Littleton, 489.

6

sistency in this part of the law. The first of Lord Coke's four classes comprises idiots who, from their nativity by a perpetual infirmity are *non compos*. Now, the law regards a person who has been deaf and dumb from birth as an idiot.[*] Yet, if he can be communicated with by signs or tokens,[†] or by writing,[‡] and has sufficient intelligence to understand the nature of an oath, he may be examined as a witness. This inconsistency arose from the mistake of regarding a person who is deaf and dumb as an idiot, and also from the stupid error of regarding all persons of unsound mind as incapable of giving evidence. The truth that the evidence of an insane person may be trustworthy, was understood before Lord Campbell laid down the principle, that provided only that the lunatic witness understood what he was saying and understood also the obligation of an oath, his evidence should be received, and the amount of reliability of the witness left to the jury. And the daily experience of those who are in constant attendance on the insane goes far to show that, in very many cases, persons of unsound mind may bear testimony to facts which is as reliable as any which might be given by those who are not considered insane.

Hoffbauer has advanced the opinion that before a witness can be deemed competent, it is necessary that his senses should be sufficiently sound to take cognizance of the facts to which he testifies, that his impressions should have been really what he believes they were, that his testimony should coincide with his belief, and that he should be able to convey his ideas to others sufficiently clearly to be understood. The first and fourth of these principles are truisms, and the second and third are not quite true. That a blind man is not to be asked whether a person had on a green or a yellow dress seems to be dictated by the most common of common sense, and that it does not matter whether that blindness has been produced by glaucoma or general paralysis is not a great advance in the way of ratiocination upon the first proposition. As for the fourth principle, that a man should have sufficient capacity to convey his ideas clearly to others before he is believed, does not require to be laid down definitely in the case of lunatics as it would naturally suggest itself as being true of any kind of testimony whatever. As to the second and third of Hoffbauer's rules, little need be said. That the lunatic's testimony should bear the same relation to his beliefs that the evidence of a sane man bears to his impressions is all that can be expected. The coincidence of impression and testimony is very rarely found even in the most sane and the most truthful witness. That the impressions should have been really what he believes they were is not absolutely necessary. But if the relation between the impression and the belief are such as they would have been had a sane man been placed in similar circumstances, the evidence of the lunatic is worthy of as much credence as would have been due to the testimony of the sane witness.

With a view to ascertaining the real value of the evidence of insane persons, it may be well to consider the question first in relation to amentia, second in relation to dementia, and third in relation to mania.

It is scarcely necessary to say that a lunatic during a lucid interval is [||] a perfectly competent witness with regard to any circumstances which may have occurred during the remission of the disease; and that in most cases he would be a perfectly competent witness of any circumstances which occurred in his experience during the continuance of a former lucid interval. Indeed, it seems to us that the law goes too far in insisting upon the possession of intellect—*i.e.*, of a perfectly sound mind—at the time of the event to which the individual testifies, as well as at the time of the examination as a constituent of competency. Sane men are, as it were, mad in dreams. Sleep is full of delusions; but this fact does not prevent us, when the morning comes, dissociating our real impressions—as of cold, or headache—from the false impressions of infinite distance—with a never ending leap—of dead friends alive, and all the rest of sleep's drama.[*] In many cases the individual who has been under the influence of that waking night-mare—a delusion—and has recovered, is perfectly capable of bearing testimony to any circumstance which came under his notice during the exacerbation of the disease. But care must be taken to distinguish those kinds of insanity which have the effect of deteriorating the intellect. In cases of progressive decay, marked by exacerbations and remission of some more acute form of mental derangement, the evidence of persons during lucid intervals in the later stages of the disease is not to be relied upon, on account of general incapacity to observe or to externalise any impressions which may have been made by events upon the mind. So that it has been laid down, that in order to render the evidence given by an individual during a lucid interval valid, it is in some cases necessary that no serious fit of insanity has intervened between the event and the testimony, at least, no such fit as would cloud the recollection of the witness; "and cause him to mistake the illusions of imagination for events which actually took place."[†]

1. *With regard to Amentia.*—It is quite evident that idiocy must disqualify an individual from bearing testimony to any facts. Indeed, the word witness does not merely mean the corporal presence of an individual at the scene of an event, else a stone wall or a tree would be a witness; but it includes the idea of the possession of sufficient intelligence or mental sentiency—to observe the circumstances of the event, and some capacity to remember and relate these circumstances in their actual order, in such a way as to give a third party some knowledge concerning the event. Now, some imbeciles are quite able to do this. Indeed, many imbeciles have much acuteness, and many stories are told with a view to show that imbeciles have occasionally a somewhat thorough knowledge of the characters of individuals with whom they have come in contact, which would seem to prove that occasionally those persons who are recognised as mentally defective, have sufficient power to essay the very highest kind of observation. In each case the question of the reliability of an imbecile's testimony will be a matter for the jury. An individual who is not accused of insanity, but who is known to be untruthful, may be only partially trusted. If a jury knows that it is his interest to speak truth they will place more reliance upon what he says; and so in the case of an imbecile, if the circumstances are such as would in all probability have made an impression upon a weak mind; if they were such as owing to their relations were likely to be remembered, greater reliance may be placed upon his testimony than if such conditions were not present. Many cases, however, may arise in which an imbecile would be incapable of giving testimony of any value. Many events have too many convolutions, are too complicated in their details, to be appreciated in their entirety by persons of weak mind. And it is to be borne in mind that the statement of all facts are opinions, and that the appreciation of a fact is necessary to the excellence of such a statement.

The transitory character of all impression on the memory of imbeciles must be borne in mind. Memory is lasting in proportion to the intensity of attention; and it is in the impossibility of the attentive attitude, in the failure to concentrate the rays of consciousness that the lower forms of intelligence are most clearly distinguished from the highest order of intellects. In consequence of this fact it is well to be careful in accepting the evidence of persons of weak mind concerning events which are remote in point of time, unless frequent repetition has stereotyped the impression in memory. Still, in many cases imbeciles are competent to give very useful evidence, and to further the ends of justice, which, but for their evidence, could not be efficiently promoted. The question of the credibility of the evidence of a person of weak mind, which is left to the jury, is very much the same as that which falls to be considered by them in the case of witnesses who have scarcely reached the years of discretion. In the case of R. *v.* Perkins.* Alderson (B) said—"It is certainly not the law that a child under seven cannot be examined as a witness. If he shows sufficient capacity on examination a judge would allow him to be sworn." In many respects idiots are to be regarded as children, and their evidence, where it is unsatisfactory, will have failed in its value in virtue of the same, or similar qualities, which takes from the excellence of the testimony of very young children.

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[*] 1. Hale P.C. 34.

[†] 1. Phill Ev. 7. Tenth Edition. Morrison *v.* Laman 3 C and P 127.

[‡] R. *v.* Ruston. 1. Leach. C.L. 408. R. *v.* Steelib 452. See also Peake "On Evidence," 5th edition, 127. Taylor "On Evidence," p. 1,199.

[||] Com. Dig. Testmonigne. A.I.

[*] The same is true of the evidence of a person who has become sober after partial intoxication. See Hartford *v.* Palmer, 16, Totnes, 153.

[†] Alison's Prac. C. P. of Scotland. 436.

The circumstances of the examination, as bearing upon the evidence of imbeciles, should always be taken into consideration. The unusual circumstances which accompany legal proceedings in a Court of Justice—the presence of listeners, those forcep-questions of Counsel which bring information to the birth, the feeling of impending evil, or, at least, discomfiture, which is present in most minds when in a witness box, have the effect of altering the relation of the individual to his actual remembrances; and this may, or may not, have more effect upon the person whose intellect is impaired, than upon him who has, to use the ordinary phrase, his wits about him. Although some writers seem to imagine that these formalities would tend to have a greater influence upon the imbecile than upon the sane man, it is difficult to see why it should be so. Want of sentiency is callousness. Stones are thoroughly apathetic. And so it is that it is only to acutely sensitive minds that the novel is a matter for wonder. Those of very inferior mental capacity can go through the world without ever having a tremor. All low forms of life have more or less tendency to inanimacy.

Only one other point with regard to the evidence of those persons who suffer from defective development of the faculties remains to be mentioned. In almost all forms of insanity, as well as in idiocy, there is a serious impairment of those powers by which men distinguish right from wrong. Many insane persons have an actual pleasure in lying. Many sane men delight in playing practical jokes. All practical jokers are utterly stupid, and very often they are more, they are blameworthy. To insane persons lying bears the semblance of a practical joke. The ingenuity required for the successful uttering of a lie is a pleasureable exercise of the faculties; and they often lack the power to appreciate the many motives which preponderate upon the other side and would compel any reasonable man to speak the truth. There is an epigram which embodies this principle—

I——B——

"Truth is indigenous in some,
In others it will scarce take root;
But he would only tell a lie
When he imagined it would suit."

The man described in these lines is the sane liar. He is a man who has made a mistake. He has calculated that a lie would suit his purpose better than the truth. He had not found that absolute honesty is politic; but that man would not lie if he thought it was against his interest. The motive of actual pleasure in the purposeless perpetration of a deception is not present. But many insane persons do lose this guiding principle. They have actual pleasure in the untruth irrespective of any good to be obtained by its means. Just as the miser has lost sight of the real purpose and pleasure of money, and delights only in getting, so the insane, or many of them, delight in lying. Under such circumstances it can be understood that there is extreme difficulty in trusting in many cases to the evidence of persons of unsound mind; a difficulty which, it seems to us, has not been thoroughly appreciated by many writers on the Medical Jurisprudence of insanity.

It is probable, as has been stated above, that this habit of untruthfulness may have been induced, in the first instance, by a want of capacity in the individual to understand the real evil resulting from a certain course of conduct. Indeed, this is a very common form of error, even amongst those who are not insane; and it is for the better guidance of such persons that the practice of adding the obligation of an oath, in a court of justice, to the other obligations which exist in the ordinary motives of mankind, has been introduced. And, as habits are much more readily formed in a weak mind than in a strong one, so persons whose mental capacity is defective very rapidly become the puppets of this string of customs, and lies become the only habitual exercise of their minds. These facts ought to be borne in mind. The habitual untruthfulness of most persons of unsound mind is known to all those who have had any experience in the treatment or care of the insane.

(To be continued.)

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FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,
Physician to the Farringdon Dispensary.

(*Continued from page* 43.)

The doctrine which I have now endeavoured to explain concerning the genesis of gas in the alimentary canal by the agency of the nervous system negatives the peculiar theory propounded by Dr. Chambers, as well as the views which he, Dr. Copland, and Dr. Inman hold in common on the subject. Whether or not the gas evolved in the alimentary canal of *healthy* persons is partly absorbed by the portal veins as affirmed by Dr. Chambers, I am unable to say: it may be presumed however, that, as a general rule, air within a shut sac, and subject to pressure, escapes in the direction of least resistance, and that direction in the case of the alimentary tube of *healthy* human beings consists, I believe, in its two openable extremities; for, in healthy persons, the nerve-current, passing along, what I have designated, the positive motor nerves to the mucous membrane of the stomach and bowels, flows, I apprehend, so continuously and steadily (though with varying force during different parts of each twenty-four hours according to the varying needs of the organism) as to preclude in the manner explained above the possibility of the osmotic force coming into action. But there are cases in which, as a result of great gastric or intestinal irritation, the reflex nervous energy directed to the muscular fibres of the cardiac orifice of the stomach, or to those of some part of the intestines, is so intense as to cause spasmodic closure of the passage in either one direction or the other—a closure so vigorous as to make the parts in question precisely those which present a maximum of resistance, and in such cases, when gas is copiously effused, it may, perhaps, be absorbed by the portal veins. So far I can concur with Dr. Chambers; but when he says that "the greater part" of the large quantity of gas often swelling up the abdomen to a most distressing extent "is carbonic acid and atmospheric air derived from and swallowed with the food," that it is a normal "denizen of the alimentary canal," and that it accumulates inconveniently, only because for some inexplicable reason the portal veins do not absorb it, as he alleges it to be their normal function to do, I am compelled to differ from him *in toto*; and those of my readers who have duly considered the significance of the foregoing cases will, I feel sure, agree with me in regarding them, and all like cases, as examples of the perverted action of the alimentary mucous membrane, that action itself being a consequence of perverted action of the nervous system—generally of the spinal cord—induced by some one or more of the several causes already passed in review.

The doctrine concerning the genesis of flatus held in common by Dr. Copland and Dr. Inman, viz., that flatulent effusions from the alimentary mucous membrane are consequences of organic depression or exhaustion, is, in my opinion, scarcely less tenable than the hypotheses just adverted to. It is quite true that such effusions very often, indeed, most commonly, occur in persons of delicate susceptible constitutions—that is to say, in persons whose muscular systems are not robust, and whose organic functions are easily disturbed and disordered by slight causes. But characterising such persons in this manner may be only another way of saying that in their constitutions the nervous system is especially predominant and active. If persons of this class suddenly find themselves beset by adverse circumstances constituting crises of considerable difficulty, and demanding, in order to cope with them, great energy both of mind and body, such persons generally surprise those who know them by displaying an amount of vigour of mind and body adequate for the occasion. Indeed the class of men and women who make themselves remarkable by the strength and energy of their mental faculties contains a large proportion of those who are said to have weakly, nervous constitutions, and many of whom suffer from disorders of the stomach and bowels, and notably from the one in question. Persons commonly called "nervous" are so in the best and truest sense of the term; for, notwithstanding that several recent medical writers maintain that the nervous systems of those to whom that phrase is applied are extremely feeble or exhausted, the popular conception denoted by it—viz., excessive sensibility, great capacity of excitement, a tendency to emotional tumult, often developing into mental storms, as well as great volitional and executive rapidity, is essentially correct. Every cause of the production of flatus through the agency of the alimentary mucous membrane which has been mentioned above involves an *action* of the nervous system, and every action is an expression of *force*. And I may add, as a collateral argument in the same direction, that morbid muscular contractions, which are expressions of morbidly excessive energy of the spinal cord, are by no means unfrequent accompaniments of the kind of flatulent distension in question. Referring to spurious pregnancy, Sir James Simpson mentions three cases of this kind: in each case the leg was strongly retracted. In one case "the heel was for a time closely applied to the back of the neck;" in another, the "limb was strongly and permanently retracted, and presented the appearance of hip disease."* Moreover, the only effective treatment I know for the disorder in question consists in exerting a *sedative* influence on the nervous system, and this fact, if standing alone, would, in my opinion, confute the now fashionable fallacy respecting the pathology of the flatulence in question, and would indicate as the true explanation of the several phenomena characteristic of the disease, the doctrine which I have attempted to expound. Of the several kinds of indigestion which originate flatulence, there is one which, while due to a morbid state of the nervous system, is probably to a want of nervous power,—viz., that associated with mental depression; but in this case the gas is disengaged from the ingesta just as in those cases in which, in consequence of inadequate or perverted action of the gastric juice, an insufficient supply of blood to the stomach, or morbid changes in the gastric mucous membrane, the food is only partially digested, a portion of it being allowed to decompose and evolve offensive gases, much in the same way as the same organic compounds would do if out of the body.

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* 2. Moo., C. C., 189.

The successful treatment of flatulency necessitates, of course, the discovery and removal of its remote as well as its proximate causes. But in many cases to discover the remote or exciting cause, and when discovered to remove or avoid it, is a task of no ordinary difficulty. It should, nevertheless, be achieved as completely as possible; for so long as a morbidly sensitive nervous system continues subject to the special influences productive of the gaseous effusions in question, the sedative effects wrought on that system by curative measures will be constantly liable to be effaced. Unfortunately, the cause is in many cases of a kind which cannot be removed: retroversion of the uterus is often, and organic disease of the heart is always, irremovable; and, as already said, they are not unfrequently causes of flatulency. And what physician has the power to guard an especially emotional patient from experiencing those emotions the occurrence of which is immediately followed by an effusion of gastric or intestinal gas! How many and various are the circumstances in actual life which operate as causes of nervous disorders, and, *inter alia*, of flatulency, in persons præternaturally sensitive, and the baneful effects of which no possible amount of foresight and precautionary effort is adequate to avert! Just as a sufferer from sea-sickness cannot escape from the cause of his trouble so long as he remains on the sea in motion, so the "nervous" victim of gastric or intestinal flatus effused by the mucous membrane is exposed as long as he lives to the troublous vicissitudes and painful shocks common to humanity; and, as he cannot place himself beyond the reach of their influence on his too susceptible organization, it behoves him to reduce the effect of that influence to a minimum by reducing the sensitiveness and excitability of his nervous system itself. And as, the habit, long persisted in, of drinking tea and coffee, conduces, I am confident, to the development of gastro-intestinal flatulence, that habit should be abandoned.

In the shape of drugs the best sedatives for patients suffering from flatulence are, I believe, bromide of potassium and hydrocyanic acid. In some cases the one, and in others the other, proves most serviceable. In giving the hydrocyanic acid I usually combine it with bicarbonate of potash in an infusion of calumba. But while these drugs lessen hyperæsthesia of the spinal cord—the effect desiderated, they also exert an influence on the brain of a kind which in many cases is far from desirable; whereas ice applied along the spine exerts its sedative influence just where it is wanted—viz., on and in the region of the spinal cord, and nowhere else. I am aware that in making this assertion I am assuming what physiologists will probably pronounce "not proven," viz., that the mucous membrane of the stomach and bowels is, in great measure, innervated, however indirectly, from the spinal cord; and I am not unconscious of the great difficulties and seeming contradictions with which the subject is surrounded. Moreover, one of the greatest of these apparent difficulties is raised by the evidence adduced above respecting the function of the pulmonary branches of the pneumogastric nerve; for if the function of some of those branches is really motor, as I have given reasons for believing it to be, and if the force they convey is expended on the bronchial mucous membrane—thus enabling it to secrete—it seems probable, *prima facie*, that a part, at least, of the gastric branches of the same nerve perform a like motor-function in respect to the gastric mucous membrane, and that part of the enteric mucous membrane to which they extend. Many of the terminal filaments of the gastric branches of the nerve have been found to pass through the muscular coat of the stomach, and to be distributed to its mucous membrane; and, though lesion of the gastric branches of the vagus does not necessarily arrest the secretion of the usual fluids poured out into the interior of the stomach, it has been incontrovertibly proved by numerous vivi-sectional experimenters that section or ligature of the vagi is generally followed by vomiting—in those animals susceptible of it, by loathing of food, and by arrestment of the digestive process. Indeed, in some cases, the animals operated on die of inanition from derangement of the functions of the stomach. But while division or ligature of the vagi is followed by vomiting, cessation of the digestive process, and modification, both quantitative and qualitative, of the gastric secretions, yet, on the other hand, it has been not less decisively proved that in animals which survive the operation many days, the capacity of retaining and digesting food is recovered; that, though immediately after the operation the secretion of the gastric juice is in a great number of cases suspended, it is resumed; and that the watery and mucous secretions, however modified in quantity and quality, continue to be poured out. These established facts indicate that the innervation of the stomach is remarkably complex, and that much of the nervous force distributed to it is conveyed through filaments of the sympathetic. Now, that there is an intimate structural and functional connexion between the sympathetic and the spinal cord is well known, therefore it is not only possible, but probable that the functions of the stomach are, to a great extent, carried on by virtue of energy from the spinal cord. And this conclusion, arrived at by the path of anatomical and vivi-sectional investigations, is decisively confirmed by my experiments concerning the effects of the application of ice along the spine—experiments which attest, as certainly as experiments can attest anything, that nausea, vomiting, and the generation of flatus by the gastric mucous membrane can be speedily stopped by the operation of the sedative influence of cold on the spinal cord. Indeed, the efficacy of the spinal ice-bag in arresting the generation of flatulence I have assured myself of so often, that now, unless for special reasons, the use of ice is contra-indicated, I always have recourse to it in treating cases of this kind.

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* Obstetric Memoirs. Vol 1. P. 302—3.

(To be continued.)

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THE MEDICAL LADIES AT EDINBURGH.

By W. J. Naismith, M.B., C.M. Edin.,

Consulting Surgeon to the Ayr Hospital.

In a recent number of the Medical Press and Circular, an article appears by Dr. Drysdale, in which he selects, as a text, the motion recently carried at the Royal College of Surgeons of Edinburgh, to the effect—"that it is neither proper nor expedient that males and females should be associated together in the study of medicine, either in hospitals or in classes." Now, between this expression of opinion on the part of the College and the first portion of Dr. Drysdale's letter, I humbly confess I can see no earthly connection. The *fiat* of the College is prohibitive of females studying *with* males, whereas Dr. Drysdale discusses the matter of females studying medicine *at all*—a very different question, and one which, though, in another light, connected with the subject, is yet utterly foreign to the terms of the motion. The question was not whether "women" should "study medicine," but whether they should be allowed to do so in *mixed classes.*

With reference to the nurses being constantly in the habit of witnessing all sorts of *indelicate* operations, I beg to state that in Edinburgh, at least (I know nothing of London hospitals), this evil does *not* exist. No operations are performed in the wards, the patients being previously removed either to what is known as the "small theatre," or, as in cases of special danger or magnitude, to the ordinary operating theatre of the Infirmary. In neither of these places are nurses present during operations, while at "visit," the nurse either stands at the door of the ward or in the middle of the room, and is, besides, usually shut out from all view of the patient by the knot of students round his bedside. She certainly would not *dream* of elbowing her way into the mob, and, shoulder to shoulder with male students, stand peering into the intricacies of surgical detail, as a *lady student* would do. Edinburgh men will, I am sure, bear me out in the truth of these remarks, which seem to be all the more necessary after the unceasing and tiresome manner in which the "nurse" argument has been ridden to the death. The wonder seems to be how it was ever advanced, for, to my mind, there does not appear to be the slightest trace or shadow of an analogy between the two positions:—on the one hand, of a *lady* medical student, reading the same books, dissecting the same subjects, examining the same cases, and being, in fact, in every way on the same footing with her male friends; and, on the other, of a hospital nurse, whose aspirations soar no higher than the station of life in which Providence has placed her, content with the performance of those humbler, but to herself not the less honourable, duties to which, in that station, she is called.

It is strange, moreover, that the advocates of mixed classes should so systematically ridicule and ignore anything like a sentiment of delicacy on the part of male students; how a strong expression of feeling on the part of, say five hundred educated men in an University, should be so persistently and invariably attributed only and wholly to motives of jealousy and fear of competition in the pursuit of the honoraria of the Profession they have embraced. A wholesale process of moral rough riding, so to speak, has been exercised over such unworthy abstracts as a sense of propriety or the most ordinary gentlemanly feeling—bagatelles, doubtless, which have no place in this utilitarian and highly *liberal* age. Dr. Drysdale thinks that in speaking of this question of delicacy, a piece of injustice is perpetrated on the lady students. It may be so; and, indeed, in one sense, I think this is not improbable; but a much more heinous wrong is committed by those who attempt to violate the constitutions, not to speak of the feelings, of a large body of men, by thrusting into their midst a band of seven females, who, however "faithful," can never be held as accurate representatives of public opinion—not even of their own sex throughout the country. Finally, with reference to "rash uterine operations," I don't suppose doctors are guilty of performing more rash operations on the sister sex than they are wont to do on their own; and as to *female* doctors not being permitted by their own sex to attempt these "rash" procedures, why I think that would be the clearest proof yet afforded of the entire confidence women have in male physicians, and throws considerable doubt as to their belief in the capabilities of those of their own sex!

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Transactions of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Dr. Graily Hewitt, in his Farewell Address on the 5th inst., passed in review the work of this Society since its formation twelve years ago. The address gives so lucid an account of the advances in obstetrics during that period, that we give as lengthy an abstract as possible, and for the most part in the words of the speaker.

After touching on statistics and some other topics Dr. Hewitt said:—

That valuable anæsthetic, chloroform, was introduced by our lamented colleague Sir J. Simpson before this Society was founded, but the proper and safe limitations to its use in midwifery practice have been discussed by us on several occasions. We have come—some of us, at all events—to recognise the fact that chloroform has a tendency to make labour "lingering," that it sometimes enfeebles the uterus, and may thus cause hæmorrhage. This tendency it is proposed to do away with by diluting the chloroform by mixture of alcohol or other vapours, or by accurate mixture with air. Dr. Sansom has pointed out the great liability to the inhalation of poisonously high percentages of chloroform at high temperatures unless proper care be exercised. Mr. Ellis has given us new inhalers for effecting such mixtures. Dr. Kidd has given us, and has been the means of eliciting, much valuable information. The general conclusion I take to be, that in ordinary midwifery practice the anæsthetic should be diluted, that it should not be given to produce the full effect, and that in all cases rather excessive precautions against hæmorrhage are required when chloroform is given.

The very important subject of distortion of the pelvis—a condition so full of danger to mother and child—has frequently incidentally been before us. Since the formation of this Society, a new form of distortion has been added to the previous list—

the spondylolisthesis, or projection forwards of the last lumbar vertebra from caries or other disease of the bones beneath; first described in 1853 by Kilian, of Bonn. Dr. Barnes has contributed in our "Transactions" an exhaustive paper on this new and interesting deformity, detailing the particulars of thirteen cases. The disease is rare; but we shall probably hear of it more commonly now attention has been directed to its existence.

Of the great obstetric operations, most of which we can happily designate as conservative ones, the forceps is the chief and the foremost. What has this Society done to further the use and efficiency of this instrument? In the first place, this Society has on several occasions expressed itself strongly on the great impolicy of postponing the employment of the forceps when the labour is not a progressive one, and when it is delayed. We have endorsed the opinion put forward by Dr. Tyler Smith in a very able paper, that the head ought not to rest on the perineum some hours before the instrument is applied; we in the same way repudiate the old maxim that it is necessary to feel the ears before using the instrument; we no longer insist on the os uteri being fully dilated in order to apply it; we do not consider the entrance of the blades into the uterus as prejudicial; nor do we object to the employment of slight degrees of compression to the fœtal head when necessary. These various questions require the use of discrimination on the part of the attendant in particular cases; but the question is generally one of mechanics. In Dr. Tyler Smith's paper, and in a very forcible one by Mr. Harper, the advisability of more frequently using this life-saving instrument is most strenuously insisted on. Unquestionably, however, this Society has still work to do in urging this point on the attention of the profession.

Then, with reference to the *form* of the forceps, something must be said. The tendency has been, in this country at least, to employ an instrument too short in the blades. On the Continent they have not fallen into this error. Attention has been directed to this point in this Society: and our noble exhibition of obstetrical instruments has contributed facts of moment. There can be no doubt that the forceps should have tolerably long blades, and that it should have handles giving the operator some little power.

The last twelve years have seen much that is new in the operation of turning. The true value and place of this great operation has been more accurately defined. Our esteemed honorary Fellow, Dr. McClintock, discussed the matter in a very able paper. The question between the high forceps operation and the operation of turning is hard to determine in a general way, and it is quite evident that the individual difficulty will always have to determine the individual choice. Respecting the method of performing this operation, Dr. Braxton Hicks has introduced a novelty and a great improvement. It is hardly necessary for me to state to you that the bi-manual method of turning, which we owe to Dr. Hicks, enables us to turn in many cases where it would be otherwise difficult or impossible. It is a real addition to our armamentarium. The new operation will not, of course, supersede the old one, which must still be practised in many cases.

Dr. Braxton Hicks has revived and developed a fact really stated by Hull and Burns many years ago, but lost sight of till now—viz., that the fœtal head can be brought through a very small aperture, when tilted so that the face shall be first presented at the aperture, the cranial bones and the lower jaw being first removed. The practical application of this fact will aid extraction in certain otherwise very difficult cases. Another novelty in the same direction is the suggestion of Dr. Barnes's to cut the head into segments by means of a very strong wire, worked by an adaptation of the écraseur mechanism.

Before this Society was founded the cephalotribe was hardly known of at all in this country. We have now, in the instrument of Dr. Braxton Hicks, a most portable and practical instrument. Dr. Barnes, Dr. Matthews Duncan, and Dr. Kidd, of Dublin, may be mentioned among those who have in this Society done much to develop the use of the instrument. Many cases admit of the extremely advantageous employment of this method of delivery with the effect of saving the mother from possible lacerations in otherwise difficult craniotomy cases; in fact, there is a great deal to be done with it. Short of this operation, we have had a much improved craniotomy forceps from Dr. Barnes and Dr. Hall Davis.

Dr. Hewitt thinks that the numerous improvements in the method of extracting the fœtus, very much lessen the frequency of the necessity for recourse to Cæsarian section and that expert operators will in future succeed in extracting the fœtus in cases formerly incapable of being thus treated. On the other hand, the improvements in severe abdominal operations, such as ovariotomy, contribute in some degree to lessen the danger of the Cæsarean section. The general current of English thought is and has generally been, adverse to the Cæsarean section; but yet we cannot afford to put it on one side. Cases will now and then occur calling for it, and we must be prepared accordingly. Dr. Barnes has recently suggested an improved method of suture for the uterine wound.

It must be stated, I think, at the present time, that we are not yet decided as to what is actually the best method of inducing premature labour. There is a very remarkable paper in the "Transactions," by Professor Lazarewitch, of Charkov, in which twelve cases are related wherein the method of injecting water to the fundus of the uterus was employed; and no one can read the account of these cases without being struck with the safety and completeness with which labour was induced. Dr. Barnes's method is unquestionably an exceedingly good, and it may be characterised as being the best, method we have in our possession for bringing labour to an end within a certain definite time. Looking, however, to the great difficulty of conducting the labour through its various periods safely to the child, which is an important consideration in most of these cases, it must, be stated that we have not yet quite decided as to what is the best method; and there are still some, including myself, who think very highly indeed of the method of simple puncture of the membranes.

A new term in reference to hæmorrhage has been added to medical obstetric literature since the formation of this Society. We now recognise the existence of a form termed "concealed accidental hæmorrhage,"—hæmorrhage, that is to say, occurring concealed in the uterus itself, capable of imperiling the patient without necessarily causing a great external loss—a very dangerous complication of labour.

In a very interesting paper, Dr. Greenhalgh laid down this proposition, that in a case of placenta prævia the patient should not be allowed to go on to the full term of pregnancy; that a woman with placenta prævia is constantly in danger of losing her life; and that the practitioner should exercise a special control over that patient, if he does not think it advisable to induce the continuance of the labour at the time the difficulty is first observed. With reference to the methods of treatment of this complication, I think that the general current of feeling in this Society is in favour of an eclectic method. I imagine there are few gentlemen of position in this Society who would tie themselves to any one procedure in reference to placenta prævia. On the whole, I think the Society has expressed itself in favour of rupturing the membranes, combined with turning, as generally the best procedure. The partial separation of the placenta in certain cases, which has been suggested by Dr. Barnes, doubtless will be valuable with the limitation which he himself describes.

With reference to post-partum hæmorrhage, I have little doubt that, if the treatment of the third stage of labour previously alluded to were generally practised and insisted upon, we should have very slight occasion to treat post-partum hæmorrhage at all. As to the actual treatment of post-partum hæmorrhage, an important addition has been made to our practice in the injection of perchloride of iron into the uterus in cases where other methods fail. This we owe to Dr. Barnes. It may be said, I think, with reference to this subject, that we have not yet determined that this remedy is entirely devoid of danger. I mention it therefore with this slight qualification. Certainly the most important thing we have to do is to prevent the patient from actually dying under our hands from hæmorrhage; but, in adopting any remedy under such circumstances, we have to consider also the possible secondary effects of this treatment.

It must be admitted that transfusion is a remedy which is the only one capable of resuscitating a patient in certain cases; and it is a remedy which must always be considered in alluding to the subject of the treatment of hæmorrhage. It has saved many patients, and will probably save many more. The difficulties in deciding on the adoption of the operation are always very great.

Women are liable to suddenly die during the first two or three weeks after labour; and the pathological explanation is a very interesting one. The conclusion, as it seems to me, to be drawn from the cases brought before this Society, is the duty of preventing such an occurrence; and it would certainly appear that the condition which has been most usually at fault has been a general weakness of the system, making it, therefore, extremely advisable, as prophylactic, to sustain the strength of the lying-in woman in every possible way.

With reference to the treatment of puerperal fever in general, I think it has come out, from the discussions that have occurred in this Society, that whatever may be necessary by way of prophylaxis, it is a disease in which copious stimulation is most important, if the patient is to recover.

Dr. Hicks has given us a novel pathological fact—namely, that in certain cases convulsions are apparently a prelude to the albuminuria. This is a matter which requires much further investigation.

Eighteen cases of extra-uterine pregnancy have been recorded. In one or two of these the patients narrowly escaped having an operation performed on them, which might possibly have saved their lives—namely, opening the abdomen and arresting the hæmorrhage by surgical means.

With reference to abortions, Dr. Priestley has urged on the Society the desirability of almost invariably endeavouring to remove the secundines instead of leaving them in the uterus; arguing that this is safer, on the whole, even in cases where the removal is somewhat difficult.

Turning to the subject of the diseases of women, Dr. Hewitt said, I think we have come to recognise this, that the uterus is liable to be affected with certain important alterations in regard to its shape—alterations capable of exercising a very important influence upon other conditions, which, perhaps, some might consider even more important—namely, the inflammations of the uterus. With reference to the subject of dysmenorrhœa, I think it may be said that an operation which some time since was very much vaunted for the cure of this condition has come to be rather discountenanced—I mean the making of large incisions into the uterus.

We have had as many as twenty-three papers or contributions of various kinds relating to ovarian tumours. Although ovariotomy was not first practised in this country, yet it has come to be practised very largely; and the operation has afforded an instance of the fact, that when the British mind does take up a thing it takes it up very efficiently indeed. The success of this great operation has, in fact, obtained for English surgeons and physicians an extreme notoriety throughout the civilised globe. The operation is now performed in Stockholm, it is performed in Germany, and it has been performed in Australia and in India with success.

On fibroid tumours of the uterus and polypi of the uterus, Dr. Hewitt supposed it can hardly be said that we have discovered how to prevent the formation of these curious growths in the uterus. We can control their development in certain cases, but, unless we can act upon them surgically and mechanically remove them, we cannot be absolutely certain of being able to deal with them satisfactorily.

The Society has, on the suggestion of Dr. Farr, entered on a serious and extensive investigation into the subject of infant mortality in England, its causes and prevention. That work it has been engaged on during the last two years, and the general results of the investigation were communicated to you at the last meeting. Part of the result of the work of the Committee who conducted the investigation is the production of the set of rules for the general management of infants, now produced. These rules have been very carefully drawn up and revised at several meetings of the Committee and Council, and are now before you in a complete form. They will speedily be circulated by the Society as widely as possible. Following other recommendations of the Committee, attempts will now be made to procure better enactments in reference to infanticide, to the registration of midwives, and to enforce their better education.

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THE ROYAL INSTITUTION OF GREAT BRITAIN.

On Friday evening last, Professor Tyndall commenced his series of lectures, the subject being,

ON THE COLOUR OF WATER AND ON THE SCATTERING OF LIGHT IN WATER AND AIR.

Referring to his recent journey to Oran with one of the eclipse expeditions, he regretted being unable from the clouded state of the sky to carry out his intention of observing the corona, he had utilised time under the circumstances in noticing the obliteration of the rays of light behind some distant hills by the moon's shadow. On the homeward voyage in the Urgent, he had collected numerous bottles of water from the sea at intervals between Gibraltar and Spithead, and had subjected them to analysis by the beam of light from the electric lamp, the beam being reflected in passing through the different waters by more or less broad bands of diffused white light, the intensity of which was proportionate to the quantity of fine matter held in suspension, and which was the cause also of corresponding tints in the great bodies of the sea water, which varied from yellow to green, and from green to indigo. Two very pretty experiments, illustrating the deepening and final obliteration of colour in fluids, were given. One with permanganate of potash, cutting off first the green and yellow portions of the spectrum, then the blue, and finally the red; the other with sulphate of iron, when first cut off the red, then the yellow and green, finally leaving only the blue as the three different thicknesses of solutions were applied. The fourth thickness suppressed all colour whatever. The London waters were then most of them subjected to a similar analysis, the band of electric light evidencing to the audience by its varying thickness and brilliancy the relative foulness or purity of the fluid. The Kent water was far the purest; the Chelsea and Lambeth the worst. All chalk waters are naturally pure; but containing the highly-soluble bicarbonate of lime are very hard in their nature. Professor Tyndall concluded with a high eulogium on the practical application on a large scale of Clark's process at the Canterbury and at the Chiltern Hills Works. At the former place there were three reservoirs, each capable of holding 120,000 gallons, into which "cream of lime" was put and air blown in from the bottom to mix it well with the water. Thus, 360,000 gallnos of lime water could be let into the supply reservoirs, when the lime laying hold of one part of the carbonic acid contained in the chalk-water holding the bicarbonate in solution, a single carbonate was universally produced, and soon settled to the bottom as a precipitate. This water was then nearly as pure as that which had been distilled.

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THE SURGICAL SOCIETY OF IRELAND.

The second meeting of the Society for the present session took place on Friday evening, the 6th January, in the Royal College of Surgeons. The chair was taken at half-past eight o'clock by

Mr. Albert Walsh, the President of the College.

The Secretary read the minutes of last meeting, which were confirmed.

THE UNITY OR THE DUALITY OF THE SYPHILITIC ULCER.—ADJOURNED DEBATE.

Dr. McNamara resumed the debate on this subject. He expressed his thanks for the courteous manner in which his suggestion in favour of an adjournment was received. He made it, feeling that in a society such as this, where so much good and true work was being done in the cause of science, scant justice would have been done to Mr. Morgan's paper had the discussion concluded on last evening. There was one thing struck him in Mr. Morgan's address which ought to be borne in mind, it was,—that Mr. Morgan requested the members, so far as they could, to confine their observations to their personal experience. Mr. Morgan desired, from practitioners who had seen too many examples of this disease, an opinion upon its unity or its duality. He (Dr. McNamara) was a firm believer in the unity of the syphilitic poison. Many years ago, when he was almost a student, some cases came before him which left a powerful impression on his mind. Three fine, healthy, vigorous young men, acquaintances of his own, placed themselves in the position of being able to boast of their good fortune with a lady of very attractive personal appearance in this city, and shortly afterwards they were in a position to present to their medical attendant a rather unsatisfactory state of the genital organs. The transaction occurred in 1844, when he was resident pupil at the Meath Hospital. They accompanied him to the late Mr. Cusack, and were all subjected to his treatment. One of the gentlemen rapidly got well, and for five or six years he appeared to be in the enjoyment of perfect health. A second got an exceedingly bad syphilitic sore throat, approaching to phagedæna. He got well; and the third gentleman appeared as if all the trials on earth were to pursue him. He had primary, secondary, and tertiary symptoms, and his leg was amputated for syphilitic disease of the ankle-joint. He (Dr. McNamara) believed nothing more implicitly than that they all received the disease from the same woman. No. 1, who escaped so well, married after six or seven years. A child born to him was syphilitic, and died within a month. There was nothing that could attract attention, but still, lurking in his constitution, was the syphilitic virus got from this woman. The second gentleman, who had the phagedænic ulcer, was alive and well, and his children were among the healthiest, handsomest, and finest to be found in the city. The third gentleman died a bachelor. As far as Mr. Cusack and himself could see, the disease presented the same primary characteristic in each. These cases bore very much on the unity or the duality of the poison. The fact that one sore could produce a disease so different in its action on three different men might possibly be accounted for very much by the nature of the soil upon which the seed had fallen. A great deal too much attention had been devoted to this subject, as if they were acting upon a machine and not upon the human system,—a system affected by hereditary taint and various conditions which would all affect the result. The late Mr. Porter used to speak of a disease which he described as a mixture of syphilis, mercury, and scrofula. There was no doubt that the rheumatic and gouty constitution were variously affected. He knew he would be met by the assertion that in these cases to which he had referred, the woman might have had two distinct sores at the same time. It was very difficult to meet that argument; but there were some things that were recognised as distinctive features in the disease. In the hard sore they had the non-suppurating glandular enlargement. In the soft sore they had the glandular suppurating enlargement. During last summer, he had in the Meath Hospital two syphilitic patients, who lay in adjoining beds. One man had a corona of patches of soft ulcers on the surface just behind the glans penis; and notwithstanding he had a hard bubo. The other man had as hard a Hunterian chancre as he (Dr. McNamara) ever saw in his life, and yet he had a suppurating bubo. The poison might give rise to a great number of different sequelæ, and constitution should be considered in the treatment.

Dr. R. McDonnell regretted not having been present on the occasion when Mr. Morgan made his communication to the Society. He had, however, read it carefully since its publication. Mr. Morgan's experiments, so far as he could interpret them, did not throw any new light upon the question as to the unity or the duality of the venereal poison. He had, however, brought before the Society for discussion a topic of great interest. He asked, "Was there a distinct line of demarcation to be drawn between the two sores?" He wished to know, "What was the experience of members on this point?" Before attempting to give an answer to the former of these questions founded upon the result of his own experience, Dr. McDonnell wished, for the sake of clearness, to define the terms he should employ. Secondly, as he inclined very strongly to what is known as the view of the duality of venereal poisons, he might be allowed to state explicitly what he meant by "species" as applied to disease. The terms "hard and soft sores," as applied to venereal ulcers, are very indefinite. Let us rather adopt the terms used by the Commission on Venereal Diseases—"syphilitic and simple sores." A syphilitic sore means such a one as is the forerunner of constitutional syphilis; hardness around the base is a not infrequent, but *by no means absolutely essential*, accompaniment of such a sore. To use the term, "hard sore," as though it were synonymous with syphilitic or infecting sore, therefore, has led to much misconception. There is probably not an individual present who has not met with cases in which constitutional syphilis has followed sores *unaccompanied* with induration; if, therefore, the term "hard sore" be used as a generic term (synonymous with infecting sore), such sores must be regarded as hard sores, in which the hardness was left out. No doubt the hardness around the base of a chancre was an important symptom of such a sore as heralds in constitutional syphilis; but, assuredly, according to Dr. McDonnell's experience, it is not a pathognomonic symptom of a primary syphilitic ulcer. He had seen (as, he presumed, most observers present had also) sores followed by secondary syphilis in which neither patient or surgeon had observed induration of the base. Outside the category of venereal ulcers altogether (whether of the species known as simple or syphilitic) there is no reason to consider that the genital organs should have an immunity from "accidental" ulcerations, such as may occur on other parts of the body. How often do scratches and slight inoculations with acrid matter, leech-bites, &c., give rise to angry ulcerations, slow in healing. The delicate texture of the covering of the glans and penis, the rough usage it often gets, the filth which accumulates beneath the prepuce, as well as the foul secretions of the vagina, rubbed into fissures and excoriations, are enough to render this portion of the frame peculiarly liable to "accidental" ulcerations. Doubtless many sores considered to be venereal are nothing else than accidental. But the question before the meeting is,—Are there two distinct species of sores among those generally recognised as venereal sores? To answer this question it is necessary to have a precise idea of what *species* means. Does it mean something absolutely distinct *ab initio?* Does it imply that a poison was created in ages past, which poison has produced its like by descent from parent-sore to offspring for centuries? Does it involve the supposition that a certain *species* of disease has descended from an ancestral sore (an Adam) unchanged and unchangeable, save in slight particulars, but always retaining what are called its specific characteristics. Or, on the other hand, is species here (as by the leading naturalists of the present day) supposed to originate by descent with modification? According to this view, several species may arise from a common parent, and varieties will gradually pass into species. Obviously, upon this hypothesis, although the characteristics of venereal sores may differ so that we may place certain groups together, it is impossible to deny that a certain relationship exists between all venereal sores. Perhaps I may best explain the view I myself adopt by an analogy. In reasoning upon such a topic, analogy is admissible. Let us examine some of the admitted facts with regard to the virus of small-pox. The poison of small-pox, passed from one individual to another by the ordinary channels of infection, gives rise usually to a severe disease, not unfrequently confluent, often fatal. The virus, however, when introduced by inoculation through the skin, became (we know not how) disarmed of many of its most formidable properties. Varioloid and varicella are, in Germany, at least, now admitted to be further modifications of the same complaint. The small-pox virus, when transferred to the cow and brought back to man as vaccinia, has become so modified, that many of its features are lost. It rarely causes any general eruption, and, in fact, it has been thus robbed of its most pernicious properties, and seems to retain only the beneficent power of giving immunity from the grave affection from which it is itself descended. Thus, we have variola (malignant and benign), varioloid, varicella, vaccinia, so many varieties or species of disease produced by "descent with modification" from a parent poison. It is not improbable that typhus and typhoid fever bear the same relation to each other; yet, with the lapse of time, and owing to circumstances still to be investigated, these poisons, like those of variola and vaccinia, have gained special features, so that most physicians regard them, as it were, as distinct species, having yet something in common. Now, Dr. McDonnell continued, I think experience shows that we see in syphilis cases which vary in intensity, just as variola, varioloid, and varicella. I know instances in which the complaint extends over years; others in which the complaint was apparently cured within twelve months. I can point to one such case in which the individual was rash enough to marry within the year, yet he continued well, and is now the father of healthy children. There are many facts connected with experimental inoculations which will occur to those present, but which time will not permit to be discussed, which go to prove that the simple and syphilitic sores are modifications of a common virus; but time and diverse circumstances have given to these two venereal affections characterisms, which make them to be species as distinct from each other as small-pox from cow-pox —as the dog from the wolf. Species is thus seen to be a matter of degree—no line of demarcation like a Rhine boundary divides the two countries from each other; yet for all practical purposes there is a line of demarcation. Hence, Ricord, who theoretically believes in the unity of the syphilitic poisons, is clinically a dualist; he teaches that the simple chancre differs from the syphilitic, and for the latter alone he reserves mercurial treatment.

Dr. B. F. McDowell regretted that he had not had the pleasure of listening to everything Mr. Morgan had advanced on the first night of this discussion, but he thought he had read the leading features of his argument in the Medical Press and Circular. He had to thank Mr. Morgan for the opportunity he had afforded them of expressing their views on a question so interesting to the Society and to the profession at large. For the last ten years, he (Dr. McDowell) had been connected with the Lock Hospital, during which time about

8,000 cases of syphilis had been entered on its books. At first he was very much perplexed by the subject, and he was induced to make observations. He had observed, in private practice, that when a patient came to consult him with a soft sore, it was not followed by secondaries, but it was sometimes associated with a suppurating bubo; but in the Lock Hospital the great majority of cases suffered from constitutional symptoms. He was determined to follow up certain experiments, and he tried the inoculation test. He was not positive, because he was aware that observations were not of the slightest value, except the greatest possible precision was employed in their investigation. He inoculated the soft sore—the simple syphilitic sore. It was a sore with a sharply cut edge, a grayish base, secreting pus, and occasionally accompanied by a suppurating gland in the groin. He inoculated from this sore, and he found very few cases in which he could be satisfied, that they afforded the slightest accuracy of investigation. In those cases to which he gave the greatest care, he found that the pus secreting soft sores were not followed by secondary symptoms. These experiments satisfied his mind. He tried inoculation of the hard sore, and he found that it was not auto-inoculable. It was a peculiar parchment form of sore with a dense cartilaginous base. He also tried inoculation of phagedænic sores. He would now explain this question of mucous tubercles. He felt called upon to propound this idea, that indurated sores were not auto-inoculable, and they were invariably followed by secondaries. During an experience of ten years, he had only found five or six cases in which he could effect an inoculation of this sore. Hardness was really not a distinctive characteristic of it. He found in these five or six cases, that they had an average incubation period of about twenty-four days. He thought that corresponded pretty much with the inquiries made on the subject by Ricord and others. He (Dr. McDowell) did not at all agree with Mr. Morgan on the conclusion he had drawn from his experiences in the Lock Hospital, so far as his present knowledge of the subject was concerned. He did not desire to be too dogmatic on a subject which had occupied the minds of more distinguished persons. Mr. Morgan said a mucous tubercle would produce a soft sore. He had tried the mucous tubercle, and he could not get a soft sore. The mucous tubercle was an evidence of the blood having been poisoned by the disease. He tried the mucous tubercle. He had it washed, and he covered it with a watch glass, and he failed to find the truly inoculative sore which would inoculate as the simple sore did. In connection with this mucous tubercle, which was a most important point, he repeated he could not get the soft sore from it, and it would not be inoculative again and again, as the true sore would be. To the Lock Hospital, during the past year, 876 cases were admitted, 190 of which were first admission cases. No less than ninety-six out of the 190 suffered from constitutional symptoms, and forty from gonorrhœa, and there were only fifty-four others. The half of these cases came to him. The twenty-seven cases that Mr. Morgan had to operate upon were patients who were following a system of prostitution through the city of Dublin. In a subject requiring so much precise inquiry these were not the patients, except under the most rigid scrutiny from which to draw conclusions at variance with the results of the most rigid scrutiny of others. He found, upon looking at Bumstead's book, that Professor Sigismund, of Vienna, attached so much importance to this subject, that the cases upon which he experimented, were patients who had only once had coitus. He showed that discrimination which strict science would require. With regard to the ninety-six cases which were in the hospital, a great number of them were cases of mucous tubercles. His experience of the mucous tubercle was, that it was the great source of syphilis in this city. It was that particular form of secondary syphilis, which, of all others was the most eminently contagious and at the same time most prevalent. These unfortunate women could indulge their vicious habits whilst suffering from it. The hospital was a voluntary hospital, and the women did not come in until they were compelled to do so from personal suffering. In conclusion he wished to say that, though he was compelled, in compliance with the rules of the Society to say no more at present, he had not finished his observations on this subject.

Mr. Tuffnell said, that having had charge of bodies of men, many of whom were in the habit of having intercourse with the same woman, he had seen different forms of sore communicated by the one individual to different men. His belief was, therefore, in the unity of the poisons, and he took Dr. McNamara's view. He would be glad to know whether, in the cases mentioned by Dr. McNamara, the character of the disease in the primary sore was the same in each of these individuals; also, whether the treatment was the same, and whether they were subjected to mercury or not.

Mr. Byrne, formerly Surgeon to the Lock Hospital, said that a great man who preceded them looked upon this disease as a simple poison, and it was only recently that this dual poison theory was broached. He had seen soft sores followed by constitutional symptoms, and he had seen soft sores heal up like a common ulcer. Were the gentlemen sure, when they talked of soft sores, that they had diagnosed correctly? What had happened to him might have happened to others. For years he was puzzled by these soft sores; he found secondaries following one and not the other. After a time, he used the touch as well as the eye, and he found that in the sores that were followed by constitutional symptoms there was a great hardness. The real soft sore could never be mistaken. For a long time he was a supporter of this dual poison theory; but he believed he was in a great measure shaken with regard to it, and he looked upon the matter now as *sub judice*. In the male sex, the soft sore invariably heals—that is, the true soft sore, like a common sore. The parchment sore is sure to be followed by secondaries. He believed it was admitted on all hands that the Hunterian chancre was, as a rule, followed by constitutional symptoms. He believed that the sore depended much for its character on the region on which it was situated. If his views were correct, and they should be taken *quantum valeat*, they gave the *coup de grace* to the dual poison theory.

Dr. Stewart mentioned some cases which had been treated by Dr. Houston without mercury, and which were not followed by secondary symptoms. He was inclined to think that the venereal sore was a unity and not a duality.

Dr. McNamara mentioned that in the cases referred to by him, the treatment was on precisely the same principle in each—with mercury.

Dr. Henry Kennedy said there was no reason for believing that there were two poisons in small-pox or scarlatina, and why there should be two poisons in syphilis he could not understand. As regarded the nature of the sores, he need not tell those present what an extraordinary difference was caused by the natural constitution of the patient, and the circumstances in which he was placed, above all, after he had run the risk of the poison. Drinking, or keeping late hours, would materially modify the sores. If half-a-dozen persons received a similar injury on the shin, each would probably heal in a different manner; so it was in case of an ulcer from impure connection. He believed he had seen secondaries arising from every form of the sore—nay, from a simple abrasion. He did not see the slightest difficulty in supposing that the syphilitic poison might enter the system through an abrasion. The difference between soft and hard chancres was only a difference in degree; the soft chancre may affect the system, but the hard chancre necessarily does so. But he had seen cases of hard and soft chancres which were never followed by constitutional symptoms. (Hear, hear.) He was therefore strongly inclined to the opinion that there was but one single poison in syphilis, and he believed it arose from promiscuous connection. In his opinion they were not indebted to America or to any siege for it; and if Dublin were clearly rid of it now, it would generate in a month. The poison of syphilis appeared to him to be a unity.

Mr. H. G. Croly believed that the question, whether there were one or two poisons, was not of much practical importance. He would be slow to come to any conclusion from the cases that were brought under their notice from the Lock Hospital. It was quite possible that a woman admitted there might have been suffering from various forms of sores and gonorrhœa besides, and might have been with men who had various forms of sore. They should be slow, therefore, to come to any conclusion in a disease like this from the cases that had been brought forward. He thought the treatment of syphilis in man and in woman was a very different thing. They might have three or four diseases in the case of a woman; whilst they could generally see what they had to deal with in the case of a man.

. Mr. Wharton, V.P., regretted that one important matter had not been alluded to—the capability of producing sores from the inoculation of gonorrhœal matter, or, at least, matter spoken of as such. He had had the opportunity of seeing the results of Mr. Morgan's experiments in producing a chancre on different parts of the body; or, at least, sores by inoculating with a vaginal discharge. He hoped Mr. Morgan would allude to the subject.

Mr. Johnston (Army Surgeon), was astonished at the remarks of Dr. McNamara in illustration of his uno-theory. The cases mentioned appeared to him to have been infecting syphilis, and the symptoms described were those that followed a hard chancre. The only unity in the case was that they were all caused by the same woman. He had examined over two thousand cases of men admitted to the Army, and he had not met one case in which a man had a second syphilitic attack. Many of these had had the soft chancre before getting the infecting chancre, but that left them after acute eruptions. The observations of Mr. Morgan about the hard chancre in women were, to his mind, rather peculiar. He (Dr. Johnston) had not had much experience of the disease in women, but lately he met a case in which a woman had a hard chancre on the right labium, and a most extensive eruption all over the body. The vaginal discharge was an evidence of the affection in the system, the same as the eruption on the skin. It came on with the evolution of the secondary symptoms. He had no doubt on his mind that the vaginal mucous membrane was subjected to the same disease as was seen. With regard to Mr. Morgan's idea of removing chancres by inoculating the vaginal discharge, and his advocacy of the treatment, he thought, they ought all to hesitate very much before adopting such a system. The chief treatment, he believed, for infecting chancres was thorough cleanliness; there was no necessity for mercury, as it only favoured the eruption of chronic disease. He could not see that Mr. Morgan's patients received any benefit whatever from inoculation; a long time elapsed before they were removed from hospital. The acute eruptions might be removed by a bath or nitrate of potash.

Mr. Morgan, in reply, said, he was afraid a great many members had been speaking of what he did not allude to. He referred at present only to Dublin, and therefore he would ask the practical experience of the surgeons of Dublin, of course he would also be glad to have the experience of the Army Medical Staff. Everyone seemed to be anxious to run down the clinical value of the prostitute, but only for these unfortunates there would be no venereal disease. What was the origin of the variety of venereal disease in the male, and where was it got from was a question in the female. He was not able to prove what he was about to say, in the case of an uninfected subject, but he knew that from the vaginal discharge of constitutionally infected patients, he could produce specific soft sores in other infected cases. If they could produce soft sores in the infected, should these not be according to the dual theory hard sores in uninfected cases, yet how seldom did they see the hard sore compared with the soft. The question was whether the infection in the case of an uninfected patient would produce a hard sore or a soft sore. The first case he would adduce was that of a fine, strong, vigorous young woman. She was in the Lock Hospital about eighteen or twenty months ago, suffering from undoubted venereal. She had a very angry sore which he touched with nitric acid. She lost her hair, and had all the symptoms of secondary syphilis. About ten months after she came back with an ulcer on the natis, not at all connected with the genital organs. He examined her carefully for several days to see if she had sores. He then took one small drop of pus, or muco-pus from the vagina, and inoculated six patients, and succeeded in every case. (He produced drawings illustrative of the results of the inoculations.) One of the patients inoculated then had been in the hospital since, and had never had a symptom. From the 7th July until the present, she had escaped. In another case the patient was already tolerably affected. He used a separate pin with each patient. The one who showed the least infection showed the severest sore, and the one who was the most severely infected formed the slightest sore. Another girl, seventeen years of age, whose history he should give, came into the hospital without any symptoms but a suppurating gland in the groin. She was in hospital two months, and he examined her thirteen times with the speculum. He could find no sore. She said she had some discharge which was a minor matter, but the chief ailment was a large suppurating bubo. She had no rash or sign of syphilitic affection, yet she inoculated herself as the sore came in contact with her thigh, owing to her fat condition. With the discharge obtained from this woman, he produced a most vigorous syphilitic chancroid on a child, eight years old, that was suffering from constitutional syphilis, and from this again he produced sores in a similar way upon patients in other wards. Shortly after the bubo she began to sweat, and had the usual symptoms of constitutional syphilis. If these women were the sources of two diseases, then of course it must be said that they must have different sores. It was suggested then, that they had some sore inside the vagina. He had only one case in several years practice of an intra-vaginal sore. Therefore, he thought the conclusion was very fair that these sores were derived from vaginal discharges. There was an infected girl in the hospital who had a vaginal discharge, and no sore at all. He would read an extract on the subject from a letter he received from Dr. Chaplin, of the Curragh Lock Hospital.

"I am rather inclined to think that vaginal discharge without a sore may produce sores. Several men admitted into hospital for primary syphilis, named the women from whom they got them, and the women were in the Lock with vaginal discharge, only the men suffered from sores, but he could find no sores in the women." He then read an extract from a letter written by the surgeon of the Female Lock Hospital in London with regard to sores, and the supposed existence of infecting hard and non-infecting soft, "Severe secondary symptoms have also frequently occurred after soft sores. I imagine that hard sores are almost invariably followed by constitutional mischief, and that a considerable number of soft sores are also followed by symptoms, but that there is not much difference in their intensity whether following a hard or a soft sore." Here again, his experience in Dublin exactly coincided with that of the Lock Hospital, London, no question whatever that soft sores were of constant occurrence, and hard sores of extreme rarity, yet every patient almost showed subsequent evidences of infection quite disproportionate to the aspect of the primary sores in their appearances and characters. Mr. Morgan was then proceeding to discuss the subject with regard to the evidences obtained in the process of syphilization, when at this period of the debate, it was agreed to adjourn the discussion in order to have the matter on the treatment of syphilis by inoculation brought before the Society as a distinct subject.

DUBLIN PATHOLOGICAL SOCIETY.

The Society met on January the 14th, the chair being occupied by G. H. Porter, F.R.C.S.I., Surgeon to the Queen in Ireland.

Mr. Porter exhibited a

PORTION OF THE RIGHT FOREARM AND HAND OF A PATIENT OF HIS IN THE MEATH HOSPITAL, ON WHOM HE HAD PERFORMED WHARTON'S MODIFICATION OF TEALE'S AMPUTATION OF THE FOREARM, FOR MALIGNANT DISEASE OF THE HAND.

The patient was a married woman, aged twenty-four years. Eight months previous to her admission, she observed a small kernel in the centre of the palm of her right hand, at that time it gave her no pain, but she constantly felt great itching in the little tumour. The growth steadily increased in size, and the sense of itching soon gave way to that of numbness of the whole hand. About three months after the first appearance of the swelling, a gnawing pain commenced, and increased in intensity until the removal of the disease, so severe on many occasions, that she lost her sleep. She was much emaciated and very feeble, there were no enlarged glands in the axilla. A section of the tumour showed a well-marked example of soft cancer, the mass was the size of a small orange, brain-like in structure, with vascular spots, and blood clots interspersed. Mr. Porter considered the specimen worthy of being brought before the Society, observing, that, although that species of cancer called epithelioma was frequently met with on the dorsum of the hand in advanced life, the form of malignant disease now exhibited was not very often found invading the hand.

(To be continued.)

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A **chemist** of the name of Burgess has been fined £5 and mulcted in costs for having styled himself "Doctor," and prescribed in the capacity of a medical practitioner.

Dr. Hermann Beigel, one of the medical staff of the Charing-cross Hospital, has attained a great, honourable, and much-coveted distinction. He has been doing duty with General Manteuffel's army, and his personal bravery has gained for him the decoration of the Iron Cross.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 25, 1871.

MEDICAL SELF-REFORM BY THE TRIUNE DIPLOMA EXPEDIENT.

No. II.

WE pointed out in our issue of Jan. 11, that the Medical Reform Bill suggested by the Council of the Royal College of Surgeons in Ireland is in principle identical with that promoted by the Government last year, and we endeavoured to prove that the great object of uniformity amongst Licensing Bodies in examination, curricula, and fees could be attained most certainly and most equitably by the method adopted last year by the Lord President, and accepted now by the Irish College. It may be allowed us to repeat here, what we then said, that any scheme which would then create a State examination separate and distinct from the examination of Licensing Bodies, any proposal which would contemplate the student, passing two ordeals instead of one—would amount to an expurgatory decree as regards the Licensing Bodies. Whether the student be obliged to produce collegiate diplomas before presenting himself for the State Examination or, on the other hand, it be left to his option to take any degrees he liked after he had passed the State Examination, the ultimate effect upon the existing Licensing Bodies would be the same—death or starvation.

A proposal to compel the student to take diplomas which (by the fact of its taking reform in hand) the Legislature had declared worthless, would hardly live through a first reading of the Bill, and if it did become law, without doubt the public outcry against so inconsistent a proceeding would before many months or years bring the Licensing Colleges to the block, and an experience of their inutility as a separate qualifying system would speedily decide their fate. Little better would be their prospects in case the demand for their diplomas were purely optional, for it is not difficult to calculate how many students might, of their own pure option, be moved to spend their money and labour on new degrees when once they had received the all-sufficient and official *imprimatur*.

We know full well that under such a condition of things the Licensing Bodies would grant none but the higher degrees of honour, and they should either keep afloat on the income derivable from such functions, or not at all. In a few months no Medical Faculty which depended solely on its earnings would exist, and the qualifying of the profession would thus pass *in globo* into the hands of the Universities, who could afford to live without a great subsidy for medical qualifying examination conducted under State guarantee and supervision by a single Court, equitably constituted by the Colleges and Universities.

But there are some of the details of the Bill of the Irish College of Surgeons worthy of observation and open to debate by our readers. Adopting heartily the principle of direct representation of the Profession in the Medical Council, the College has its own scheme for the reconstruction of that body. The British Medical Association would make room for the representatives of the Profession by disfranchising four Licensing Bodies, and increasing the Council by one additional member; while the *Lancet* would cut down the number to twelve, giving four each to the Licensing Bodies, the Crown, and the Profession. The College of Surgeons of Ireland would leave the representation of the Medical Authorities intact, and would provide space for the directly elected representatives at the expense of the Crown Nominees. Whatever difference of opinion may exist as to continuing to the Licensing Bodies so powerful an influence in the Council, there will, we imagine, be little pity in any quarter for the Crown element. In the first place we feel that, considering the check which the Privy Council is enabled to exercise in the public interest over the Medical Council, it is quite unnecessary that the Government should be provided with additional powers by its representative in that body. But we appeal to an experience of twelve years to prove that the Crown Nominees are in no respect delegates either of the Government or of the public, and have exercised no check whatever upon the money-making and under-selling proclivities of the Licensing Bodies.

The Crown representatives have been of the same metal as the other members, just as partisan, as prejudiced and as obstructive, and they have only served to increase the University as against the collegiate influence in the Council to an overwhelming extent. Every man has his own College or University, whose representative he is just as much as if he were its sworn delegate, and he cannot fail to give practical expression to his prejudices in its favour of his vote and voice, unless he is under the influence of the stronger claim to consideration of his electoral constituents. We think, therefore, that the Irish College of Surgeons has selected the least useful part of the field to plough up for its new seed, and if it has made an error in its proposal for reconstruction, it is not in the immolation of the Crown nominees, but in the redundancy of the licensing votes. We propose to return to the subject next week.

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PUBLIC HEALTH.

THE mortality returns continue to show a most alarming state of the public health. The aggregate annual mortality for the whole kingdom has risen to 31 per 1,000, and the rates for the seventeen English cities and towns, stated in the order of their topographical arrangement, were as follow:—London, 30 per 1,000; Portsmouth, 18;

Norwich, 38; Bristol, 36; Wolverhampton, 28; Birmingham, 35; Leicester, 31; Nottingham, 28; Liverpool, 44; Manchester, 29; Salford, 32; Bradford, 28; Leeds, 30; Sheffield, 31; Hull, 24; Sunderland, 24; and Newcastle-upon-Tyne, 23. The deaths from all causes in these seventeen towns were less by 184 than those returned in the previous week, there being a considerable decline in Liverpool and Manchester. Small-pox caused 175 deaths, of which 135 occurred in London, 35 in Liverpool, 3 in Manchester, 1 in Hull, and 1 in Newcastle-upon-Tyne.

In the same week (ending Saturday 14th) the returns show that in London the mortality was higher than in any week of 1870. This mortality arises from small-pox and other zymotic diseases. The Registrar-General reports that last week in the towns named, zymotic diseases caused 398 deaths, including 135 from small-pox, 27 from measles, 77 from scarlet fever, 9 from diphtheria, 15 from croup, 38 from hooping-cough, 10 from typhus, 17 from enteric (or typhoid) fever, 1 from relapsing fever, 10 from simple continual fever, 11 from erysipelas, and 17 from diarrhœa; and during the same week small-pox was fatal in London in the proportion of 22 deaths annually to every 10,000 of the present estimated population. The greatest number of deaths previously recorded from small-pox in any one week since the passing of the Compulsory Vaccination Act, 1853, was 71, in the week ending May 9, 1863, and the fatality of the disease during seven consecutive weeks at that time averaged 66 deaths per week. In the seven weeks ending Saturday last the deaths averaged 81 per week.

The extent to which small-pox prevails in different parts of the metropolis, so far as the mortality returns afford indication, can only be correctly ascertained by distributing the fatal cases occurring in the small-pox hospitals at Hampstead and Islington, among the districts whence the cases were brought. Thus, last week there were 39 deaths returned from the Northern group of districts, of which 25 occurred in the two small-pox hospitals situate in those districts. Of the 25 fatal cases, 9 had been brought from the Eastern districts, while only six belonged to the Northern group itself. After making a correction of this nature for each of the five groups of districts, the mortality in each group last week from small-pox was in the annual ratio of 24 deaths to every 10,000 of the present estimated population in the West, 14 in the North, 20 in the Central, 45 in the East, and 10 in the South districts. The rapid development of the epidemic in the Western group is apparent from the fact that out of an aggregate of 83 fatal cases returned during the last 15 weeks, 50 have occurred within the last three weeks. In the two sub-districts of St. John and St. Margaret, Westminster, out of 70 deaths registered last week from all causes, 21 resulted from small-pox; 3 children in one family died in the latter of these sub-districts, and notes appended by the registrar of St. John's to his return evidence a most deplorable neglect of vaccination among the population.

If we turn from the mortality returns to the statements of the Officers of Health, we find the reports just as unfavourable. Thus, Dr. Hardwicke has reported to the Paddington vestry that it will be necessary to erect a temporary hospital for the parish, as the hospitals at Highgate and Hampstead are full, and the one now in course of completion at Homerton will not be fit for occupation till March. The vestry had already fitted up a ward in the infirmary of the workhouse, but Dr. Hardwicke properly warns that that plan may be tended with serious results, for in the event of the epidemic breaking out among the paupers, it would be impossible to estimate the consequences. Dr. Hardwicke says that vaccination has been much neglected in Paddington. Dr. Hardwicke strongly condemns the present system of erecting small-pox hospitals several miles out of the parish, and recommends that each parish should have its hospital in a locality where it can be reached without difficulty or delay. In that view he is supported by Mr. Marson, of Highgate Small-pox Hospital, who writes:—"I cannot see the wisdom of erecting temporary hospitals four miles off. Why not open a temporary hospital on the spot where the patients are, instead of conveying them four miles through the heart of London? I think that a 100 small-pox patients together are quite enough, for we have tried the experiment." Similar advice has been tendered by other Officers of Health; and Dr. Bridge, of the Poor-law Board, has been busy all the week attending various Boards of Guardians, and urging them to take immediate action, and to erect temporary hospitals. We are glad to say that Dr. Bridge's advice has been followed pretty generally. At the Hanover-square Board we note that Dr. Brewer, M.P., in moving the appointment of an officer to follow up the births registered, and see that the children born were duly vaccinated, said in the course of a week or two the Metropolitan Asylums Board would be ready with accommodation for 750 cases, while the actual cases for which accommodation would be required was 575.

The history of the small-pox epidemic is well summed up in a Report presented to the Poor-law Board by Dr. Bridges.

Iodized Milk.

From Hoffman's most admirable report on the "Progress of Pharmacy, 1869," we make the subjoined extract, which has a practical value for the physician:

Iodine and Milk.—It is well-known that milk takes up iodine, disguising its taste, smell and colour, completely; since iodine is an antiseptic, iodized milk keeps for some time. Dr. Hagar calls attention to this fact, and suggests that this, perhaps, is the mildest form of administering iodine. Its therapeutic effect seems to be equal only to about one-fifth of the iodine.

Hagar thinks iodized milk will soon become a favourite form of administering iodine, and suggests the following mode of preparation: one part of iodine dissolved in ten parts of alcohol. admixed with ninety parts of fresh warm cow's milk.

Notes on Current Topics.

About the War and Wounded

The *Darmstadt Gazette* of the 17th contains the following notice:—

"The Grand Duke has been pleased to direct that the Alice Hospital at Bissingen shall be considered, from the 1st inst., one of the Government reserve hospitals, and that its officers shall be Dr. Charles Mayo, chief staff physician; Drs. John C. Galton and Henry Rundle, staff physicians; and Dr. Herbert W. Page, assistant physician."

This hospital, it will be remembered, was established for the benefit of sick and wounded soldiers, under the patronage of the Princess Louis of Hesse (Princess Alice of England).

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Preparations are being made in Prussia for the early reception of 150,000 prisoners, evidently in anticipation of the capitulation of Paris. At Posen, Glogau, and Liegnitz, in particular, extensive preparations are in progress. The number of prisoners is now so large that second-rate provincial towns will, it is said, be selected for the accommodation of some of them, provided they offer the requisite space and security. One of the last batches of prisoners consists of 500 young men who were captured at Luneville, as they were on their way to join the French Army of the South.

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The following extracts are from a letter from Dr. Smyth to his wife, dated from 10 Avenue Marbœuf, Champs Elysées, Paris, Jan. 5 :—

"The weather is fearfully severe. Thank God we have some wood for a month, but the distress for want of some kind of fuel is truly awful. In fact, the absence of all food and firing is beginning to tell a sad and mournful tale. There were 454 deaths last week from small-pox, and much over 3,000 deaths in the week ! Sickness meets one everywhere ; misery and sorrow is truly appalling. In December, we paid £730 to the persons wanting assistance ; in January we expect to pay £800. I pay, in my little way, about £80 a month to my poor. I fear that death will soon make sad inroads among our people. Two, if not three, deaths to-day, and if no fuel is to be had the condition will be most terrible. May God be pleased to help us ! We are, thank God, all well ! I have a bad cold and pains in my hips from the cold and fatigue, but otherwise I am very well, and go on with my work. If all be well, I hope to visit about sixty families to-morrow, representing over 240 souls. I shall give about £10 and forty quarters of a pound of tea, extract of meat, and chocolate. The bombarding of the forts is awful. It has been going on for two days, but no damage as yet. All kinds of rumours are in circulation that the French army out of Paris has gained great victories ; but we cannot believe anything. You will know all. We shall publish something about our condition in the *Times* in about ten days. I shall send the report by the American despatch, which will leave Paris on Tuesday. I have a fire in my bedroom in the evening, it is so bitter cold, and hot water in my bed, and I get to bed at half-past ten and up at a quarter-past six, and I sleep better and more comfortably. My work is more than any man ought to do, but it must be done."

The Guardians of St. Pancras and the Coroner.

At the St. Pancras Board of Guardians, the subject of the continued large number of coroner's inquests on persons dying in the workhouse, and the Coroner's recent recent remarks reflecting upon the management, was brought under consideration. Mr. Fildew, clerk to the Board, stated that he had had reported to him 166 cases of inquests having been held on persons dying in the workhouse, but he believed the number to be much larger. The Rev. Mr. Arrowsmith said the return made to him of the number of inquests during the past year had been 207. Mr. Goodson, the master of the workhouse, presented a report complaining of the statements which had been made at a late inquest, and published in the papers. In reference to the strong remarks of the Coroner as to keeping aged people from five o'clock in the afternoon till eight next morning without food, the meal hours are arranged by the Poor-law Board, but should, however, the medical officer deem it necessary that a patient should be supplied with anything in addition to the regular diet, it is competent for him to obtain the same by order in the regular way. Mr. Salter felt great pain in reading these reports in the papers. It was monstrous if a poor person were taken ill at night, that the medical officers should not be at once sent for. He moved that a copy of the report be forwarded to the Poor-law Board, and to the Coroner. Mr. Parson, in seconding, condemned the conduct of Dr. Hill in being present at the inquest, and allowing the Coroner to make his strictures upon the Guardians as to the aged and infirm poor not having food for so many hours, when he well knew that the ward was under his charge, and he could order food at any time. Mr. Chandler said he perfectly well knew that in all hospitals the patients had but three meals a day, but they had the discretion to save a little out of them in case they required food during the night, and the poor in workhouses frequently did the same.

The Numerical Prosperity of the British Medical Association.

The *Journal of the British Medical Association* with (from a commercial point of view) silly candour, publishes a statement of its circulation in the three divisions of the Kingdom, from which it appears that the members of the Association are to the entire Profession in the following proportions :—

England - - -	28 per cent.
Ireland - - -	12 „
Scotland - -	5 „

We should have been quite satisfied to let that statement stand on its merits considering that, bearing in mind the astonishing vigour with which the Association has been puffed, the result must be a little disappointing to the Council. We are, however, compelled by a statement in the succeeding issue of the *Association Journal* to notice the admirable audacity with which credit is taken for results regarding which, it seems to us, that, under the circumstances, silence would be more discreet. 298 subscribers out of 2,400 Irish medical men, and that after an initiatory pic-nic, and four years of public and private canvass, is not so triumphant a success that so loud a trumpet need be used to herald it. The *Association Journal* of the 14th has repeated its boast, and thus notices its statistics :—"Referring to the first table, it will be seen that the increase has been most marked in Middlesex, the Northern Counties, *and Ireland*." Our readers will, with this statement before them, hardly be prepared for the fact that the 383 Irish members of the Association, who joined when the meeting was held in Dublin in 1867, have been gradually dwindling each year, and are now only 298 out of 2,400 practitioners. Truly, this does not look as if the Association was more palatable at the West side of the Channel than in the Land of Cakes. It is certainly a state of things which ought, for the sake of the Association, to be enclosed in the innermost depths of editorial privacy ; but as the Council seems to think there is credit to be got out of it, we willingly afford them increased publicity.

Guardians of the Poor and their Defenders.

We have received a letter marked "private," and which, therefore, we do not propose to publish. We think, however, we are justified in giving some extracts which will not reveal the writer, but will show our readers that Boards of Guardians have defenders, and the tone that some of them assume towards the Profession; for it is all about the position we are compelled to take as to those local magnates. If in the particular case referred to we had judged our brethren too leniently, the thousands of cases in which it has been proved that they have suffered at the hands of guardians may be some excuse, especially when it is known to all the country that the doctor is mostly on the side of the poor, and the Boards act as guardians of the rates.

Having thoroughly abused us, and stated that "insolence is the mark of gentlemanliness in our learned and self-denying Profession," as we called it, to his annoyance, our correspondent exalts guardians as "administrators of the law, without payment, and generally without thanks," whose duty it is to exact "from their *paid servants* the fulfilment of their tasks." He then goes into his particular case, and having stated it, favours us with the following specimen of his powers:—

"From the supercilious tone of your published remarks, I can well imagine the indignation with which you will peruse this very plain epistle, and that, after the manner of cockney scribes, you will set the writer down as some low fellow who does not know how to order himself reverently to his betters of 'a learned and self-denying profession,' and is not afraid to speak evil of dignities. Candidly, I think you and your brethren great humbugs. I am not so ignorant as you may suppose. I hold a literary degree of a distinguished university, and have studied for the Medical Profession. While I rank some as my best friends, and admire them greatly, both for character and ability, I must say that, as regards very many more, they are not learned, they are not self-denying, and they are not gentlemen. If, instead of abusing boards of guardians, you were to try to improve your brethren in temperance and modesty, you might do them good, and secure that respect for them which, according to your own confession, they do not now receive. You would thereby help to raise the tone of periodical literature also, which does not appear to owe much to your conceptions of its dignity.—I am, in all truth and honesty, respectfully—"

It is a pity our correspondent did not give us the particulars of his literary degree from a distinguished university, and that he did not, having "studied for the Medical Profession," take his Medical degree also, and try how, when he had attained that honour and the fellowship of what we still maintain as a whole is a "learned and self-denying Profession," engage himself as a "paid servant" to a board of guardians, and see how he liked to be snubbed for protecting the sick poor under his care—as alas! too many are by guardians of—the rates; although after his epistle we may hope not in his locality.

Her Majesty the Queen, whose health has been in a very unsatisfactory state for some time past, has so far recovered as to give notice of her intentions to open Parliament in person on the 9th of February.

The Dowager Marchioness of Lothian has determined to devote herself to the work of the good Samaritan, and has been under training as a nurse in one of the London Hospitals.

Putrid Blood and Scarlatina.

At the Medical Society of London a paper was recently read by Dr. Carpenter, of Croydon, on the "Causation of Scarlet Fever." The author had successfully treated 286 cases of this disease, and had taken great pains to discover what were the conditions most likely to lead to its production. The result of this inquiry showed that in a very large number of cases the disease could be traced to decomposing blood or offal. Houses situate near to sewers which receive the refuse of slaughter houses were almost invariably invaded by scarlet fever. A case was given where the disease repeatedly broke out in a school of boys, and no cause could be assigned, until a large cesspool was found under a part of the play-ground, which received the drainage of a neighbouring slaughter house. This drainage was diverted elsewhere, and no more cases of scarlet fever occurred in that establishment. In another instance a family, living in a house well-placed on the top of a breezy hill, were struck with scarlet fever, and for a time the cause of the outbreak was a mystery; it turned out, however, that in some fields near at hand animal refuse was thrown as a manure, and, at the time of the outbreak of scarlet fever, the wind was blowing from off these fields, and a sickly odour pervaded the house. It was inquired among the Fellows of the Society whether scarlet fever, in a severe form, was a disease especially affecting butchers and slaughtermen; and so far as experience could be gathered on this point, it was decidedly in the affirmative.

It seems that, owing to the excellent system of sewerage now perfected at Croydon, typhoid fever has become almost extinct in that fortunate district.

A Naive Confession.

The homœopathic editor of the *Chemist and Druggist* makes, in the last issue of that journal, the curious admission that many of the homœopathic preparations sold as medicine contain not even the billioneth of medicine which they are supposed to administer. The editor says:—

"We are frequently applied to by chemists for tubes, corks, labels, and unmedicated pilules, but *without medicines;* and although we refuse to supply the unmedicated pilules, confectionary houses are now manufacturing them and selling them to chemists on a large scale. To one of these chemists we rather suspected, we applied for *Lachesis* 2 and were at once supplied, proving its non-integrity.

"The non-integrity of *Lachesis* 2 was assumed because Mr. Thompson had previously stated the quantity of genuine *Lachesis* (snake poison) was so limited that no stronger dilution than the third could be procured."

A correspondent of the *Scotsman* refutes the following statement made by Mr. M'Laren, M.P., at the meeting of contributors to the Royal Infirmary:—"If you give £1 to the Infirmary, you give 10s. to the poor, and 10s. to the medical students of Edinburgh." It appears that the students get none of the contributors' money. They have to pay £10 each for admission to the Infirmary, and have to pay for their teaching as well. None of the medical officers of the Infirmary are paid. The students get nothing; but they do a considerable amount of work as dressers that would otherwise have to be paid for. The absence of the students would make no difference in the expenditure, while their presence brings a considerable revenue.

An adjourned general meeting of contributors to the Edinburgh Royal Infirmary was held last week at which the question was again discussed as to whether the ladies now studying medicine in this city should or should not be allowed the benefits of hospital instruction. Three motions were submitted on the subject—the first by Professor Charteris, to the effect that it was highly desirable that the managers should make immediate arrangements for the admission of all registered students of medicine to a qualifying course of instruction in the Infirmary; the second by Professor Muirhead, to the effect that the question of admitting students, whether male or female, to the clinical instruction of the wards of the institution should be left entirely to the discretion of the managers; and the third, by Mr. David M'Laren, to the effect that, while it was inexpedient that there should be mixed medical classes in the Infirmary, it was highly desirable that the managers should take into their most favourable consideration the possibility of making immediate arrangements for the admission of registered lady students of medicine to a qualifying course of instruction in the institution. A vote was first taken between the motion of Mr. David M'Laren and that of Professor Muirhead, when 226 contributors voted for the latter, and 217 for the former. Mr. M'Laren's motion accordingly fell to the ground. A vote was next taken between the motion of Professor Muirhead, and that of Professor Charteris, when 103 contributors voted for the latter, and 211 for the former. The motion of Professor Muirhead was accordingly declared to be carried. A scrutiny of the votes was demanded and granted. The meeting was so largely attended by ladies and gentlemen, that the Queen Street Hall, in which it was held, was crowded to the door. A large number of students were present in one of the galleries and interrupted the proceedings with such persistency that they were at length forcibly expelled—a proceeding which might have been adopted with advantage at an earlier stage of the meeting.

Small-pox in London.

The Registrar-General, in his weekly report on the health of London, says the *habitats* of the epidemic in the metropolis, so far as the mortality returns afford indication, can only be correctly ascertained by distributing the fatal cases occurring in the small-pox hospitals at Hampstead and Islington, among the districts whence the cases were brought. Thus, last week there were 39 deaths returned from the Northern group of districts, of which 25 occurred in the two small-pox hospitals situate in those districts. Of the 25 fatal cases, 9 had been brought from the Eastern districts. After correction, the mortality last week from small-pox was in the annual ratio of 24 deaths to every 10,000 of the present estimated population in the West, 14 in the North, 20 in the Central, 45 in the East, and 10 in the South districts. The rapid development of the epidemic in the Western group is apparent from the fact that out of an aggregate of 83 fatal cases returned during the last 15 weeks, 50 have occurred within the last three weeks. After an inquest held last week, a medical gentleman, Mr. Joseph Burton, said he desired to call attention to what he believed to be the cause of the present small-pox and fever epidemic throughout the metropolis. Small-pox fever had increased in London since the introduction of the main sewer, and he believed that a poisonous matter, which in former times had been kept confined to drains, now forced its way from the main sewer into the streets, through the iron ventilating grating, which communicated direct from the sewer to the street.

Corporate Neglect of Sanitary Precautions.

Last week the Manchester and Salford Sanitary Association presented a memorial to the Mayors of the two boroughs, from which the following is extracted :—

"In October, 1865, a memorial was presented to the Council of the city of Manchester, which pointed out the consequences of infection among the poorer classes, and recommended a thorough system of house to house visitation, the removal of all persons suffering from infectious diseases, when possible, to hospital, and the provision of extended hospital accommodation for such cases. In the year 1868, the Committee, at the suggestion of Mr. Leigh, the Officer of Health for Manchester, presented a requisition to the Mayor of that city to call a public meeting to discuss the subject. This meeting was held July 23, and a Committee of Inquiry was appointed to investigate the present state of hospital accommodation for such cases. This Committee reported that the accommodation for fever cases among the independent poor was totally inadequate. Since then, however, nothing has been done to remedy the evil. Although, in the interval from that time to the present, the mortality from the spreading diseases has happily been moderate, we would still remind you that in the two years 1869 and 1870, up to the date of the last return, 1,982 persons have fallen victims to fever of one form or another in Manchester and Salford; and that in the immediately preceding year, 1868 alone, 2,429 lives were similarly sacrificed. It has been calculated, moreover, from a comparison of the total deaths with the sickness and mortality occurring in public practice, that, in 1868, 20,000 persons in Manchester and Salford were attacked by these disorders."

The Vote on the Female Medical Student Question.

The scrutineers appointed to test the voting at the recent meeting of contributors to the Royal Infirmary have finished their labours. It will be remembered that, at the meeting in question, the Lord Provost proposed as new managers a number of gentlemen understood to be favourable to the admission of female students to the Infirmary wards; while Dr. Halliday Douglas brought forward another list, showing a majority of gentlemen who were known to be opposed to the granting of such facilities. On a division, there voted for the Lord Provost's list ninety-six, and for Dr. Halliday Douglas's list 100, giving the latter a majority of four. As the result of the scrutiny just completed, the Lord Provost's votes have been cut down to eighty-eight, and those of Dr. Douglas to ninety-four. The majority for Dr. Douglas's list has thus been increased from four to six.

The last week of the bombardment of Paris killed 93 men, 57 women, and 39 children of the civil population.

On Saturday morning one of the National Steam Company's ship put into Queenstown harbour, having encountered a severe gale, which caused several barrels of chloride of lime to burst, those below deck barely escaping suffocation. When the cargo was cleared, the sole occupants of the steerage, the rats, were found dead by scores, having been killed by the poisonous fumes of the lime.

The Lectures at the London College of Surgeons.

PROFESSOR ERASMUS WILSON will commence a Course of Six Lectures on "Dermatology," on the 30th. Professor Flower will deliver Eighteen Lectures on the "Comparative Anatomy of the Teeth of the Mammalia," commencing on the 17th of February. And in June next Professor Birkett and Mr. Hulke will complete the lectures for the present year, the former by a Course of Six Lectures on the "Nature and Treatment of New Growths," and the latter by Three Lectures on the "Minute Anatomy of the Eye," both in continuation of their subjects of last year. Professors Wilson and Flower will deliver their Lectures on Mondays, Wednesdays, and Fridays, at four o'clock p.m. precisely each day; and the date and hour of the Lectures by Professor Birkett and Mr. Hulke respectively, are not yet announced.

The Fever Epidemic of Liverpool.

DR. TRENCH has reported that the number of deaths registered in the borough during the week ending January 14th was 441, being an increase of 77 on the corrected averages of the last ten years, and 162 more than in the corresponding week of last year. Of the total deaths, 221 were of children below four years of age, and of these 125 were of infants below one year of age. He further stated that he had requested the inspectors, when they went about their duties, to examine the children of the families of the houses to which they went, for the purpose of finding out whether they were vaccinated or not. The result had astounded him, as, after three days of such work, they had already reported to the Vestry 133 cases of children not vaccinated, besides 12 in which the vaccination was doubtful.

A Druggist acting as an Accoucheur.

AN unusual gross case of druggist malpractice has been made public through the medium of an inquest, held before the Brighton Coroner, to inquire into the death of a young woman shortly after her confinement.

The deceased, it appeared, had made an arrangement with Mr. Funnell, a local druggist, to attend her during her confinement, it being alleged that he represented to her that he had been in the habit of attending night cases and cases of emergency for Mr. Tuke, surgeon, with whom he formerly lived as dispenser. When the time came, symptoms of unusual difficulty set in, with which he was evidently quite incompetent to cope. After the lapse of some time he called in skilled assistance, and the delivery was effected, but the patient died half an hour afterwards from exhaustion.

Medical evidence was given to the effect that, although the case was an unusual one, it was one that a skilled practitioner would have recognized and treated accordingly. Mr. Tuke denied that Mr. Funnell was justified in saying that he attended his night cases. He said, that Mr. Funnell did attend several labours for him, in cases of emergency, while acting as his dispenser, but he invariably saw the cases afterwards himself, and Mr. Funnell always referred to him if any symptoms appeared which he could not understand.

The jury returned a verdict that the deceased had died through not having had proper medical attendance until too late, and requested the Coroner to censure Mr. Funnell for his conduct in the matter.

This the Coroner did, telling him that the only reason why the jury refrained from sending him for trial on a charge of manslaughter was, that the case was an unusual one, and that he had devoted a great deal of time to it.

Rather say that the jury compromised the difficulty with their consciences, because the druggist happened to be a well-to-do-trader. Are incompetent persons licensed to attend all cases which are not "unusual," or are they to do so with impunity, because they spend a good deal of time over the manslaughter of the unfortunate patient? If justice were done, the druggist, at whose door the death of the woman lies, would stand at the bar for the crime, and we do not see why the medical man who caused him to do so should not stand beside him.

The late Sir Arnold Knight.

THE death has been announced of this much-respected Roman Catholic gentleman, who was a member of our Profession, Sir Arnold James Knight, who died a few days since at the Priory, Little Malvern, Worcestershire, in the eighty-second year of his age. He was the youngest son of the late Mr. Alexander Knight, of Six-hills Grange, Lincolnshire, and was born in the year 1789. He received his early education at St. Mary's College, Oscott, near Birmingham, and completed it at the University of Edinburgh, where he took his degree of M.D. in 1811. He practised for many years as a physician at Sheffield, and afterwards at Liverpool, and received the honour of knighthood in 1841. Sir Arnold Knight married, in 1821, Harriet Isabella, daughter of the late Mr. Thomas Smith, of Dunstan Hall, Derbyshire.

The late Sir John Fyfe.

THIS distinguished Northern surgeon is no more, having died at the age of seventy-five, on the 16th inst. He descended from a Newcastle surgeon, and had practised in the town for upwards of half a century. He was one of the founders of the Newcastle-on-Tyne School of Medicine, where he taught with great success, and for more than thirty years he was surgeon to the Infirmary. Some two years ago Sir. W. Fergusson operated upon him for stone in the bladder. He had previously retired from his practice, which is carried on by one of his sons. Sir John was not only a first-rate surgeon, but was a gentleman whose society was always courted, and a politician of the Liberal School, who acted up to his principles, and exercised a great effect in the circle in which he moved. Well would it be for our Profession if all took as large views of their duties and privileges as medical men and as citizens. We trust his example may encourage those who do not think that politics should be let alone by the Profession.

To Vaccino-phobiacs.

DR. BRIDGES reports, that of 280 patients received in the temporary hospital for small-pox at Hampstead up to January 6, 196 had been vaccinated, 84 were unvaccinated. Among the vaccinated eight deaths have occurred, or 4 per cent.; among the unvaccinated 27 deaths have occurred, or 32 per cent. With regard to the value of vaccination as a protection against the fatal results of the disease these statistics need no comment.

The International Medical Congress.

THE Congress of 1871 will be held in Vienna. It will be the third of the series, the second having been held at Florence, the first at Paris. The President will be Professor Rokitansky. Vice-presidents: Professors Duchek and Sigmund. Secretaries: Drs. Benedikt and Schnitzler.

Spiritus Ammoniæ Aromaticus.

THE following are the results of the analyses of six samples of the above preparation, obtained from different druggists, published in the *Practitioner*:—

Nos.	Per cent. Alcohol by weight in volume.	Per cent. of Ammonia by weight in volume.
Brit. Pharm.	62·6	2·6
I.	63·1	2·0
II.	53·7	1·4
III.	52·4	1·5
IV.	52·2	1·3
V.	51·4	1·2
VI.	48·1	1·5

We are astonished to observe that this condition of things, under which a physician may administer only half the ammonia and two-thirds of the alcohol which he desires to give his patient, is defended by no less an authority than the *Journal of the Pharmaceutical Society*. The Editor considers it "unfortunate that this preparation should have been selected for the purpose of introducing the examinations contemplated by the *Practitioner*, for it is one in reference to which there are great differences of practice. He says several of our oldest and most respectable establishments have their own formulæ for this preparation, and they *find it requisite to follow those formulæ in order to meet the demands of their customers.* It is therefore by no means a legitimate inference that a deviation from the Pharmacopœia in the sal volatile bought at a shop of credit is to be regarded as inferiority. This is not a matter of quality or of price, and before any one can justly assert that particular druggists improperly make use of preparations which do not conform to the Pharmacopœia, the examiner must be careful to make sure that he obtains from the vendors such preparations as they would use in dispensing, and not for ordinary sale. There may be, without any impropriety, a great difference in this respect, not at all inconsistent with due adherence to the Pharmacopœia in all cases of dispensing."

We take it, therefore, as officially confessed that it is "all in the way of business" to sell an adulterated article for others to dispense, so as the seller does not dispense it himself.

Such a proceeding could only be defensible if the preparation were sold distinctly labelled with its composition, and if it were never compounded in prescriptions or sold for medical purposes.

Is it not distinctly illegal to dispense prescriptions by any other formulæ for officinal preparations than that of the British Pharmacopœia?

Glasgow Fever Beds.

THE *North British Mail* gives a description of one out of a number of houses visited by its representative in Glasgow.

"On the occasion of the visit there were upwards of a score of people in it. The proprietor was lying ill of relapsing fever, and not expected to recover. His wife, his mother, and his wife's mother, with several other women, were busily engaged alternately in serving the customers and attending the sick man, whose deplorable condition did not seem in any way to interfere with trade, although his bed was in the room where this large party was assembled. The wife informed us that when her husband was laid up the only way she could earn a living was by 'selling a glass.' These twenty persons probably only represented a tithe of the customers out and in during the night, and in this way it is not difficult to account for the rapid dissemination of the fever which is so prevalent just now."

The Small-pox Epidemic in London.

DR. CORTIS, a member of the Metropolitan Sick Asylum Board, stated at the Newington Vestry that the small-pox epidemic now raging in London was, perhaps, one of the most virulent which had existed within the memory of any man living. Out of 189 deaths occurring from this disease during the last fortnight, 110 had occurred during the past week. There were at present about 700 pauper patients in London suffering from small-pox, but provision had been made in the hospitals under the care of the Metropolitan Sick Asylum Board for only 500. It was expected that by the end of the present month there would be accommodation for at least 1,500 patients. In support of vaccination, Dr. Cortis stated that, out of 200 patients admitted into the hospitals, one-third of the deaths occurred among persons who had not been vaccinated, while among those who had been vaccinated only one in twenty-four succumbed to the disease, and they were chiefly among people advanced in life, and had partly lost the protecting effects of vaccination given them in early life. Nurses and medical officers acting in the most crowded wards scarcely ever fall victims to small-pox, owing to the fact that all are obliged to be re-vaccinated before commencing their duties. Dr. Cortis calculated that the present epidemic would cost the ratepayers of the metropolis, through the Asylum Board alone, no less than £20,000, a portion of which might have been saved had the Privy Council put into operation the Act of Parliament in giving the Asylum Board power to enforce vaccination and re-vaccination.

A Flaw in the English Vaccinnation Act.

A GUARDIAN of the Isle of Wight has communicated to the *Times* a novel and very important decision of magistrates in connection with the Vaccination Act:—

"Several parties who had refused to comply with the Act were summoned before the magistrates at Newport, both County and Borough Benches, and with one exception, in which the full penalty of 20s. was inflicted by the Borough Bench, were fined 1s. each. Such as still refused were again summoned under another section, which requires the parent to bring the child into court that the magistrates might make an order for the vaccination. Among these so summoned was a gentleman who had been fined by the County Bench on the first occasion 1s., and who, by his advocate, refused to produce his child, and denied the power of the magistrates to compel him to do so. The Bench—a full one, including, I believe, two barristers—adjourned the case for a week to consider the objection, and at the next hearing decided that they had no power to compel the production of the child. The same objection having been raised in the other cases, the whole were dismissed. The borough magistrates took the same view of the law, and dismissed the cases before them also. The consequence is that those who choose to pay a penalty of 20s. may afterwards set the authorities at defiance.

The Chest Hospital, Victoria Park.

THE annual meeting of the Governors was held at the London Tavern, the Lord Mayor presiding. The report stated that the Committee determined to appropriate the exceptional sums received from the Metropolitan Railway Company, and legacies to the completion of the original design of the hospital, thus raising the total accommodation for in-patients to 160 beds, and also, at the same time, materially promoting the general efficiency of the establishment. A contract for the new wing has been taken at £8,647, and considerable progress has been made in the erection. Assuming the ordinary current expenses of maintaining the charity to be (as last year), £7,757, the outlay cannot be less than £12,404, the sum of £8,437 remains still to be obtained.

LAST year the railway companies paid £333,715, as compensation for personal injuries.

MRS. HELEN MACKESY has bequeathed to the Royal Medical Benevolent Fund Society of Ireland, the sum of Fifty Pounds.

LIVERPOOL has had its "Hospital Sunday," and it is hoped this will result in a large increase to the income of her charities.

HANWELL ASYLUM contained on Dec. 31st, 1,785 inmates, being 87 more than on the same day in the previous year. There were 372 admissions in 1870, and 117 were discharged recovered.

SIR WILLIAM FERGUSSON writes to say there is a deficit of about £30 in the accounts of the Committee on Out-patient Hospital Reform. Five shillings from each gentleman who attended the meeting over which Sir William presided, could defray this. Dr. Meadows will receive subscriptions.

A CORRESPONDENT of the *Scotsman* states that, notwithstanding the numerical prosperity of the Edinburgh Medical School this year, as compared with last year, in each of the classes into which the mixed element has been introduced, there has been a decided falling-off in numbers.

THE seventh quarterly meeting of the London Medico-Psychological Association will be held in the rooms of the Medical Society, George street, Hanover square, on the 31st, at 8 o'clock. Robert Boyd, M.D., F.R.C.P., President, will occupy the chair. The following papers will be read:—"Observations on General Paralysis of the Insane, and the Morbid Changes found on *post-mortem* examination in the Spinal Cord," by Dr. Boyd; "General Paralysis," by Dr. Davey.

A COMPETITIVE examination for the admission of Assistant-Surgeons into the Royal Navy will take place at the London University, on Monday, 20th February, and following days, at 10 o'clock.

THE Director-General of the Army Medical Department has forwarded to a contemporary a case of "Transfixion of the Right Side of the Chest and Right Lung by a Lance, with Recovery," reported by Deputy-Inspector General Longmore, Professor of Military Surgery at Netley. The injury was caused by an accident on the 1st of April, 1869, through the rearing of the horse as the man (5th Lancers) was about to mount. The lance was thrust forcibly into the man's chest, and the point of it came out through the blade-bone. The horse then bolted, the man keeping his seat some hundred yards, thinking the lance had only penetrated his skin, but looking round and seeing it protrude behind, he threw himself from the horse, and the lance, coming forcibly to the ground, broke within his chest.

A VERY scandalous case of mal-administration of the "Small-pox Prevention System" has come to light in London: An inquest was held on the body of an infant, named Ambredge, aged seven months. Shortly after the child became ill, Dr. H. Rugg was called in and at once wrote to the Medical Officer of Health for Marylebone, that it should be removed to the Small-pox Hospital. Shortly afterwards the Inspector called at the house of the mother with a small quantity of disinfecting fluid, and said that the child could not then be taken into the hospital, as the house was not ready for occupation, but that he would let her know when it was opened. Four days afterwards he called again, and said if the child was to be taken to the hospital an order must be obtained from the Relieving officer. The order was applied for, but on Saturday night the child died. On the following Monday an application was made to have the body removed to a public mortuary, but the Relieving officer declined to receive it till he obtained a medical certificate of the death. There were four persons living in the house at the time, and one of them, a young man, had to be removed to the Small-pox Hospital that night. The Coroner characterised the case as a disgraceful one, and the jury were of opinion that, whatever reason there was for not removing the child from its home while alive, it ought to have been immediately removed to the parish mortuary when dead.

Correspondence.

THE STAFF OF LIFE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It would be impossible to over-state the importance of the above subject, which is so ably discussed by Mr. Milton, in your columns on the 18th inst. In a sanitary point of view it is second to no other question of the day. I am able, from actual experience, to speak most favourably of the "whole wheat flour," introduced by Messrs. Chapman: in several infant-day-nurseries the flour was tried, and with most satisfactory results; a marked improvement having taken place in the condition of many of the children, who had either refused other kinds of farinaceous food, or had not thriven upon what they had previously taken.

Your correspondent's remarks, as to the great importance of good bread, cannot be disputed; it is really of more consequence to health than animal food, an excess of which brings on a diseased condition of body—as frequently in the case of domestic servants in families, where the rule is to allow three meat-meals *per diem*, whilst bread and vegetables are eaten in very small quantities indeed.

I have known poor families brought into a very low condition in consequence of living almost entirely upon bread of a cheap, adulterated kind, which was all that they could afford; cutaneous diseases and rickets were prevalent amongst the children, and the elders showed signs of semi-starvation. An arrangement was made by which they were supplied from a greengrocer with the odds and ends of vegetables left after each day's sale, and the result was a marked improvement in the physical condition of the whole family; this was without any meat being added to the dietary.

I have ventured to trouble you with these few remarks, because I think every one who has any experience on the subject, should help to make known the value of an article of food, too little partaken of where it is plentiful, and not sufficiently sought after where it is scarce. *Good* bread is really the "staff of life."

I am, Sir, yours obediently,

January 20th. M. A. B.

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SCOTLAND.

EDINBURGH.

The Royal Infirmary.—The adjourned meeting of contributors held on the 13th, was one of unusual interest, from the fact, that the business before the meeting related to the admission of female medical students to the hospital. Admission to the meeting was granted to the general public, and, as might have been expected the scene was one of considerable disorder, until the public galleries by order of the Chairman, were cleared. Professor Charteris moved—"That in the opinion of the Court of Contributors, it is highly desirable that the Managers of the Royal Infirmary should make immediate arrangement for the admission of all registered students of medicine to a qualifying course of instruction in that Institution." Professor Muirhead moved as an amendment, "That the Court is of opinion that the question of admitting students, whether male or female, to the clinical instruction of the wards of the Infirmary ought to be left entirely to the discretion of the managers." The amendment was carried by a majority of eighteen.

Royal Sick Children's Hospital.—The annual report states that two new fever wards have been opened, accommodating thirty-three patients. The hospital is now capable of accommodating thirty-two ordinary patients, and forty patients in the fever and occasional ward. During the past year, the number treated in the hospital has been 470. The managers have resolved to receive a limited number of young women into the hospital to be trained as nurses.

GLASGOW.

Western Infirmary.—The sum of nearly £35,000 has been subscribed for this hospital which is connected with the new University Buildings. Of this sum £17,000 has been expended in purchasing the lands of Donaldshill upon which the hospital is to be built. The central portion of the building is to be commenced immediately, capable of containing 300 patients; the entire structure will cost £45,000, exclusive of furnishing. In the Convalescent Home 509 have been received during the past year. The managers have purchased the farm of Auchinloch, on which they intend to erect a home to accommodate sixty-two patients.

PROFESSOR MUIRHEAD'S SPEECH AT THE MEETING OF CONTRIBUTORS TO THE ROYAL INFIRMARY.

The speech of Professor Muirhead appears to us so admirable, that we make no apology for inserting it here, omitting only what bore on the remarks of the previous speaker.

"The question of the admission of women to the wards is by no means so simple as at first sight it appears. It is not simply this—Shall Miss Blake and her companions be admitted to the wards of the Royal Infirmary? But it is this—Shall women in general—all women who chose to qualify as medical students in all time coming—have a right to be admitted to these wards, however prejudicial their presence may be to more important interests? I say the question is not one of principle, but one of expediency. We are told—Mr. M'Laren told us at our last meeting, and my friend Dr. Charteris has repeated it to-day—that these ladies, as matriculated and registered students of medicine, are entitled to admission to the wards of our Infirmary. Their claim, as it is put before us by themselves and their supporters, is that they have the absolute right of admission to our wards. Now, my Lord, that was the first question which we, as managers of the late board of management, had to consider; because, if it were the fact that the ladies had an absolute right to be admitted to our wards, then there was no occasion for us to consider the expediency of that. The question, therefore, that first occurred to us was, Did the matriculation of these ladies as medical students in this University confer on them any right to come and say, "You must admit us to these wards?" I admit they are matriculated students, although it is equally the fact that they do not attend a single lecture within the walls of the University. But that matriculation of theirs confers on them no right to be admitted to the wards of the Infirmary, which is altogether an independent institution. True, they are in the Register of the General Medical Council, but that register is not a statutory record like the record of medical practitioners, but one that has been instituted itself without any legislative authority. Although serving many important and useful purposes, yet it does not, and does not pretend, to control or interfere with the administration of hospitals throughout this kingdom. In point of fact, no matriculation or registration of these ladies gives them any right whatever to be admitted to our wards. The charter of the Infirmary imposes upon us no obligation of admitting them. There is no law, either common law or statutory law, that gives them the right to demand admission. If they are admitted to the wards of the Infirmary, it is as a privilege conceded to them by the corporation, and the corporation that concedes the privilege is equally entitled to withhold it. It is of our free will that we admit students to our wards. I agree to some extent with the observations which fell from a speaker a fortnight ago—a gentleman who, I am sorry, was not a contributor, and therefore not present to-day—that there are objections and evils attending the admission of students to the wards of the Infirmary at all. I grant, at the same time, that the advantages to the Infirmary counter-balance those evils, because not only by admitting students to the wards of the Infirmary do we increase the inducements of the learned members of the medical profession to give us the benefit of their services, but we are preparing a new generation, or helping to prepare a new generation, to take the place of those medical officers of ours when they are removed from us; and we are, in point of fact, greatly increasing the funds of the charity by drawing from these students an income of nearly £1,300 per annum. Therefore, I say it is for our interests, for the benefit of the charity, that we admit students. Still it is of our free will, we can withhold that admission just as we concede it. If we give it at all, we may give it unlimitedly or under restriction; and, in point of fact, we do give it under restriction, for at this moment there are certain wards in the Infirmary—certain female wards—which no student is permitted to enter. If, therefore, we can restrict our privilege in one view, why can we not restrict it in another. If we consider it to be for the advantage of our charity not to admit women, then I say,—and I think many in this meeting will agree with me—it is our bounden duty to refuse them. At the same time, we are bound to treat these ladies with the utmost possible consideration. The University authorities have admitted them, under qualification I allow, to study medicine within its walls. It is not for us as managers of the Royal Infirmary to question the wisdom of the resolution of the University authorities. It is one which imposes on us an obligation not unnecessarily to throw any obstacles in their path. I say, then, if it can be pointed out to the Board of Managers that, without any prejudice to the interests of the Infirmary, either in its patients, or medical officers, or students, these ladies can be admitted to our wards, they will be delighted to give them that access. But, as I say, my Lord, we have many interests to consider. The case, as it was presented to us in the first instance, was this. It was an application by Miss Blake and her companions for admission tickets, as students, to the wards of the Infirmary; and it was an application entirely unqualified. No hint was given us that it was not their desire to enter more than certain wards. On the contrary, what was asked for, and what alone was asked for, was admission to the wards of the house generally—to have, in fact, the run of the house on the same footing as the male students. Mr. Bell very properly replied that it was beyond his power to grant such admission tickets without reference to the managers. Consequently, at our next meeting we were warned that this question was to come under consideration. We took it into consideration at a meeting larger than usual, and I beg you, about this meeting, to note this fact, that at that first meeting at which we considered this question, when the eyes of one and all of the managers were turned solely and exclusively to the Infirmary—the ladies at that time were not specially represented, and their interests not particularly before us—when all our attention was devoted not to the personal interests of those seven ladies, but to the great interests of the charity, our vote was a unanimous one that these ladies could not be admitted. No doubt, my Lord, that decision of ours caused disappointment to the ladies; and it was but natural that they should take steps if possible, to have it reconsidered. So effectively did they do this, so good a whip did they institute amongst those of the managers who had happened to be absent from the previous meeting, and amongst those who were present whom they conceived to be convertible—(a laugh)—that at the next weekly meeting of the managers, without any notice whatever a proposal was made that the vote of the previous day should be reversed; and I believe that Miss Blake is strictly accurate when she says that at that meeting there was a majority of members present who were favourable to her cause. Considerations of common decency, however, prevailed; and it was recognised as hardly right; it was recognised as hardly decent that a resolution deliberately and unanimously arrived at at one meeting, after due notice to every one of the managers, should at the next meeting, without any notice, be unceremoniously overturned. So the question was delayed for consideration a week, along with a memorial which the managers had received in the meantime from Miss Blake and her companions. When we met again to consider the matter, we had to face another memorial—one from above 500 male students—expressing in very respectful but decided language their repugnance to the introduction of women into the same wards as themselves, or to the operating theatre while operations were being performed. We had to consider, moreover, a request from our medical officers that we ought not to come to any decision on the question without giving them the opportunity of submitting their opinions upon it. This request was so respectful that it was at once granted. Another meeting was fixed and held, at which eighteen of our medical officers gave us their opinions—fifteen of them, I believe, expressing their opinions against the admission of women, and only three expressing an opinion in favour of it. Thus instructed, my Lord, and having before us the memorial of Miss Blake and her companions, the memorial of the male students, and the *viva voce* opinions of our medical officers, we met again deliberately to consider our verdict. You know what that verdict was, not a unanimous one by any means, but one given by a perfect decisive majority. We divided on a motion of our friend Mr. Blyth, not that women should be admitted generally to the wards, but to the wards of those three physicians and surgeons who were willing to receive them. We then adhered to the amendment proposed by my friend Dr. Combe, that we should stand to our original resolution and decline to admit them. I beg the pardon of the meeting for troubling them with these somewhat dry details, but I think it right to mention them in order to be able to refute the charges brought against us the other day, that the late managers of this charity had been mere puppets in the hands of the medical managers, who were said to be the wire pullers. I say that there is not one of the medical members of the late board of management, as all who know them are aware, who is blinded by the prejudice which seems to obscure the mental vision of Miss Blake and some of her friends; that there is not one of them who is not fair and honourable, or seeks to influence his fellow-managers by any underhand means; and there is not one of the lay managers of the late board who is not sufficiently able to test for himself the accuracy of the facts and the soundness of the arguments that might be submitted to them, or who can be so easily influenced as Miss Blake seems to indicate. Our inquiry, my Lord, was very much a judicial inquiry. Never did a board of managers take more pains to arrive at the truth in regard to facts or the soundness of the arguments that were represented to them. What we had to consider—having determined that the ladies had no absolute right to admission—was this:—Supposing it granted that they had no absolute right—admitting, however, that they have an equitable claim to be assisted in pursuing the studies to which the University authorities have given them entrance—admitting that, can it be done without injury to the interests of this great institution? First, we had to consider the interests of the patients whom we, as managers, were particularly bound to regard; then we had to consider the interests of our medical officers; next that of the students; then that of the public generally, and also that of medical education in Scotland. There were three suggestions made to us while these deliberations were taking place, and one has been mooted since. The first was that ladies might be admitted indiscriminately to all the wards on the same footing as male students. That was what the ladies themselves demanded, and was pleaded for in the memorial which they submitted to the managers. The second was that they might be admitted to the wards of certain of the medical officers who were disposed to receive them, and that along with the male students attending these wards. The third proposal was that they should be admitted to those same wards at separate hours and in separate classes from the male students; and the fourth suggestion that has been made, and it is made since the matter was before the late board of management, is this—and it is one that has been insisted upon to-day by my friend Dr. Charteris, and advocated in a circular put into my hands as I came into this hall, that these wards should be exclusively set apart for ladies, and the male students be denied entrance to them. That last proposal comes to us freshly. It was not before the late Board. As regards the third suggestion—viz., separate instruction at a separate hour, in the wards of those medical officers willing to receive the ladies—the managers had no difficulty in at once setting it aside. As guardians of the interests of the patients, whose feelings and whose prospects of cure are not to be disregarded, we could not for a moment think of sanctioning a proceeding which would have the effect of submitting them to a twice-a-day examination or inspection, with all its excitement and attendant trials. It is bad enough for the patients to submit to such examinations once a day, and it would be infinitely worse to ask them to submit twice. There remained, therefore, the alternative of mixed classes. It was not the fact, as stated by Mr. Duncan M'Laren, that we had never considered the question of separate classes. We set it aside at once, and there remained only the alternative of mixed classes—mixed classes either indiscriminately throughout the whole house or in the wards of those particular medical officers who were willing to receive the ladies at the same time as their male students. In the interests of the patients, it seemed to us that mixed classes were not advisable. We could not but recognise the sufficiency of the objection which might be raised by male patients, under certain circumstances, to have their ailments discussed and their sores exposed to such an audience, canvassing and criticising all the time their cause, their treatment, and their cure. We had to consider the feelings of our medical officers, who told us that it was impossible for them in mixed classes and before such an audience to speak with that freedom and unreservedness with which it was desirable they should speak, or to perform such operations which yet for the patients were absolutely necessary. In listening to the objections urged by our medical officers, it never occurred to me, remembering the large heartedness and philanthropy of a profession of whom the Allisons, the Symes, and the Simpsons were the representatives of the past, and of whom the Christesons, the Spences,, and the Listers are the representatives of the present, that those objections, as we have been told by some mean spirits who guage the feelings of others by their own paltry standards—were but a cloak to cover a sordid fear lest the incomes of their medical brethren might be diminished by female practitioners. We had to consider next the interests of our male students, whose feelings of delicacy, because they have feelings of delicacy, revolted at the idea of the presence of women at many of the operations, and many of the visits which they were called upon to attend. And it is not simply that they are men of delicate feelings that they are to be considered, but also because they contribute to the funds of this institution, nearly half as much as the amount of our annual subscribers in Edinburgh put together. We had to consider, also, what in the possible future might be the result of the congregation together in some wards of a mass of young men and women—in the possible future, for I have no fear for the present. We have been told, no doubt, of Paris, Zurich, and Vienna, as places where the experiment has been made without detriment—though some deny that ; but we know also of a country where the experiment has been made on a much larger scale, and tried for a much longer time—I mean the United States of America—where a medical school beginning with large promise has at last become so degraded that any woman who respects herself and position shrinks from the contamination. I say shrinks from the contamination, and renounces or prefers to renounce, the benefit of years of study with those women rather than don the academic robe of one of its graduates.

Miss BLAKE.—Give me the name of that college.

Professor MUIRHEAD.—I speak on the authority of Miss Blake.

Miss BLAKE.—Name the college.

Professor MUIRHEAD.—I speak on the authority of Miss Blake, who told me that she had studied medicine for two years in that country ; and, in answer to my question why she didn't pursue her studies and graduate there, instead of coming here, she told me the character of the female students in America had so deteriorated that she could not consent to become a student there. We, as managers, had to consider still another interest, and that was the interest of the great medical school of this city. We were assured by our medical officers, and by other medical gentlemen in whom we had every confidence, that if women were admitted to mixed classes in our Infirmary, the result would be most prejudicial to the interests and education of young men coming here, as they have done for years, and that they would leave this city. I know it is said, "This is fancy," and we are called upon to look to the fact that at this moment the number of students is greater than it has been for years ; but remember it is so, not in spite of the ladies being in the University, but because the world knows that up to this moment the University authorities have declared that they will not permit mixed classes of women and men. With all these considerations pressing upon us, was it wonderful that we should have come to the resolution, as every one of us did at once, that mixed classes indiscriminately throughout the house were an impossibility? As regarded mixed classes in the wards of those particular medical officers who were willing to receive them, no doubt, the difficulties in reference to them were lessened, and it was because those difficulties were lessened, I have no doubt, that the minority of the late Board of Management supported that view ; but to the majority it appeared there were some objections that were fatal against them, and the first was this, that it was not right that a great general question such as this one should depend on the caprice of the individual teacher that the ladies should be admitted to-day, but should cease to be admitted to-morrow, if one of those willing to admit the ladies should happen to resign. And it was even a graver objection, that what the ladies desire to have—qualifying instruction—could not possibly be given to them by attendance in the wards of those three individuals, for this reason that one of them is a University Professor, prohibited by the University authorities from receiving mixed classes, and the wards of the other two gentlemen do not contain those eighty beds which it was requisite the ladies should have. Therefore, to ask us to give them a certificate of attendance at an hospital of eighty beds was to ask us to put our hands to a lie, and declare that they had attended. With reference to the proposal with which we were met to-day, and which has been more fully urged by Dr. Charteris—viz., "The infirmary is so large that the portion to which alone we ask admittance is something less than a quarter of the whole ; and, even if no restriction is laid on the attendance of the male students, it will be only by their own choice if they attend in the same wards with us, while more than three-fourths of the hospital will be devoted *exclusively* to their instruction." To the exclusion of 300 or 400 students—(Cries of "600 or 700") —and those 300 or 400 students who are attending at this moment, and whose fees have been taken on the understanding that they were to have admission to every ward in the house. But they are to have only three-fourths of the house, though, by the grace of the ladies, they may be admitted to the other fourth if they choose to come. It is not just that for seven ladies the interests of 300 or 400 students should be sacrificed. With so large a question, with such multifarious and complex interests, it is impossible that a meeting such as this can come to a deliberate judgment. I think it would be a much better thing, if you have confidence in the managers, as I hope you have, to leave this question to them, and therefore I propose this amendment :—"That the court is of opinion that the question of admitting students, whether male or female, to clinical instruction in the wards of the Infirmary ought to be left entirely to the decision of the managers."

Medical News.

The vacancy at the Royal Westminster Ophthalmic Hospital, created by the resignation of Mr. Hancock, has been filled by the appointment of Mr. Jabez Hogg, formerly Assistant Surgeon to this Institution.

Apothecary General for Ireland.—The projected appointment having met with such serious opposition, it has been resolved not to proceed with the scheme in its present form. Probably the duties of the proposed office will be discharged by inspectors appointed by, and under the control of, the Irish Poor-law Board.

Small-pox in London.—A report has been issued by Mr. Bridges, one of the Poor-law inspectors, on the increase of small-pox in the metropolis, pointing out the importance of the infected districts co-operating with the Metropolitan Asylums' Board in their efforts to prevent the further spread of the disease.

Health of London.—Last week, 2,357 births and 1,896 deaths were registered in the metropolis, the births being seventy-seven, and deaths twenty-four above the estimated average. Zymotic diseases caused 398 deaths, of which 135 were from small-pox, and seventy-seven from scarlet fever.

A Noble Example.—Messrs. Wickens and Mallet, surgeons, &c., of Folkestone, having recently intimated to the Sous-Prefet of Boulogne that they would undertake the care, maintenance, and medical treatment of forty wounded French soldiers, whom they were prepared to receive, board, and lodge at Folkestone, the local authorities at Boulogne have thankfully accepted the offer ; and the South-Eastern Railway Company has consented to give a free passage for the men, and to provide every necessary arrangement for their comfort.

Bequests, Donations, &c.—The Worshipful Company of Fishmongers have presented £100 to the Great Northern Hospital ; the Worshipful Company of Drapers, £52 10s. ; Wm. Loyd Jones, Esq., £50 ; Richard Spry, Esq., £31 10s. ; J. Martin, Esq., £30 ; and Mrs. H. Mark, £10 10s. The Worshipful Company of Grocers have voted the donation of £100 to the funds of the National Hospital for Consumption and Diseases of the Chest, Ventnor, Isle of Wight. The concert lately given by the Tottenham House band, at St. James's Hall, in aid of the funds of University College Hospital, resulted in the sum of £153 being added to the funds of this charity. The Kent and Canterbury Hospital has received £500 under the will of Miss Dorsett. James Gleadall, Esq., has given £105 to the Royal London Ophthalmic Hospital, Moorfields. The Royal Infirmary, Aberdeen has received £50 under the will of Alexander Sutherland, Esq.

Decorating Hospitals.—The Royal Hospital for Incurables, at Putney, has lately received from the Treasurer the munificent donation of 400 chromolithographs of the best kind, all in handsome frames, for the decoration of the apartments occupied by patients.

John Warr and Fanny Warr, husband and wife, attended in answer to summonses charging them with having, in contravention of the 38th clause of the Sanitary Act, unlawfully and knowingly permitted certain articles of clothing worn by a person suffering from a contagious and infectious disease (small-pox) to be removed without disinfecting the same. This was a prosecution instituted by the vestry of the parish of St. Leonard, Shoreditch. The evidence showed that about a month ago the daughter of the defendants was ill with small-pox. At that time they employed a Mrs. Underwood, residing in George's square, Hoxton, as laundress. About a week after the child was taken ill, Mrs. Underwood, received as usual a bundle of clothes to wash. On taking them home and putting them into the wash tub, she first became aware of a terrible stench, and was seized with vomiting. Small-pox soon afterwards broke out in the house, and a boy named Little, the son of a lodger, was seriously ill of that disease. Mrs. Underwood herself was for some time under the care of the doctor. The facts coming to the knowledge of the parish authorities, the present prosecution was ordered. Mr. Bushby said that the matter was of the most vital importance to the public, and it was not to be allowed that any one employing a laundress should give them clothes to wash without disinfecting them, because thereby they spread the disease. He inflicted a fine of 10s. and 2s. cost on each defendant. In default seven days' imprisonment. The fines were paid.

Singular Death of a Surgeon at the Manchester Royal Infirmary.—Lately, Mr. Herford, the city coroner, held an inquest touching the death of John Thomas Darby, twenty-six years of age, a surgeon at the Royal Infirmary. A witness heard him on Tuesday or Wednesday tell a gentleman that he had taken morphia for rheumatism some time before, and that he could not get over the habit of taking it. He thought he said that his usual dose was a grain.—John Gibson Gordon, physician's assistant at the Royal Infirmary, said that Mr. Darby last week complained of not being well. He had been present at an autopsy of a fever patient, and witness thought he was a little anxious. On Wednesday he saw him in bed; and at his request, witness gave him a subcutaneous injection of a quarter of a grain of morphia to make him sleep.—Samuel Buckley, house physician, said that up to Tuesday morning last, deceased appeared to be in good health. On that day witness made two *post-mortem* examinations, one of which was on a case of typhus fever. Mr. Darby was present, and witness asked him if he smelt the typhus. In the evening both witness and the deceased complained of being unwell—feverish and shivering. On Wednesday morning witness vomited before breakfast, and Mr. Darby complained of similar symptoms. On Friday he seemed to be better, but he never saw him again alive. Witness had made a *post-mortem* examination in the presence of Dr. Wilkinson and the resident officers of the Infirmary. He found no organic hurt or disease sufficient to account for death. There was incipient disease of the liver and kidney. He had made a rough analysis for morphia, and, although he did not detect any, a more elaborate analysis might have done so. The appearances he saw might have been produced by the absorption of morbid poison at the *post-mortem* examination. My opinion is, that he had taken his ordinary dose of morphia and that it proved too much for him in his then depressed state. I am perfectly satisfied that it was taken unintentionally.—The Coroner having briefly summed up, the jury returned a verdict that the deceased had died from blood-poisoning, aggravated by a dose of morphia.

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NOTICES TO CORRESPONDENTS.

☞ *Correspondents requiring a reply in this column, are particularly requested to make use of a distinctive signature or initials, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.*

We are obliged to postpone several interesting communications and letters—amongst them Dr. Luther "On the Unwisdom of the Antagonism existing between Medical and Hydropathic Practitioners." Dr. Drysdale's reply to Dr. Hayes. Reviews and Notices of Books, Proceedings of several Societies, Hospital Reports, &c.

Sewage.—We shall continue our valuable Special Report next week.

Stitching the Journal.—We much regret the annoyance many of our readers complain of in consequence of the Journal being unstitched. Until the unreasonable restriction which prohibits the fastening of the sheets of a newspaper together by means of cotton be removed we would suggest a pin be stuck in the centre. Evidently, the framers of the last postal Bill overlooked the possibility of this being done, or they would probably have prevented even this mode of reading and keeping the sheets of a journal together comfortably, until they do so, we would advise our friends to take advantage of their accidental omission to make themselves more thoroughly obnoxious.

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MEETINGS OF THE LONDON SOCIETIES.

Thursday, Jan. 26th.

Royal Institution.—3 p.m. Dr. Odling. "On Davy's Discoveries."

Friday, the 27th.

Clinical Society of London.—8½ p.m. Dr. Silver "On the Use of Veratrum Viride in Rheumatism." Mr. Teevan "On Four Cases of Operation for unusually Large Calculi." Dr. Handfield Jones, "Two Cases of Chorea, with Urinary Analysis;" and "On Puncture in Anasarca." Dr. Broadbent, "On Paralysis of the Soft Palate, resembling Diphtheritic Paralysis."

Royal Institution.—9 p.m. Dr. Odling "On recent Improvements in the Production of Chlorine."

Saturday, the 28th.

Royal Institution.—3 p.m. Rev. W. H. Channing, "Laws of Life revealed in History."

Monday, the 30th.

Medical.—8 p.m. Ordinary.

Tuesday, the 31st.

Royal Institution.—3 p.m. Prof. Foster, M.D., "On the Nutrition of Animals."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

What is Malaria? By C. F. Oldham, M.R.C.P. London: H. K. Lewis.

Colonial Questions. By R. A. Macfie, M.D. London: Longmans.

On the Genesis of Species. By St. George Mivart, F.R.S. London: Macmillan and Co.

Practical Lithotomy and Lithotrity. By Sir Henry Thompson. Second Edition. London: J. and A. Churchill.

The Deformities of the Human Body. By Bernard E. Brodhurst, F.R.C.S. London: J. and A. Churchill.

Journal of the Gynæcological Society.

Notes on the Dioptrics of Vision. By R. E. Dudgeon, M.D.

The New York Medical Journal. Vol. XIII.

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VACANCIES.

City of London Hospital for Diseases of the Chest.—Assistant-Physician. Election Thursday, 26th inst.

Holloway Dispensary.—Assistant Medical Officer. Salary £90.

Windsor Royal Infirmary.—Resident House-Surgeon. Salary £100.

Royal Cornwall Infirmary.—Resident House-Surgeon. Salary £120.

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APPOINTMENTS.

Archer, Mr. E. G., Resident House-Surgeon at the West Kent General Hospital, Maidstone.

Galloway, J., M.B., C.M., Medical Officer for the Edenfield District of the Haslingdon Union, Lancashire.

Gibbings, A. T., M.R.C.S., House-Surgeon to the Stamford, Rutland, and General Infirmary.

Halkett, L. J., L.R.C.P., M.R.C.S., Medical Tutor at the University of Durham College of Medicine, Newcastle-upon-Tyne.

Lea, J. A., L.R.C.P., Assistant Demonstrator of Anatomy, Resident Surgical Officer at Charing Cross Hospital.

Mackintosh, A., M.D., Medical Officer and Public Vaccinator for the North District of St. Germans Union, Cornwall.

Rutherford, T., L.F.P., Certifying Factory Surgeon for Bingley.

Thompson, W. W., M.R.C.S., Surgeon to the Coastguard, Bognor.

Thomson, Mr. J., Medical Officer for the Stourbridge Union.

Thorp, B., M.R.C.S., Assistant House-Surgeon at the South Dispensary, Liverpool.

Townsend, R. H., M.B., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Miltown-Malbay, Co. Clare.

Wilkin, T., L.K.Q.C.P.I., Medical Attendant to the Royal Irish Constabulary, Lisbellaw, Co. Fermanagh.

Wolseley, C. B., M.B., Medical Officer for the Dunfanaghy Dispensary District of the Dunfanaghy Union, Co. Donegal.

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Birth.

Kidd.—On the 18th inst., at Armagh, the wife of A. Napier Kidd, M.D., F.R.C.S., of a son.

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Marriages.

Birch—Lambert.—On the 17th inst., at St, John's, Hackney, George Birch, M.R.C.S.E., to Eliza Isabella, eldest daughter of Mr. John Lambert, of Finsbury.

Harling—Pickering.—On the 19th inst., at New Brighton, R. D. Harling, Esq., M.D., of Seymour street, Portman square, to Catharine Elizabeth, eldest daughter of C. W. H. Pickering, Esq., of New Brighton, Cheshire.

Middlemist—Reid.—On the 14th inst., at St. Mark's, Hamilton terrace, Robert Percy Middlemist, M.R.C.S., of Bedford place, Russell square, to Alice, youngest daughter of the late James Reid, M.D., of Brook street, Grosvenor square.

Deaths.

Buckley.—On the 13th inst., N. Buckley, M.D., M.R.C.S.E., of Townhead, Rochdale, aged 49.

Darby.—On the 14th inst., at the Royal Infirmary, Manchester, John T. Darby, M.R.C.S.E., aged 25.

Ross.—On the 19th ult., T. Ross, M.R.C.S.E., of Wakefield, aged 69.

Swift.—On the 12th inst., H. Swift, M.R.C.S.E., of Fallowfield, aged 41.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 1, 1871.

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Original Communications.

ON THE DUALITY OF VENEREAL SORES.

By **Benjamin F. McDowell**, M.B. T.C.D., &c.,

Surgeon to Mercer's Hospital, and Senior Surgeon to the Lock Hospital, &c.

As I was not permitted by the rules of the Surgical Society to speak for more than ten minutes in the protracted discussion which took place on this subject at its recent meetings, I take an early opportunity to explain more fully the views that are forced upon me by experience in regard to this question, which is undoubtedly one of great practical and scientific importance.

The nomenclature of diseases does not include a malady in its category, it may be truly said, which has attracted to itself in the last three centuries, more attention than syphilis; this indisputable fact may be taken at the same time as a measure of the importance of the subject and the difficulties by which it is surrounded. In the remarks which I have to make on this particular question, I shall confine myself, as far as it is possible for me to do so, to impressions produced upon my mind by observations on cases which have occurred in my own practice, making use from time to time of the writings of distinguished syphilographers as occasion may arise.

The health of the community must always be affected to a large extent by the prevailing opinions entertained by Medical men on syphilis and its treatment. It is, therefore, desirable that when an important point, in doctrine or practice, which appeared to have been established by the strict rules which inductive science and extended observation require, is assailed, that those who have devoted attention to the subject, or have enjoyed opportunities for investigation outside the common range, should, in the interests of truth and science, communicate to the Profession the results of their experience.

Lancereaux says, in his admirable work on this subject, speaking of this particular question of unity or duality, that it is one "more of doctrinal than practical importance." In this view I can hardly agree with this distinguished observer and writer, for, we find, that practice succeeds to doctrine, and if the latter be altered the practice will follow in its wake; if we fall back on the doctrines entertained by the old schools, as in this case, for example, and subscribe to the unity of all venereal manifestations, it is greatly to be feared that we would gradually find ourselves following their method of treatment also, and so we would inevitably have mercury, so often treacherous, haunting us everywhere, in hideous shape, as it once most cruelly did our predecessors. Perchance, indeed, we might possibly find ourselves thrown back into the days of John Hunter and Sir Astley Cooper, when, even for a gonorrhœa, mercury was administered, and pushed so far as to produce profuse salivation!

Now, what are the questions brought before us in this discussion? They are these:—

1st. Do all venereal sores arise from one virus or from two?

2nd. Is there a distinct line of demarcation to be drawn between the two sores?

We shall commence with the first of these propositions. Those syphilographers who believe that all sores arise from one and the same source, are said to believe in the "unity" of the virus. Those who take the other view, are said to subscribe to its "duality," or as some writers express it, the first class of believers are called "unicists," the second, "dualists." I am thus particular in defining these premises and terms in order to save confusion hereafter. At the very outset I wish to express in how much I am led to side with either of these contending parties, and afterwards to adduce arguments in support of the views I have been led to form. I am a unicist in the highest sense, in so far as I believe there is but one sore, which is the evidence of a *blood poison*—one true constitution-infecting malady in question—as, for example, small-pox and such like diseases are the evidences of blood poisons, with this exception, that here the poison is essentially chronic in its manifestations and progress.

The *varieties* of eruption are to be accounted for not by the sores, nor plurality of poisons, as Carmichael thought, but by the intensity of the dose of the poison received into the orgasm, by the state of health of the recipient at the period of its reception into the blood, and during the developmental process which follows, and other circumstances; and so, under these modifying conditions, we have presented to us the different forms of eruption—such as the roseolar, papular, squamous, ecthymatous, and so forth. I am induced to be a "dualist," inasmuch as I believe there is another, and totally different affection—a local lesion—which results from the application of an irritating secretion or virus, of a distinct nature, to the tissues which produces under different circumstances a purely local sore, which runs a local course (save as far as the glands in the groin may be implicated by suppuration), and which does does not, *per se*, affect the constitution.

I hold it is a mistake to speak of these two affections as having anything in common—the idea appears to be opposed to the principles of surgery—for without even passing beyond the tissues, it does not sound philosophical to assign to a common origin two sores, which are so essentially different in their character. In the one case a slow form of adhesive inflammation, unaccompanied by pain, presenting itself; in the other, the very reverse—viz., an acute form of suppurative inflammation with loss of tissue, and suffering more or less severe. They appear to me to have no more relationship in this sense than have the "false pains" of pregnancy to the "true," or a phantom tumour to a solid and tangible fibrous growth.

But to return to the doctrines. The "Unicists" say then that all sores have a common origin, and are interchangeable, by which latter term is meant, for example, that from an indurated sore may be produced a soft sore, from a mucous patch, which is a secondary lesion, a soft sore; that a hard sore will become transformed into a mucous patch (which I admit), &c., but more on this head hereafter.

The "Dualists" say there are two morbific agents in question: 1st. A true blood poison, for the varieties of sore (which will be more fully defined as we proceed) which are inevitably followed by mischief to the constitution; and, 2nd. Another agent, a virus, which cannot, they believe, be called a blood poison, for that variety of sore which runs a local course, heals as a simple ulcer, and does not carry infection to the system. Now, so far as the present state of our knowledge, and my own experience inform me, I must subscribe to this latter view—in other words, I believe that, clinically, we have two diseases to deal with, each having, as we must by induction believe, different origin, essentially different in its manifestations, and demanding a completely distinct line of treatment; the one merely a local and passive lesion, the other the initial local evidence of a chronic blood disease, which too often takes the type of a diathesis.

I have no wish to enter here into the perplexing, and for practical purposes, unimportant consideration which has been broached as to whether these diseases *ever* have had an origin in common. *If they now*, as they present them, selves to us clinically, are distinct in every sense, and are as we believe now, at least developed by different agencies, and require, as we know they do, a completely different line of treatment, this is all we want. We need proceed no further for practical purposes. It is often, unfortunately for precise science, difficult to tell whether a given sore is "local" or "constitutional," "simple" or "syphilitic" in its nature, although the doctrines seem simple enough. The lapse of time from their invasion, the treatment they may have had to undergo previous to their inspection by the surgeon; these, and other considerations—even nature herself makes these sores—deport themselves in such a questionable manner, that even after the closest examination, only a doubtful diagnosis can be made.

We know also that the two forms of sore may coexist in the same individual; nay, may even be engrafted on the same spot, on the same person, as they may on the individual from whom they were contracted; or, what close enquiry will often prove to be the fact with many harassing cases, one form of sore may be treated and cured, whilst another—the true herald of the constitutional malady—lurks, incubating unseen, to put the blame upon its apparently more formidable but harmless neighbour. These, and a host of other perplexing facts and considerations often conspire to make this question of "unity" or "duality," which might appear at first sight, or in given typical cases, simple enough, really one of considerable difficulty, and one which demands for its solution a mind unbiassed by foregone conclusions, an extended opportunity for precise observation, together with rigid and impartial accuracy with collation of facts. Anything short of this will not answer the requirements of Nature, and will tend rather to confuse than elucidate the subject.

Having made these prefatory remarks, I wish now by way of simplification to bring the Report of the Venereal Commission to our assistance. This Commission was appointed in 1864, with Mr. Skey, the well-known and distinguished surgeon, as Chairman, to collate evidence from eminent medical men in the United Kingdom and abroad on venereal diseases and their treatment, with a view to the health of the army and navy, which suffered immensely from the ravages of syphilis.

It occupied more than a year in collecting facts, and its report was not published for more than two years afterwards. The first evidence was taken in December, 1864; the Blue-book was not presented until May, 1867. It contains the evidence of over sixty surgeons of undoubted reputation and experience, together with the Report of the Commission, which shadows forth the weight of evidence as elaborated by it.

(To be continued.)

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ON THE COMPOSITION OF THE FERRIC IODATES.

By Chichester A. Bell, M.B.

The ferric biniodate having been recently proposed as an addition to our list of medicines, and successfully employed by many physicians in Dublin, it appeared desirable to investigate the chemistry of a substance which seems destined to come into more general use. The compound hitherto employed, however, is both expensive and tedious to prepare, and is, moreover, liable to decomposition, although very much more stable than the ferrous iodide as a substitute for which it was introduced. With the view, therefore, of devising a more simple and rapid mode of preparing it, or of finding some similar and equally efficacious compound, a few experiments were undertaken, and with the following results.

There appear to exist at least three well-defined compounds of ferric oxide and iodic anhydride. One of these, the biniodate, is formed by precipitating a solution of iron alum by one of potassic or sodic iodate added in excess. This is the compound recently proposed for use in medicine, and to it the formula $Fe_2 O_3, 2 I_2 O_5, 8 H_2 O$ has been correctly assigned. When first precipitated it is of a yellow or yellowish-brown colour; but it soon becomes darker on exposure to air, at the same time evolving an odour of iodine. If now to a solution of ferrous iodide one of potassic chlorate be added, and then an excess of strong nitric acid, upon heating the mixture a fine yellow precipitate is produced. The formation of this substance is often remarkable; the iodine, which was at first set free, disappearing suddenly, when the yellow precipitate appears. The composition of this precipitate corresponds to the formula $Fe_2 O_3, 3 I_2 O_5$, or $Fe''' 3 I O_3$. It is therefore a normal iodate. It contains 9·64 per cent. of iron, and 65·57 per cent. of iodine, while the percentages of iron and iodine in the crystallized ferrous iodide of the "Pharmacopœia" are about fifteen and sixty-seven respectively. It is scarcely soluble in cold water, and dissolves with difficulty even in strong nitric acid. Like other iodates it is readily attacked by warm moderately dilute hydrochloric acid, chlorine gas being produced. Boiling water takes up from it both ferric oxide, and iodic anhydride, a basic salt remaining undissolved. It is destitute of both flavour and odour. It possesses the advantage over the preceding compound of being anhydrous and perfectly stable. The most suitable proportions for its preparation seem to be—two parts iodine converted in the usual manner into ferrous iodide in solution in five or six parts water, two parts potassic chlorate dissolved in a small amount of hot water, and one and a half parts strong nitric acid.

When only a small quantity of nitric acid is added, and the mixture heated to boiling, a considerable amount of iodine escapes, while a deep red precipitate is formed. The composition of this precipitate, when dried at 212° F., appears to be normally $Fe_2 O_3, I_2 O_5$. It soon, however, decomposes, even during washing, and the proportion of iodic anhydride is accordingly liable to vary. Prepared with a larger quantity of nitric acid, its colour is lighter, while it contains a greater percentage of iodic anhydride. When the amount of nitric acid is not quite sufficient to cause the formation of the normal salt, the resulting precipitate is probably a mixture of normal and basic iodates. Digestion with warm dilute nitric acid converts any of these basic mixtures into the normal compound.

Of these three ferric iodates, the neutral salt would seem the best suited for use in medicine in consequence of its great stability. The iodates as a class undoubtedly require further examination.

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FLATULENCE: ITS ORIGIN AND TREATMENT.

By John Chapman, M.D., M.R.C.P., M.R.C.S.,

Physician to the Farringdon Dispensary.

(Continued from page 67.)

Having referred to the treatment of the remote and proximate causes of the disorder, there only remains for me to consider the question—how may the flatulent distension itself be most effectually subdued? Of the numerous medicines used for this purpose the following are those most commonly employed:—the carbonates of soda, potash, magnesia, and ammonia; opium; sulphuric ether; chloroform; dill water; carraway water; assafœtida; cinnamon; various essential oils, and especially cajaput oil; spirit of nutmeg; spirit of juniper; compound tincture of cardamoms; tincture of ginger; ammoniated tincture of valerian; peppermint; brandy; injections of various kinds; and applications to the abdomen of turpentine, mustard, or linseed poultices. In so far as these remedies act beneficially, they may be divided into two classes—(1), those which promote condensation of the gas; and (2), those which promote its expulsion. Most of them are of the latter class, and produce their effect by stimulating the muscular coat of the alimentary canal. Among the condensers I have reserved for special mention a medicine the action of which is incomparably the most rapid and efficacious—viz., dry powdered charcoal, administered in hermetically sealed gelatine capsules, as recommended by Dr. Leared in his valuable essay on "Flatulence, and its Successful Treatment by a Novel Use of Charcoal."* Referring to a severe case of flatulence in which he prescribed the capsules, he says: "When the sound on percussion over the greater end of the stomach was quite tympanitic, this would change into the ordinary clear tone of the part after the capsules had been swallowed a few minutes. Encouraged by this case, the capsules were given in many other instances with excellent results. . . . Twenty grains or two capsules, of the vegetable ivory charcoal absorb more than two cubic inches of carbonic acid gas. If a greater effect be desired, and the dose be increased to four capsules, nearly five cubic inches will be taken up. Now, admitting that these effects are not quite so active in the stomach as they are in the experiments, there must still be absorption enough to give relief to the patient. The effect may at any time be tested and the repetition of the dose guided by percussion over the greater end of the stomach. More charcoal should be taken so long as the percussion sound is tympanitic. . . . Charcoal in large doses presents one great disadvantage: intestinal obstruction, as sometimes caused by magnesia, has been the consequence."

There are, fortunately, two plans, both often remarkably successful, of relieving the distress caused by gaseous distension, without resorting to drugs at all, and therefore without submitting to the evils sometimes inseparable from their employment: either the prolonged use of the warm bath, at 100° Fahr., or the judicious application of the spinal ice-bag often operates like a charm in respect to both the rapidity and the completeness with which the gaseous swelling is made to subside; and, in my opinion, experience will prove to every physician who gives these methods an adequate trial that very few cases will be met with in which effectual relief will not be given by resorting either to one of these experiments or to both of them in succession.

The warm bath usually causes a copious discharge of the pent-up flatus: in many cases of great and extremely distressing intestinal distension I have known it to give wonderfully great and immediate relief. Care must be taken to maintain the temperature of the bath at 100° Fahr. all the time it is being used, and to keep the patient thoroughly warm after leaving it. If, by exposure to cold, shivering should be induced, the "drum-belly" may be rapidly reproduced. It may be difficult to give a thoroughly correct explanation of the *modus operandi* of the warm bath in these cases; but I suppose that in most, if not in all of them, the circular muscles of the alimentary canal, including the sphincters, are in a state of spasmodic contraction, so that the imprisoned air is confined not merely by the spasmodic action of the sphincter muscles, but by hour-glass-like contractions of the vermicular muscles along various parts of the tube; moreover, I suppose that those muscles, as well as the muscles forming the walls of the abdomen, are at least temporarily enfeebled. Very often, in these cases of distension, the surface of the abdomen is markedly cold—a condition denoting that the abdominal muscles are receiving less than their normal supply of blood, and therefore that they must be less vigorous than normal. Moreover, in most persons who are suffering from "nervous" flatus, the general circulation is remarkably unequal: though the heart may be pulsating with perfect regularity, the blood is irregularly distributed. One set of peripheral arteries may be unduly dilated, the region in which they ramify being abnormally hot; while other sets may be extraordinarily contracted, the parts they supply with blood being at the surface perceptibly cool. Now, a warm bath derives blood to the *whole* surface of the body, and therefore, so far as the surface is concerned, equalises the blood-currents; and while it causes the blood to be equally and copiously diffused over the surface of the body, it, at the same time, relieves, of course, any pre-existing congestion of internal organs, among which are the cerebro-spinal and sympathetic nervous centres. It is the relief experienced by these centres which mainly constitutes, I apprehend, the "soothing effects" commonly ascribed to a warm bath. Such relief must be accompanied by a general diminution of that preternatural energy with which those centres were acting, and which produced the spasmodic contractions of the circular muscles of the alimentary canal, including the sphincters, as well as of the muscular coats of the arteries supplying not merely those circular muscles, but also the muscles of the abdominal walls. Therefore, such relief having been accorded, the hour-glass contractions of the intestines cease, the sphincter-muscles lose their unwonted tension, and can be opened by gentle pressure, the circular muscles of the intestines receiving more blood than before, become strengthened, and by their consequently increased and uniform vermicular action steadily force the gas along the tube until it is at length expelled. Moreover, the abdominal muscles also receiving a fuller supply of blood, and therefore recovering their tone, contract again with normal energy, and thus, by their extensive and powerful pressure, give important aid to the intestinal muscles in emptying the tube of its gaseous contents. Indeed, these effects of the warm bath are often produced in less time than I have occupied in describing them. As the influence of the warm bath on the nervous centres, in so far as it acts on them at all, consists in lessening their functional energy, it is reasonable to suppose that that special action of the spinal cord on the alimentary mucous membrane which results in its evolution of gas will be simultaneously restrained to some extent by the use of the bath; but, of course, whatever may be the amount of such restraint, it can only be temporary, and is unlikely to continue more than a short time after the bath has been resorted to.

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* See Appendix to his work on "The Causes and Treatment of Imperfect Digestion."

The spinal ice-bag will, however, as a general rule, accomplish not only all the effects produced by the warm bath, but will prevent the re-formation of gas after that which was distending the alimentary canal has been expelled; that sedative influence on the nervous centres which must be ensured in order to give effectual relief, and which, as I have shown, the warm bath produces by the derivative process, is exerted much more directly and much more powerfully by the application of ice along the spine; and, obviously, it is a much more easily practicable remedy than is the warm bath, for it can be applied without the necessity of undressing the patient, who may even walk about, or attend to business with the ice-bag along his spine. By persistent use of the ice two or three times a day for a suitable length of time, along the appropriate part of the spine in each case, a new and healthy habit may be imparted to the spinal cord and the ganglia of the sympathetic, so, that, while on the one hand that functional energy of the intestinal and abdominal muscles necessary for the expulsion of accumulated flatus is secured, its secretion anew is prevented. Indeed, so great are the sedative effects which may be produced on the spinal cord by the spinal ice-bag, that I am disposed to believe it capable of inducing in the cord that condition which, as I have given reason for believing, permits the osmotic force to act in the manner I have explained. Therefore, of the two remedies in question, that of the spinal ice-bag, being at once curative and preventive, is far the most efficacious, but in some cases it may be especially desirable to make use of both, and there are few in which doing so will not reduce the abdominal distension more speedily than can be done by one alone, or by any other therapeutical agent.

While correcting the proof of the last paragraph, it occurs to me that it is desirable that I should add here some observations on the different effects of the ice, and, consequently on the necessity of applying it differently in different cases; but the inexorable printers inform me that the matter of the present number of this journal is already, as they phrase it, "imposed" (made up into pages), and, therefore, at this point they impose silence on me.

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Hospital Reports.

LONDON HOSPITAL.

Syphilis Affecting a whole Family.

(Under the care of Mr. Rivington).

On April 23, 1864, while doing duty for one of his colleagues in the Out-patient Department, Mr. Rivington had the opportunity of observing the following instructive case, which is reported from the notes taken at the time:—

Ellen B., æt. forty, was married in 1857, and has had nine children. Four of the children were still-born; two lived a short time—one seven months, the other eighteen months; the remaining three are now alive. The two who lived a few months and then died, were both at birth healthy children, and throve for some weeks. The mother stated that the child who died at seven months was discovered on *post-mortem* examination to have no intestines, no liver, nor in fact any inside at all, as it was all eaten away, while externally it was well nourished! She has suckled all her children, and all have been troubled with the snuffles. Some of the children had the thrush at birth. The three children now alive are—1. A boy, eight and a half years of age; 2. A girl, five years of age; 3 A boy of thirteen months.

The husband has had venereal sores, sore-throat, and other syphilitic sequelæ, and also gonorrhœa, and at various times he has been lanced, cut, and medicated by members of the Faculty. The mother has suffered from psoriasis palmaris, sore-throat, loss of hair, pains in the limbs and head. She contracted sores when first married, and since then has had gonorrhœa occasionally, all her venereal troubles being the gift of her helpmate. She now has on her neck a small patch of lichen circumscriptus. The boy, eight and a half years of age, who is at home, has a large patch. the mother says, on the right side of the neck, and of a character exactly similar. The girl, five years of age, who accompanied her mother, was suffering from impetigo of the scalp, and lichen scattered over the arms and body. The child of thirteen months, also with the mother, had patches of lichen, more or less circular, on the right elbow, on the back of the right wrist, and on the front of the left knee. On the left arm there were some scattered vesicles of herpes. Affections of the eye, ear, and teeth were not observed in the two children who came with the mother.

Gonorrhœa affecting Husband, Wife, and Daughter.

As another illustration of the domestic happiness occasioned by venereal communications from husband to wife, unfortunately so common among the poor, the following example may be quoted:—

Mary Ann E, eleven years, was taken into the London Hospital on June 11, 1870, under Mr. Rivington, on account of gonorrhœa. She had a greenish-yellow discharge, and great pain in passing water. She had previously been under Mr. Rivington's care in the Out-patient Department, but the complaint proving intractable, she was admitted into the Hospital. Two months before her admission she came with her mother, who was also suffering from gonorrhœa, which had been given to her by her husband. The husband had been taking medicine to cure himself, but finding the cure tedious, appears to have resorted to an expedient to which vulgar repute assigns an infallible remedial action, viz., connection or contact with a virgin. He selected his own daughter. This, at least, appeared to be the natural inference from the fact that when the discharge appeared on the daughter, the father—who was aware of it before the mother—advised her to take some of his anti-gonorrhœal medicine. The child herself would not, or could not, give any account of the origin of the complaint, but the mother strongly suspected that the source of her daughter's gonorrhœa was the same as her own. Another corroborative circumstance was that the child had the complaint first, and suffered acutely, while the mother had a milder attack. Probably, the husband attempted to cure himself in the acute stage, by simple contact with his daughter, and had connection with his wife when the gonorrhœa was degenerating into gleet. The child was treated and cured by lotions and injections of chloride of zinc for the vagina and vulva, and bougies containing tannic acid for the urethra.

Chancre of the Upper Lip.

Cases of indurated chancre of the lips are occasionally seen among the out-patients. During his connection with the Out-patient Department, Mr. Rivington saw two cases of the kind affecting the upper lip.

The first came under observation on Wednesday, Dec. 13, 1864. It was of five weeks' duration, and from its size, &c., bore a remarkable resemblance to epithelioma. There was affection of the glands beneath the *lower jaw*, and slight sore-throat. The patient was a married woman, between twenty and thirty. The diagnosis of chancre was made, and the patient was ordered black wash and bichloride of mercury. Under this treatment the chancre diminished daily, and in six weeks had disappeared.

In the second case there was a small indurated ulcer of the upper lip, without affection of the glands under the lower jaw. The patient, A. R., was twenty-one, and had been married twelve months. She had had the ulcer for two months, and it had been followed by sore-throat, loss of hair, pains in the shoulders and head, and pains in the limbs, especially at night. The biniodide of mercury with black wash was prescribed, and the patient seemed quite well in little more than a fortnight.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XXI.

PRECIPITATION OF SEWAGE WITH PHOSPHORIC ACID, ALUMINA, AND LIME.

IN the month of August of last year (1870) a patent was obtained by Mr. David Forbes, F.R.S., and Dr. Astley Paston Price, for the treatment of sewage with an acid solution of natural phosphates of alumina, either alone or in conjunction with lime or carbonate of lime. In carrying out the invention they say "we firstly submit to the action of sulphuric or muriatic acid the natural phosphates of alumina; which phosphates of alumina are capable of being decomposed and rendered soluble by the employment of sulphuric or muriatic acid. Having converted the phosphates into a soluble condition, or having obtained a solution of the phosphates of alumina, they may either be employed in their concentrated form, or a solution of the same may be diluted, and they are then in a fit and proper condition to be employed for the treatment of sewage. Whilst the sewage is contained in a cistern or reservoir, or whilst it is in the act of flowing thereinto, the requisite proportion of the soluble phosphates of alumina is to be added thereto, and after thorough admixture with the sewage by the use of agitators, or other well-known means, the sewage so treated may be allowed to remain tranquil in the reservoir in order that subsidence of the resulting precipitate may be effected, or after having added to the sewage the requisite amount of the soluble phosphates of alumina, lime (by preference in the form of milk of lime) is to be added in such quantity as that the phosphates in solution shall be precipitated. This result will be known by the sewage acquiring a neutral or alkaline reaction, or the lime may be firstly added, and the solution of the phosphates of alumina added subsequently, but we prefer the former process, or the soluble phosphates of alumina may be firstly decomposed by means of lime or carbonate of lime, and the resulting precipitate may be employed for the purpose of effecting the separation of certain constituents of sewage."

"In conjunction with any of the before-mentioned methods of carrying out our invention, deodorising agents, such, for example, as animal or vegetable charcoal, may be employed, but good results will be obtained by the employment of the phosphates of alumina alone, or in conjunction with lime as before mentioned. The sewage, after treatment by either of the before-mentioned processes, is allowed to settle, and the clear or supernatant water may be run off, and the deposit or precipitate collected and removed, and employed for agricultural purposes either in the moist condition, or after having been submitted to a drying or desiccating process. Or the precipitated phosphates may be again submitted to the action of sulphuric acid, and the solution be again employed for the treatment of sewage in a manner similar to that before described. The proportions in which the soluble phosphates of alumina may be employed will vary with the sewage to be operated upon, and the quality of the manure desired to be obtained. We have obtained good results by the employment of about two parts by weight of the soluble phosphates of alumina to every one thousand parts by weight of sewage treated, but we do not limit ourselves to such proportions."

The natural phosphate of alumina to which the patentees especially allude is that which occurs in large quantities in the West Indian Islands, and which was mistaken at first by several chemists for phosphate of lime. It consists, according to Mr. Forbes, of one equivalent of alumina with one of phosphoric acid, and five of water. The percentage composition of three commercial samples analysed by him was as follows :—

	No. 1.	No. 2.	No. 3.
Phosphoric acid -	38·96	37·09	33·11
Alumina - -	27·06	26·08	24·57
Peroxide of iron -	2·68	2·76	2·07
Lime - - -	1·94	2·09	1·03
Insoluble matter -	6·70	9·10	17·00
Water, &c. - -	22·66	22·88	22·22
	100·00	100·00	100·00

At present this material has no commercial value, and it occurs in such enormous quantities that, on one island alone, the report of the survey estimates the deposit at no less than 9,000,000 tons.

The patentees lay stress on the fact that the sewage water, when thus defæcated, may be utilised, if necessary, by irrigation, and in that case there is no occasion to precipitate the soluble phosphates with lime, as the clarified water is sufficiently pure to be run upon the land without causing offensive effluvium or slimy de[illegible]s. In point of fact, the effluent water may be so charged with soluble phosphates as to render the land fit for the purpose of growing grain or other crops which cannot now be produced from irrigated land without the use of rich mineral manures. "In other words," says Professor Forbes, "our process is the first attempt made to strengthen the otherwise miserably weak sewage water, and at the same time so far to effect its purification that it can be employed without offence." But the grand point in the process is that whilst it renders sewage so pure that the defæcated water may be safely admitted into any neighbouring water course, the deposit may be made to contain any proportion of phosphate of lime, and, therefore, to be of sufficient value to pay the cost of carriage to a distance. Its value, indeed, may be increased at pleasure to any extent, up to that of almost pure bone-earth, so that, although a small quantity of the material will clarify sewage sufficiently well for sanitary purposes, yet it is best to use it in large proportions, such as not less than two tons of the natural phosphate to a million gallons of sewage, and this will produce from four to five tons of manure, with from fifteen to eighteen per cent. of phosphoric acid, or rather from thirty-three to thirty-nine per cent. of phosphate of lime (bone-earth) in a soluble form. It may even be made richer than this, for a sample of the deposit obtained from ordinary London sewage with about forty-seven grains of the material per gallon of sewage, which is at the rate of three tons of the natural phosphate to a million gallons of sewage, gave a deposit which, according to Dr. Voelcker, had the following percentage composition :—

Moisture evolved at 212° F. - - - -	3·98
Organic matter and water of combination	20·11
Phosphoric acid - - - - - -	28·52
Lime - - - - - - -	13·09
Alumina, oxide of iron, magnesia, &c. -	29·95
Insoluble siliceous matter - - -	4·35
	100·00

The organic matter contained 0·57 nitrogen, equal to 0·69 ammonia.

In this case the 28·52 phosphoric acid was equal to 62·26 of tribasic phosphate of lime, which was no doubt in a hydrated condition, and, therefore, readily available for plants, like soluble phosphate. Dr. Voelcker says of it that "it possesses valuable fertilising properties, and, in my opinion, a sewage manure equal to the sample analysed by me, will command a ready sale at £7 7s. a ton."

In some recent experiments with a sample of the natural phosphate supplied to us by Mr. Forbes, we found that thirty-three grains of it, containing 10·38 grains of phosphoric acid, dissolved in its own weight of commercial sulphuric acid, and added to a gallon of London and Coventry sewage, gave the following results :—

Constituents per gallon.	London Sewage.		Coventry Sewage.	
	Before Treatment.	After Treatment.	Before Treatment.	After Treatment.
	grains.	grains.	grains.	grains.
Soluble matters . .	68·33	100·07	46·61	82·59
Chloride of sodium .	16·05	15·57	7·91	7·01
Phosphoric acid .	0·64	0·68	0·53	0·60
Organic matter .	16·91	10·99	5·84	3·60
Ammonia . . .	6·33	5·70	1·16	1·04
Do. organic. . .	0·79	0·56	0·22	0·14
Oxygen required for oxydation .	2·52	1·44	0·78	0·47
Suspended matters. .	47·42	0·00	21·11	0·00
Organic matter . .	27·51	0·00	8·87	0·00
Phosphoric acid . .	0·68	0·00	0·28	0·00
Mineral matter . .	19·23	0·00	11·96	0·00

These results show that the *defæcation* of the sewage was very complete as regards the precipitation of suspended matters, and that a large proportion of the soluble organic matter had also been removed. The percentage composition of the dry precipitate was as follows :—

	From London sewage.	From Coventry sewage
Organic matter - -	24·80	10·41
Phosphate of lime - -	16·82	22·11
Carbonate of lime and magnesia - - -	49·39	58·14
Silica, &c. - - -	8·99	9·34
	100·00	100·00
The organic matter contained nitrogen equal to ammonia - - -	1·41	0·91

In these cases, as in the last with Blyth's superphosphate of magnesia, an excess of sulphuric acid and lime was used to precipitate the whole of the phosphoric acid, and hence the earthy carbonates are in great excess; but no doubt this can be avoided in practice on a large scale, as is shown by the comparatively small proportion of lime (13·09 per cent.) in the precipitate analysed by Dr. Voelcker.

This process has not yet been tried on a large scale, and, therefore, we are unable to speak of its actual commercial value, but it is evidently very promising; for if two tons of the natural phosphate of alumina, costing about £7, will yield from four to five tons of manure, with from 33 to 39 per cent. of what may really be called soluble phosphate of lime, there is every prospect of its being remunerative; besides which, it is unquestionably very effective in its defæcating power, for it immediately removes from the most fœtid sewage its turbidity, its colour, and its offensive odour; and though, as Mr. Forbes says, it does not render the water fit for drinking purposes, yet it makes it as clear and colourless as ordinary river water, and so innocuous that it can be taken into the mouth, and even drunk without repugnance. Fishes can live in it, and most important of all, it will remain for months in hot summer weather without showing any tendency to putrefy or emit a disagreeable odour. There is no doubt, therefore, that such water may be freely and safely discharged into a water-course, or used for irrigation purposes.

Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

JANUARY 10TH, 1871.

Dr. THEODORE WILLIAMS read a paper

ON THE DURATION OF PHTHISIS PULMONALIS, AND ON CERTAIN CONDITIONS WHICH INFLUENCE IT.

The paper gave some account of a thousand cases selected from the private practice of the author's father in reference to age, sex, family, predisposition, and origin. The patients belonged chiefly to the upper and middle classes, and the cases were taken from the records of those who first consulted Dr. Williams between 1842 and 1864, a period of twenty-two years; the ground of selection being that each case has been at least one year under observation.

Sex.—625 of the 1,000 were males and 375 females.

Age.—41 per cent. were attacked between twenty and thirty, 25 per cent. between thirty and forty, 19½ per cent. under twenty, and 13¾ above forty. Considerable difference was found to exist between the two sexes as to the time of attack. Between twenty and thirty, the most common period of attack for both sexes, about 7 per cent. more females were attacked than males; and, again, between ten and twenty, 11¾ per cent. more. On the other hand, after thirty, the reverse was the case. Between thirty and forty, the males exceeded the females by 11⅓ per cent.; and above forty, by 6 per cent. The average age when attacked was, for the males, twenty-nine years and a half: for the females, twenty-six years.

Family predisposition.—This term is substituted for "hereditary predisposition," in order to include brothers and sisters and first cousins, in addition to those of the preceding generation; the principle being to include as instances of disease in a family all near relations derivable from a common stock. Family predisposition was traced in 48 per cent. of the patients: in 43 per cent. of the males, and 57 per cent. of the females. Nearly half of the cases had only brothers and sisters affected.

Origin and first symptoms.—In 315 cases, phthisis originated in, or followed closely after, the following diseases—viz., pleurisy and pleuro-pneumonia (143), bronchitis (118), asthma, scrofulous, abscesses, fistula, whooping-cough, croup, scarlatina, measles, continued fevers, peritonitis, malformations of the chest, and injuries: 26⅓ per cent. of the whole number of cases were traced to the inflammatory attacks (pleurisy, pleuro-pneumonia, and bronchitis); and of these patients, 14·2 per cent. were free from any suspicion of family predisposition.

Hæmoptysis was present in 57 per cent. of the patients.

State of Lungs.—Two-thirds of the patients were in the first stage at first visit, 18 per cent. in the second, and 14⅓ per cent. in the third; 14 cases presenting the signs of other diseases on which those of consumption shortly supervened. One hundred and ninety-eight patients are ascertained to have died; the mortality of those who came in the third stage being about double that of those who came in the first. The average duration of life among the 198 who died was seven years and eight months and three quarters; 21 of whom lived from fifteen to twenty-eight years after first attack. Among the 802 living patients, the average is at present eight years and two months and a quarter: 246 have lived more than ten years, 65 more than twenty, 2 more than thirty, and 1 more than forty years.

An account of the present state of these patients is then given, and it is shown that 72 per cent. have regained their health sufficiently to follow their occupations; 28 per cent. are still invalids.

Dr. Williams then discussed the views of Louis, Bayle, Laennec, Andral, Fuller, Pollock, and other authorities as to the duration of phthisis, and attributes the long duration of the present cases to—(1) the early detection of the disease; (2) the perseverance with which the patients carried out the various healing measures recommended to them, whether medicinal, hygienic, or climatic. As to the influences of age and sex on duration the statistics show that—(1) the later the time of the attack the longer was the duration, this being more marked among the males than among the females; (2) that females are, on an average, attacked four years earlier than males; and (3) that among them the duration of the disease is one year and a half shorter, and the average age reached is five years and a half less than among males.

Family predisposition (1) does not directly limit the duration of the disease; (2) it precipitates the onset of the disease, thus shortening the duration of life; (3) it affects females more than males.

The author concludes that cases arising from pleurisy or pleuro-pneumonia enjoy a longer duration than the average, such extension amounting to at least a year and a half or two years.

Dr. Powell thought it would be well to know the proportion of pneumonic phthisis. Recoveries were often of this class. The knowledge that people might live so long with cheesy matter in their lungs, and with no accession of miliary tubercle, was valuable. It contradicted the views of Waldenburg and others, and showed there must be something more than a caseous mass—specificity, hereditary, or something. Family predisposition was traced in nearly one-half of the cases recorded, but in many instances those affected were brothers or sisters, which would rather show common exposure as influences.

Dr. Marcet thought it difficult to say if bronchitis passed into phthisis; the physical signs were much alike, especially in capillary bronchitis. He thought if their digestion was kept up, patients generally did well.

Dr. C. J. B. Williams said: As almost all the cases which have been the subjects of analysis in this paper occurred in my practice, and were observed and noted by myself, I may be expected to give any required explanation of the facts for which I am answerable. But even before the Society, I must express my obligation to my son for the immense trouble which he has taken in arranging and analysing the particulars of the cases, and obtaining the exact results of numerical calculation. As they existed in my note-books, they formed an enormous mass—almost overwhelming by its quantity. All this experience had, indeed, led me to general inferences, which are correct; but through the tabulations and calculations which my son has made, I have gained ideas more precise, and of greater extent, than those which I had before from my own impressions. For example, with regard to the duration of life in phthisis, I knew that the average of my cases far exceeded the term of two years, assigned as the usual average by Laennec and Louis; and, on general impression, I had fixed it at five years. But, by actual counting, it is found to reach to nearly eight years in the 198 cases that have ended in death, and to above eight years in the 802 still living, and with prospect of further increase. The influence of age and sex on the duration of life is also in conformity with previous impressions—the disease being more rapid in the young and in females, and slower in those older and in males. The effects of family tendency came out by calculation somewhat differently from what was expected. It accelerates the onset of the attack, but does not shorten its duration; it seems, therefore, to render the body more prone to the disease, but not to render the disease more intense. The term "family" predisposition has been preferred to hereditary, in order to include the very common case of several brothers or sisters in succession being affected, even where the disease has not occurred in either parent or progenitor. Dr. Powell has suggested (as did also the author, in the paper) that this might arise from members of the same family being exposed to similar external causes; but I have known several instances in which, after one or two of a family have died, the others have been purposely removed from home, and all circumstances changed, and yet the disease has shown itself, proving that the cause is constitutional and intrinsic. Some similar influence is required, also, to make acute inflammation terminate in phthisis. The tables show that 26⅓ per cent. of the cases originated in inflammation; and this is quite in accordance with my general experience. It has now become the fashion to recognise inflammation as a common cause of consumption, and this, forsooth, because this notion has been strongly advocated by some German physicians; but I do not see why we are to be led by the Germans in this matter. For the last forty years I have consistently argued for the inflammatory origin of many forms of phthisis. I first derived this notion from my eminent and revered teacher, Professor Alison, of Edinburgh; and it so happened that some of the cases which he published in corroboration of his views were my patients, under his supervision, at the New Town Dispensary. But this was also the common opinion before the time of Laennec, and was maintained by Broussais, Andral, and Cruveilhier, in opposition to Laennec. But inflammation alone does not suffice to produce phthisical disease of the lung. Acute inflammation may attack the lung in any intensity, and yet pass away without leaving any trace or tendency to consumption. It is where it is rendered persistent or chronic by repeated attacks or neglect, or where there is a state of constitution called scrofulous, or deteriorated by unhealthy influences which degrade nutrition, that the products of inflammation tend to caseation and excavation, and end in consumption. What this consumptive or tuberculous constitution is, there is not time, nor is there the occasion, to discuss; and I would only say that I believe it to be intimately connected with the lymphatic system and the abundant production of leucocytes or pale corpuscles—those wonderful agents and representatives of the plastic process. Dr. Marcet remarked that it would be difficult to distinguish when bronchitis passes into phthisis; but I have found distinctive signs in the supervention of patches of dulness on percussion, together with tubular sounds and coarser crepitus, generally near the summit or root of the lung; and there are also persistently increased temperature and emaciation. The forms of bronchitis most apt to pass into phthisis are those attended with plastic or purulent expectoration, indicating a deep-seated inflammation. I must not omit to notice the ground of selection of these cases—that they had been under my observation for at least one year, and that, although such selection obviously supplies more reliable and satisfactory results with regard to the history of the disease and its treatment, it excludes the more acute cases which terminated fatally within that period. The proportion of such cases is, however, very small, not amounting to 5 per cent. The selected cases, therefore, represent chronic phthisis, and those of the acute disease which have been arrested and rendered chronic by treatment. In conclusion, I would express my conviction, derived from a very large experience, that much may be done to save and prolong life in consumptive disease, mainly by subduing and warding off inflammation and irritation, and by sustaining the vital powers by every kind of means, medical and hygienic; but, to be successful, this treatment must be unremittingly persevered in, not for weeks or months only, but for years, and sometimes even for the whole lifetime.

Dr. Andrew Clark said this paper was a valuable contribution to the history of phthisis, but only of chronic phthisical disease. Even then there was one defect—there was no reference to the habits of the patient. From a scientific point of view, there were different kinds of phthisis, but this division had not been recognised or followed. He thought phthisis arising from pleuritic disease prolonged, not so if it arose from inflammatory deposits, especially if pneumonic.

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The Medical Society of the College of Physicians of Ireland met on Wednesday evening, the 19th, when the chair was occupied by Dr. Law.

Dr. Henry Kennedy read a paper

ON THE VIEWS OF NIEMEYER REGARDING PHTHISIS.

He considered that the author had taken too narrow a view of his subject; by confining, or seeming to confine, his ideas to one of the forms under which phthisis declares itself. It was true that tubercles of recent formation were to be found in connection with much older standing disease. But this did not prove that pneumonia, in any form, was the starting point of the affection; and this it was which was the prevailing idea all through these Lectures. Dr. Kennedy argued that pneumonia of any kind or description was as rare in the upper lobe of the lung as tubercles were known to be frequent; and, on the contrary, that tuberculous disease, affecting the lower lobe, in the first instance, was very rarely seen. He argued, too, that the earliest signs of phthisis are not those of pneumonia, and that it was quite common to meet cases where tubercles existed through a whole lung without a trace of pneumonia being present. On the whole, he concluded by saying that the views of Laennec seemed to him to be supported by far the greatest mass of evidence, and that those of Niemeyer could not be reconciled with well ascertained facts.

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DUBLIN PATHOLOGICAL SOCIETY.

The Society met on January 14th, the Chair being occupied by G. H. Porter, F.R.C.S.I., Surgeon to the Queen in Ireland.

Dr. Moore brought before the Society a case of

BRONZED SKIN,

darker than any case he had ever seen, and darker than any he had ever read of. The patient, a woman, aged sixty-two, was admitted into Sir P. Dun's Hospital some month's ago. Her face was a dark olive brown colour, the lips and mucous surfaces of the eyelids were spanœmic, the sclerotic coat of the eyes of a pearly blue. The neck was as dark as a strong infusion of coffee, whilst both axillæ *were black*, and the chest, abdomen, pudendum, and inside the thigh were equally dark. The skin was peeling off in parts, and there was a most disgusting odour exhaled from the patient. The symptoms of asthenia were well marked, the patient remained in a drowsy sleepy state, only spoke when spoken to, and then in a kind of whisper, she rejected food of all kinds, the only thing she would take was porter, which she regurgitated in great measure, for the last month of her existence she was quite demented, a quiet kind of passive muttering at times. There was dulness under the right clavicle, and the heart sounds eventually became *single*. A *post-mortem* examination proved the heart unaffected, no structural or valvular disease, there was a small cavity in the top of the right lung, and the left was studded with tubercle. Half the tongue was marked with dark spots, also the buccal membrane of the right side; the liver was healthy, spleen healthy, kidneys healthy, the mesenteric and lumbar glands were masses of tubercle, the supra-renal capsules were rather small, but the woman was slight and emaciated generally, there was no adventitious deposit observable on making a section or by the microscope. The brain was healthy, the urine had an acid reaction, and contained neither sugar or albumen. The case was interesting as showing all the constitutional symptoms of asthenia, vomiting dementia with a *bronsing* of the skin, to an extent seldom, if ever observed before, and yet no disease of the supra-renal capsules.

The case viewed pathologically and histologically, must be called a case of "Tuberculosis," but without any supra-renal capsular disorganisation.

[We hope to publish the full details of this communication, with a coloured illustration, next week.]

Dr. Grimshaw exhibited

THE HEART AND BRAIN OF A PATIENT (AGED THIRTY-THREE YEARS) WHO WAS ADMITTED INTO DR. STEEVEN'S HOSPITAL ON DECEMBER 29TH, 1870, AND DIED ON JANUARY 1ST, 1871.

The patient had been in hospital two years previously, having applied for admission in consequence of giddiness of the head and palpitation of the heart. The following symptoms were then present—Giddiness; shortness of breath on exertion; palpitation of heart; a single direct aortic murmur was distinctly audible; the pulse was collapsing but not markedly so; sphygmograph pointed at top, but without the characteristic hook, increased tone of heart, and increased first sound; Diagnosis, disease of aortic-valves with some regurgitation. The patient said he thought he had rheumatic fever ten years ago.

On his second admission into hospital, he had complete paralysis of motion of the left side of body, sensation much impaired but not lost. He could scarcely speak. The account was that he had been sitting at the fire in his own home, fell off the chair, could not raise himself, was lifted up by friends, and brought to hospital. From previous history and present state the diagnosis was embolism of arteries of left side of brain.

Post-mortem examination showed white softening of whole of left hemisphere of cerebrum, general paleness of brain, embolism occupying the termination of the left internal carotid, and commencement of left middle cerebral artery.

Heart larger than natural, left ventricle much hypertrophied, aorta dilated and coats thickened, aortic valve thickened and slightly incompetent; a zone of calcarious deposit surrounding the vessel shortly above valves; at one point this deposit was loose and apparently broken down, and Dr. Grimshaw suggested that this was the origin of the embolism.

Dr. Lyons exhibited a specimen of

OVARIAN CYST.

The woman from whom this specimen was removed, was admitted moribund into the Whitworth Hospital. Dr. Lyons knew nothing of the history of the case, and did not see her alive. It was found that the immediate cause of death was extensive pneumonia of the right lung. The parts now exhibited are, he said, of some interest, as showing one of the latent dangers in a case that may become the subject of ovariotomy. There was a very large ovarian sac which contained originally more fluid than Dr. Lyons had been able, *post-mortem* to force into it under a water cock. A superficial examination might have pointed this out as a suitable case for operation, with a view to its removal. But he found on carrying out the examination still further, that there was a mass of mesenteric glands and similar sacs deep seated in the abdomen. There were in fact, a number of cysts involved in a large mass, which seem to occupy a number of the mesenteric glands, some of which have passed into a condition of very dense fibroid degeneration. Some of these masses were almost of stony hardness. They presented a peculiar creaking sensation under the scalpel, and it was exceedingly difficult to cut through them. As already stated, Dr. Lyons said, the principal interest of the case is, its showing one of the latent dangers in a case which might be considered a suitable one for operation. It is well-known, cases which appeared favourable for the operation, have turned out unexpectedly fatal, and more than one case similar to this has been placed on record, in which deep seated disease has been found. This specimen exhibits in a very striking manner, a latent danger in connection with this operation which is of much interest. Dr. Lyons thought it would be desirable to present it to the Society and place it on record.

MR. WILSON exhibited a

SPECIMEN OF FIBROUS-GELATINOUS POLYPUS.

which he had removed from the external auditory meatus of a female, aged twenty-five, in St. Mark's Hospital. It measured when recent one inch in length, and nearly three-eighths in thickness, and appeared to have had more than one root; it grew from the posterior wall of the meatus, and protruded through the aperture of the meatus.

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LONDON ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

A MEETING was held last week, Dr. Barnes brought forward the question, "How far is the present prevalence of small-pox to be attributed to the plan recently introduced of limiting the number of public vaccinators?" He contended that the prevalence of the disease was owing to deficiency of vaccination, to which the reduction of vaccinators to one in 30,000 people, and the carrying on of the system at stations under recent regulations, was an obstacle; because the more numerous the operators, the greater the facilities for obtaining vaccination. He suggested that the registration of births should be made compulsory, so as to secure the enforcement of the law relating to vaccination; that the number of vaccinators should be made co-equal with the different districts, and that inspection should be extended. In a discussion which followed, in which Dr. Iliff, Dr. Letheby, Dr. Tripe, Dr. Ross, Dr. Webstey, and others took part, the balance of opinion seemed to be with Dr. Barnes; but Dr. Liddell and Dr. Seaton were entirely in favour of the new system adopted by order of the Privy Council. The discussion was adjourned, in order to make way for a paper by Dr. T. Spencer Cobbold,

ON ENTOZOA IN RELATION TO PUBLIC HEALTH, ESPECIALLY AS REGARDS SEWAGE IRRIGATION.

In substance he laid down that parasitic disease, such as measles, was produced in cattle fed on sewage-grown grass, and that this was often the cause of death in these animals, when it was attributed to pleuro-pneumonia. (Some specimens of beef and veal measles were exhibited in support of a statement of experiments made in this matter by Dr. Cobbold.) The deduction was, that meat so infested is injurious to health in the human subject. The high probability of an increase of parasitic disease, both in man and animals, arising from sewage irrigation, was insisted upon. In a long discussion which followed, the theory was distinctly controverted by Dr. Corfield and others, and supported by Dr. Smee and others.

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IMMEDIATE PRECAUTIONS AND AFTER PRECAUTIONS IN SCARLATINA, ETC.

THE medical practitioner with whom every "five minutes" is of importance, requires a ready method for informing persons in fever houses how to avoid catching fevers and kindred complaints. Verbal communications have to be repeated, but printed directions given to the nurse could be easily referred to. In zymotic diseases, the following printed rules, kindly forwarded us by Mr. R. Hanslip Sers, medical officer of the Southwell Union District, Nottingham, will, with slight alterations, according to the case, do much towards preventing their fearful spread as simply and as speedily as possible.

IMMEDIATE PRECAUTIONS DURING SCARLET FEVER, ETC.

1. Separation of the patient from the rest of the household. A sheet to be suspended in front of the bed-room door, previously dipped in solution of Condy's Fluid, (one ounce of Condy's Fluid to a gallon of water).
2. Perfect cleanliness.
    - *"(a) All needless woollen or other draperies should be removed from the room in which the patient lies.
    - (b) All discharges from the patient should be received in vessels, in which chloride of lime or other disinfectant is constantly kept.
    - (c) All bed and body linen should be plunged into water containing a disinfectant immediately it is taken from the patient, and before it is taken from the room.
    - (d) Pocket handkerchiefs should not be used, but small pieces of rag which should be burnt directly.
    - (e) Nurses and others whose hands come in contact with the patient, should wash them in water containing chloride of lime or other disinfectants, and afterwards in plain soap and water.
    - (f) All glasses, cups, &c., used by the patient should be carefully cleaned before being used by others."
3. Free ventilation.
   Windows and doors alternately opened—the chimney not to be closed up.
4. Prompt removal of excreta.
5. All articles of clothing to be exposed to the action of boiling water, then rinse in water containing a disinfectant (one ounce of Condy's Fluid to a gallon of water).
6. Place lumps of wood charcoal about the room. In out places, fresh earth, or ashes, chloride of lime, &c., pay attention to the state of the drains—also to the water for household purposes. Avoid drinking water obtained from sources near drains or cess-pools.

AFTER PRECAUTIONS.

1. The patient to have occasional warm baths at night, also moisten the skin as early as the fourth day with camphorated oil, and use Calvert's carbolic acid soap until the skin has completely cleared.
2. All articles of clothing to be disinfected.
3. Walls fresh papered and lime washed, furniture, floors, &c., to be disinfected, the mattress taken to pieces and well baked in an oven. The sick chamber may be thoroughly closed and sulphur burnt in it.

ROBERT HANSLIP SERS,
Medical Officer, Lowdham District of the Southwell
Union, and Calverton District of
the Basford Union, &c.

Epperstone, Notts, January 24th, 1871.

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SPECIAL CORRESPONDENCE.

(FROM AN OCCASIONAL CORRESPONDENT.)

NICE, Jan. 14th, 1871.

THE first three weeks of December were the most horible which Nice ever saw. Almost every day clouds, rain, and bitter cold, and three times snow. The *first snow* fell on the 4th December from 9 o'clock a.m. to 4 o'clock p.m, like in Northern Europe thirty centimetres high. The second night afterwards it was melted away by the Sirocco air which brings (as in Austria) the snow and takes it also away. The *second snow* fell in the night from the 23rd to 24th December ten centimetres high, but disappeared during the forenoon. The *third* fell on Christmas Day—all the day long—but melted quickly in the open air before falling down. What a peculiar comic-tragical aspect it was *to see* the palm trees and the orange trees covered with snow, like wigs, and the gleam of the oranges between the snow.

But from the 26th December till now we have had almost always dry, fine weather, but cold in the morning and evening; because the neighbouring mountains being covered with snow, send their glacial breath to Nice. But this dry cold is very wholesome, because it strengthens the nerves and the tissues, and prevents the relaxation of both, which is the effect of constant warm and moist climates. Therefore, everybody has here more appetite and good spirits than in other places, which are warmer or more humid.

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* From Dr Budd's directions.

But only lymphatic, torpid, or phlegmatic tempers, or constitutions, are fit for living on the seaside of Nice. The irritable characters should take villas or apartments, with gardens, in the interior, far from the sea, where every afternoon cold weather shakes the promenaders. The peculiar effect of the climate of Nice is to be seen in the great part of the foreigners who cannot sleep here; whilst others find again at Nice their night's rest, and can nowhere repose so well as at this celebrated winter station. Other primary effects of the climate of Nice are costiveness and interruption of the period in the sex; but after some weeks or months the normal state returns. Coryza and bronchitis are both very frequent in foreigners, because they make too rapid transitions from the fireside to the walks, whilst the inhabitants almost never have fires in their rooms; because they go frequently from the sunny side to the shady side (the difference is sometimes ten degrees less in the same street); whilst the inhabitants prefer to walk always, if possible, on the shady side; because they walk or sit down after sunset, which is the most dangerous time for the mucous membranes and kidneys; and, finally, because they forget or will not take with them a plaid or an overcoat.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 1, 1871.

VACCINATION.

It seems to be admitted on all sides that the recently enacted system of concentrating all the facilities and duties of vaccination in a few stations and a few operators has worked very badly, and it is earnestly canvassed under the urgency of the present epidemic what better arrangement can be adopted.

The *Globe* published last week a very sensible article on the subject, in the conclusion of which it offers important suggestions of a new system to replace that which it seems has been found wanting. It says:—"The benefits conferred upon the population by vaccination have been incalculable; and even if all the ugly stories which are told of diseases communicated with the vaccine affection were true, there would still be a large balance of advantage on the credit side of the account—abundantly more than enough to render the abandonment or neglect of the remedy one of the most inexplicably stupid blunders of which any sensible people could be consciously guilty. With the greatest possible respect for the good intention and assiduity of the medical profession, we cannot help thinking that they have themselves to thank for no small share of the disfavour into which the practice of vaccination has fallen among the poorer and more ignorant classes of the population. No one who has watched the process of vaccination as performed at too many of our public stations, particularly in the provinces, can fail to have seen much more than enough of uncleanly and slovenly practice to engender a feeling the reverse of agreeable. Nor has the National Vaccine Establishment, as far as we can understand, done much to facilitate and popularise the remedy. The multitude of 'points' required and supplied has been unpleasantly suggestive as to the method in which they have been charged. So far from yielding to the clamour of popular ignorance, excited by the enthusiasts of an unscientific and unreasoning school of specialists, the Compulsory Vaccination Acts should be enforced with the utmost rigour. This is not a case in which individual will or whim can be allowed to determine conduct. The nation has a right to require that parents who desire to bring up their children in a state of nature as regards the congenital liability to small-pox, should retire beyond the risk of exposing the same community to the peril of contagion. It is not unjust, nor is it tyrannical, to demand that those who wish to live in our midst, and rear families under the protection of the State, shall conform to the rules dictated by public safety. At the same time it must be freely admitted, and we would insist, that every individual subject has a perfect right to demand that while conforming to the requirements of the law, he shall be protected from the danger of being involved in consequences which the law does not and could not legitimately contemplate. We have no hesitation in asserting that the worst evils occasionally attendant on vaccination are inconsiderable when compared with the small-pox, but they are one and all unnecessary, and that being so they ought to be removed at any cost, and without a moment's delay. The remedy for the present condition of matters is perfectly obvious and of singular simplicity. Let parents among the poor choose their own medical man and let the State pay him, instead of insisting they shall submit to the treatment of a particular officer. The fee payable by the Poor-law Board is at present claimed by the public vaccinator, on the ground of a certificate of 'successful vaccination' sent by him to the registrar of the district. This certificate is precisely the same which is required to be filled up by every medical man, after vaccinating a child, only the private practitioner is not paid for the service by the State. If on the return of a certificate of success the ordinary practitioner could claim the fee, he would not decline to vaccinate any person who applied to him; and the multitude of poor children being distributed among the legally qualified medical men of a district, instead of being driven like sheep into a particular pen, would be vaccinated with care, and from sources with which their parents might be satisfied. We are quite sure this scheme would be hailed by the medical profession as a boon, and it is equally certain to find favour with the public."

Assuming that the Profession is open to the reproach of slovenliness in vaccination, we may doubt that any project which would divide the administration and emoluments of the vaccination system amongst the entire Profession, would be at all practicable, if it were desirable. Setting aside the necessity for special knowledge and experience which may be supposed to belong to specialists in vaccination, and assuming that every member of the Profession can take charge of a child for its cow-pock ordeal as well as he who gives his attention to nothing else, it does not appear to us that, in the case of the poor, it would be possible to leave the selection of an operator an open question. The present system of concentrating all the vaccination in a few operators was adopted because it was found that the small number of cases and regulation fees which fell to the lot of Poor-law vaccinators were insufficient to make it worth their while to prosecute vigourously the administration of vaccination law. How much less would it be worth the while of a private practitioner to earn casual fees by the vaccination of three or four children a week. They would have neither the time nor facilities for such occasional and petty earnings, still less for the hunting up of unvaccinated children.

Unless, therefore, the *Globe* is prepared to advise that the public shall pay at least a fiveshilling fee for each case, we cannot think its scheme—undoubtedly the best in other respects—would work.

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Notes on Current Topics.

Adulterated Tea.

The Dublin police magistrates have confiscated seven chests of tea, which the City analyst, Dr. Cameron, proved to be composed of exhausted tea leaves, devoid of flavour, and containing 15 per cent. of earthy and saline matter. On Friday last, in the same city, the magistrates sent a butcher, named Doyle, to jail for three months for intending to sell as human food the carcass of a diseased pig. Dr. Cameron deposed that the animal had hydrophobia, and it transpired in evidence that the pig—a very large one—had been sold for eight shillings!

The Site of the New Stanley Hospital at Liverpool.

The Earl of Derby some time ago munificently gave 8,000 yards of land on which to erect the new Stanley Hospital. To carry out the convalescent plan, however, in connection with this promising institution, it was found that additional space would be desirable. Representations were made to his lordship, and, with a generosity worthy of the highest praise, he immediately made an additional gift of 1,200 yards, which will be strictly set apart for recreation ground. No less than 9,200 yards of valuable ground has thus been given by his lordship for Stanley Hospital purposes, and the value of the gift will be best estimated when it is stated that it represents a sum of something over £20,000.

Clinical Examinations.

We learn that the King's and Queen's College of Physicians in Ireland has, after nearly two years' consideration, come to a resolution to require a clinical examination for their diplomas. The detailed arrangements will, we believe, be left for the consideration of the Clinical Examiners, and the operation of the resolution will not be long delayed.

Variola Regina!

One of our Medical contemporaries—one, too, that never has been, and probably never will be, suspected of joking, commences an article in the following terms:—

"Small-pox may be called the queen of epidemics; for it is, of all, the most loathsome and fatal."

No more Birch or any other Moral Medicines.

To Mr. Edwin Chadwick, C.B., belongs the curious honour of reducing the nursery to discipline, and of bringing long-sought relief to the maternal breast distraught with infantile tumult.

As a delegate appointed by the Society of Arts to ingrain the official mind with the necessity for the compulsory drilling of street arabs in State-supported schools, Mr. Edwin Chadwick, C.B., observed that there were principles of physiology which hitherto had not been brought within the schoolmaster's cognizance, involving the necessity of exercise of the body, which, if not provided for, outbursts of nervous irritability and irrepressible disorder and conflicts ensued. The masters who had served in schools where there was no drill, and also in schools where there was, would attest the great difference it made in producing order and quickening all the mental work. Without the drill they might with conflict get some order in the day, but in the boarding houses the nervous irritability broke out in the dormitories in bolstering and disturbances at night.

Mr. Forster observed that when he was at school they had some drill, and yet they had bolstering at night.

Mr. Chadwick said that was a proof that the principle was imperfectly applied, and that there was insufficient bodily exercise during the day, for if there had been enough of it, there would most assuredly be quiet rest at night.

At length we have reached the *fons et origo* of official cantankerousness? How delightfully harmoniously will run the future current of public affairs, now that compulsory drill will, for ever, suppress those official "outbursts of nervous irritability and irrepressible disorder" from which "conflicts ensue."

Cannot the Horse Guards lend a drill-sergeant for the particular use of Mr. Ayrton and Mr. Forster? Or, is it really too late to mend?

House-to-House Vaccination.

At the Hanover square Union, on Wednesday, Dr. Seaton again called the attention of the guardians to the increase of small-pox cases in Westminster, and urged the extreme necessity of appointing some one to see that the provisions of the Vaccination Act were carried out. In one week twenty-two children died from small-pox. The person would have to give the whole of his time to a house-to-house inspection, and the sooner he was appointed the better. He ought to be set to work at once, so that the disease should have no chance to spread. He would suggest that the board at once employ two intelligent persons to make a house-to-house visitation. Three or four weeks would, he thought, suffice to dispose of the whole of Westminster. Dr. Brewer, M.P., moved that two competent persons be employed, from week to week until further notice, to make a house-to-house visitation. It was further agreed that the salaries paid to each person should be £5 per week, and that Dr. Pearce, the vaccinator for Westminster, should make the appointments.

The Small-pox Epidemic in Liverpool.

A SPECIAL meeting of the Guardians was held on Friday, to confer with Dr. Beard, inspector of vaccination, as to what further measures should be taken to prevent the spread of small-pox. Dr. Beard said he had gone through the infected district. Externally, the houses were such as to cause him to be surprised that they should be the seat of an epidemic of such a kind, but, on the other hand, he was not at all surprised when he went inside and found the condition of things there. The closets were packed together, the back-yards abutted on the adjoining houses—merely separated by a narrow passage, and it was reported to him that the ashpits were not emptied out more than once in three months. He said that the visitors had seen 1,200 persons, and had examined the arms of every child. Of the 1,200, only thirty-two had not been vaccinated; seven were suffering from small-pox, and of these three had not been vaccinated. Of six persons admitted to the hospital suffering from small-pox, five had not been vaccinated, and one had since died. The Chairman thought Dr. Beard would see that the Board were desirous to leave no stone unturned. Dr. Beard said after going over the books of their registrars, and finding over 3,000 cases unaccounted for as regarded vaccination, he could not admit so much. Mr. Hall said there was great difficulty in getting people to take their children to the public vaccinator, owing to the fact that four punctures being made in the arm, as authorised by the Privy Council, and when they took their children to private practitioners there was frequently great difficulty in getting certificates. Dr. Beard recommended the immediate re-vaccination of all people in infected houses. He reminded the Board that in the cases of parents who said they would not have their children vaccinated, there was no course open to them but to put the law in force.

Small-pox in Ireland.

AT the last meeting of the Belfast Guardians on the 21st ult., there were seventy-six cases of small-pox in the workhouse, but there had been no deaths during the week. One fatal case has been reported as having taken place in Wexford. The person attacked was a miner, from Greenock, who was not a month in Wexford.

The Small-pox Epidemic in London.

AT the last meeting of the Metropolitan Asylums Board, Dr. Greives, the Medical Officer of the Hampstead Small-pox Hospital, said: "The type of the disease did not as yet show any amelioration; indeed, the proportion of fatal cases to admissions had been larger than in any previous fortnight, and a considerable number of patients had died within twenty-four hours of their reception into the hospital. The facts pointed to a still increasing epidemic. Of the 433 patients who had come into the hospital since its opening, 316 had been vaccinated, and in 117 cases this duty had been neglected. Of these 117 forty-nine had died, whilst in only sixteen cases had the disease proved fatal amongst the 316 vaccinated—a mortality of five per cent. in the protected, and forty-one per cent. in the unprotected cases." The whole subject of vaccination in the metropolis was referred to a Special Committee to inquire into and report to the Board, a committee having been appointed for the purpose, the Board, after some routine business, adjourned.

Precautions in Vaccination.

A GRAND nephew of the immortal Jenner has written to the *Daily Telegraph* some of his experiences of the practice of vaccination by its author. He says:—"From what I have seen and know of his practice, and of the careless and inattentive manner in which vaccination has been conducted since his time, I do not wonder at the failures that have occurred. Dr. Jenner was continually renewing his matter from the cow, which he had every opportunity of doing from the farms around the neighbourhood, where I went frequently to procure it. A veterinary surgeon, named Tanner, likewise helped him greatly. Dr. Jenner was very particular in regard to the health and constitution of the person he vaccinated, nor would he perform the operation if he saw any spot or eruption on the skin until it had subsided."

What is a Deadly Poison?

WE learn from the Canadian *Pharmaceutical Journal*, that a very important decision was pending when it was issued, at Toronto. There is, it appears, a law in Canada, relating to the sale of poisons, from which the following is an extract:—

> "No apothecary, &c., shall sell or deliver any arsenic, corrosive sublimate, strychnine, or other poison, mineral or vegetable, simple or composite, commonly known as a deadly poison (or which being incautiously or secretly administered may cause immediate death), to any person who does not then produce and deliver a certificate, &c."

A certain informer named Mason went round to all the drug stores of Toronto, and succeeded in obtaining a small quantity of laudanum from twenty-five of them. He then instituted a prosecution against these, and the case of one was taken and occupied the attention of the magistrates for several days. The question for them to decide is, whether laudanum is or is not to be regarded as a deadly poison. A number of witnesses, including Professor Croft and Dr. Lizars, were examined, but all agreed in their testimony that laudanum could not be so regarded, and could not, with propriety, be classed in the same category with arsenic, corrosive sublimate, and strychnia."

Arsenic Poisoning by gross Carelessness.

AN inquiry has just taken place into a supposed case of poisoning by arsenic, which resulted in a farmer named Knowles, living near Wisbeach, being committed for trial for the manslaughter of the child of a labourer. According to the evidence, the prisoner had prepared a little more than a peck of wheat with arsenic for sowing. This he mixed with two bushels of clean wheat, and sent the whole to a mill to be ground. After it had been ground, a small quantity of Knowle's grist remained in the mill, and was mixed with other grist. The result was that several persons, after partaking of food prepared with this flour were seized with violent pains and sickness; all, with the exception of the child, however, recovering. Arsenic was discovered in the stomach of deceased, and in some of the food that remained.

French Ladies and Small Families.

A Contemporary, the *Echo*, of January 27th, writing under this heading, says :—"In France, where the large families so common in England are unknown, a baby, especially a girl, is an object of great consideration." Well! This is as it should be; but how do they manage to make their children "matters of great consideration ?" That is the question.

Mr. Holmes on Hospitalism.

Mr. Timothy Holmes in some interesting articles in a contemporary shows truly enough that Simpson's statistics were in many points quite fallacious. This is true enough; but who can doubt that large collections of sick persons are dangerous to the health of the patients in some cases? Mr. Holmes tries to prove too much. Mr. Lawson Tait intends to reply.

Physiology and Morality.

There is an excellent article in the *Examiner* of Jan. 21st, "On the Interdependence of the Art of Morality upon Physiology," which has evidently been written by a professional brother. The writer asserts that some revolution is required in social arrangements, so as to admit of marriage being contracted almost universally, and at an earlier age.

Contagious Diseases Acts.

The Royal Commission now sitting on these Acts have been occupied in examination of witnesses from Plymouth. It will soon be its duty to examine medical witnesses in favour of and against the Acts. Mr. Henry Lee and others of great experience are understood to be among the latter number.

Treatment of Asthma.

A secret remedy called Potion Antiasthmatique, recommended by a Dr. Aubreé, of Charente Inferieure, has been experimented on by Dr. Roth, and spoken of in the *Deutsches Archiv. für Klinische Médicin.* Belladonna, in gradually increasing doses, was tried in a severe case of asthma with no effect, and was greatly inferior in its powers to the subcutaneous injection of morphia. After trying other remedies, he found the remedy of Dr. Aubrée of great service. The analysis of this remedy shows that it contains ten grains of iodide of potassium and ten grains of lactucarium with twenty grains of spiritis etheris chlorici in the ounce of water. Apparently, iodide of potassium is the most important constituent of the mixture, and has often been known to be useful in asthmatical persons.

A Batch of Slow Poisoners.

The Corporation of Dublin have taken decided action relative to the sale of poisonous and adulterated confectionery in that city. The specimens were obtained in the following manner :—An officer of the Public Health Committee of the Corporation of Dublin purchased a quantity of confections at thirteen establishments, wherein the sugar boiling industry is carried on. When buying the samples he gave notice to the vendors of his intention to convey them at once to Dr. Cameron, the City Analyst, in order that they might be analysed. This notice was given in accordance with one of the provisions of the Food Adulteration Prevention Act of 1860, which is intended to give the vendor an opportunity of accompanying the purchaser to the Analyst, so as to prevent the articles bought from being tampered with *in transitu*.

The total number of different kinds of confections examined amounted to 123. Those manufactured at three establishments were quite pure; the collections obtained at the other shops (ten in number) contained poisonous pigments and other impurities. Out of forty confections coloured yellow, only two owed their hue to saffron. One was coloured with gamboge; and all the others were coloured with chromate of lead, in quantities varying from 1-4000th to less than 1-1000th of the weight of the confections. The common sugarstick, sold at 1½d. per two ounces, contained the largest proportion of chromate of lead. Twelve articles—chiefly lozenges and "sugar almonds"—had a bright orange hue, due to the presence of a variety of chromate of lead. Thirty-eight of the specimens—comprising "peaches," sugar almonds, lozenges, comfits, sugar-stick, sugar-balls, &c.—had various shades of red, from a faint pink to a bright scarlet. Of these, thirty-six specimens were coloured with cochineal, two contained mercuric sulphide, or vermilion in the proportion of 4 grains per ounce of the confection.

At one time arsenite of copper was frequently used to impart a brilliant green colour to confectionery; but the numerous accidents which occurred from the employment of this poisonous pigment have so alarmed the public that green confectionery is now scarcely to be met with. Only one of the specimens examined was coloured green, and that was only a small figure of a baby, with a green frock on it. The colour was composed of a mixture of Prussian blue and chromate of lead.

Blue is not a popular colour; only one specimen having streaks of this was contained in the 123 samples. The pigment employed was ultramarine. Six specimens were brilliantly coloured with coal tar dyes, mauve, magenta, &c. The aniline dyes when allowed to come in contact with the skin occasionally produce toxic effects.

As these dyes are liable to contain traces of lead, mercury, and arsenic, their use should be absolutely prohibited as in Paris under severe penalty on any substance intended for human food.

An article of food containing more than a grain of chromate of lead per ounce may well be regarded as a slow poison. Soft water containing less than one grain of lead per gallon (70,000 grains weight) has often produced poisonous effects on individuals and families. Chromium (an ingredient of chromate of lead) is also a poisonous metal. Six grains of a salt of this metal injected into the jugular vein of a dog caused the death of the animal. Workmen engaged in the preparation of chromate of potash often suffer from an ulceration of the throat, resembling that of secondary syphilis: and also from slow necrosis of the nasal bones. There is no doubt but that the use of confectionery coloured with chromate of lead produces a large amount of infantile disease.

There is a general belief in the inertness of vermilion, but Dr. Cameron stated that he had experimented with it, and that it produced mercurialism in the human subject when taken in large doses.

The lozenges purchased at two of the thirteen sugar confectioners' shops contained from 12 to 15 per cent. of an insoluble white clay, known in the trade under the term of *terra alba*. The peaches, sugar almonds, lozenges, and comfits, contain rice, starch, and gum arabic. Cough lozenges and bath pipe contained gum, sugar, and extract of liquorice—a few of them being slightly medicated by the addition of opium and camphor (probably in the form of paregoric elixir). Small quantities (under 3 per cent.) of plaster of Paris were found in the bath pipe and cough lozenges; but they were probably derived from adulterated liquorice extract.

A figure of a baby in its cradle had the following composition :—The cradle was composed of a mixture of plaster of Paris and sugar; the body of the baby was sugar and rice starch. Its eyes were Prussian blue, its cheeks were tinted with cochineal, and its clothes were painted with chromate of lead.

The ten sugar confectioners whose wares were found to contain objectionable matters, were prosecuted before the police magistrates. Five of them on paying costs (£3) and promising to abadon the use of poisonous pigments, were "let off with a caution;" the others were fined respectively £5 and £3 costs, £1 and £1 costs, £1 and £1 costs, 10s. and £3 costs, and 10s. We hope these exposures will act as a warning to manufacturers in other parts of the Kingdom.

The *American Chemist* says German beer bouquet consists of a solution of essential oil of lemons in light petroleum oil, and a coarse fusel oil containing spirits coloured by turmeric.

The *Presse Medicale Belge* informs us that yellow fever has again broken out in Spain. In Barcelona, a town of 15,926 inhabitants, 13,809 have taken flight. Of 426 of the remaining inhabitants 132 have been victims of the epidemic.

It was seriously discussed, at a meeting of the Ormskirk Local Board of Health, last week, whether the fact that the Liverpool Corporation sent a quantity of night-soil into that district for farming purposes had not something to do with the spread of small-pox. Finally, the Board resolved to hold a special meeting for the further consideration of the subject.

The proverbial superstition of the Chinese has recently developed itself in a new phase. Ophthalmia having been rather more prevalent in China this year than usual, the lower orders in one locality have started an idea that it is owing to the new bridge which is being built over the Soochow Creek, and the builders are in a very unenviable position in consequence.

An evening meeting of the Pharmaceutical Society of Great Britain will be held this evening. The following lecture will be delivered :—

"On the Microscope and its Revelations." By William B. Carpenter, M.D., F.R.S., F.G.S., F.L.S., Registrar of the University of London.

The vacancy caused in the staff of St. Thomas's Hospital was filled on Saturday last by the election of Mr. Sydney Jones, F.R.C.S. Mr. Jones is an old St. Thomas's student, and at the time of his promotion to the full surgeoncy, occupied the position of Senior Assistant-Surgeon, and Lecturer on Ophthalmic Surgery, and on Descriptive and Surgical Anatomy at the Hospital.

Mr. Robert Ellis, in a letter to the *Times*, calls attention to a method of vaccination suggested by him for employment with adult cases :

"After slightly rubbing the skin of the arm with a little eau de Cologne, to remove any greasiness from it, it is touched with a fine camel-hair pencil dipped in vesicating liquid. Three little spots, of the size of a pin's head only, are thus left on the arm; and next day, into the minute vesicles thus formed the ivory point, charged with dry lymph, is placed for a minute. The cuticle is afterwards gently pressed down, and the operation is complete. The result is almost uniformly certain.

"On the delicate skin of an infant this method is less necessary; but in the denser tissues of the adult it is invaluable. . . . The true skin, by this mode, simply absorbs the vaccine lymph, and it is introduced into the system not through the open mouths of cut blood vessels, as in the common way, but simply by the endosmotic act, so that, if even the lymph be mixed with blood, only the minute particles of the true virus are admitted into the system."

The dissemination of contagion under the present system is very forcibly illustrated by the narrative of a correspondent of the *Times* last week. He says :

"Some children suffering from a mild attack of scarlatina, which no longer necessitated their confinement to bed, being in want of amusement, their parents gave a children's party, at which were present two boys, who afterwards went back to school. In a few days they were both taken ill; one returned to his family, the other remained at an empty house in the neighbourhood. On the former's return home scarlet fever took possession, and caused the death of two in that house. The school going on as usual, the boys, one of whom had been very poorly for some days, went out to a children's party in the neighbourhood, and this one (No. 3) next day was covered with the rash. He was sent home, the exposure nearly proving fatal, and returned to a family of thirteen, who are gradually catching the fever. His bedfellow (No. 4) who could not sleep with him the night before he left, 'he was so hot,' remains a few days longer, when he becomes ill, and, as some boys are going to pass an examination in town, he is sent in, with three other persons, in a cab, and reaches home seriously ill of the same complaint. The holydays now arriving, the boys disperse, except one, too ill to be moved, and the infection is thus planted out."

This is, indeed, a terrible condition of things, but as long as parents are so culpably careless of the fatality their negligence engenders, it is impossible to say what remedy can be assigned. No doubt a civil action for damages might be maintained against the person who knowingly introduced infection into a family, but the difficulty of proving that the contagion came from that and no other source would be insuperable.

Lady Medical Students.

This question still occupies the attention of the public and the Profession to a great extent. Like all other matters relating to women, there is naturally an immense amount of interest in this for men. On the one hand, we hear those, who like women to remain as they are, denouncing all attempts such as this to take them out of the domestic sphere. Dr. Guthrie, of Edinburgh, too, is much opposed to mixed classes of medical students, as it seems that the learned doctor had, at one time, walked the Parisian Hospitals as a medical student. Dr. Phinn, also, a presbyterian clergyman, is bitter against all attempts of women to be independent of men by gaining their living. As a general rule, the clergy vehemently oppose the female medical movement in Edinburgh, so long as mixed classes are requisite. On the other hand, it is urged by Dr. C. R. Drysdale and others, that mixed classes are not desired—as necessary, but that they are expedient at present because of the question of economy. That the chief point is, that women should be taught the art of medicine; the way in which they *should* be taught being a matter of little importance. Science, they say, has nothing to do with sex, and the nurses in many hospitals, whether lay or religious sisters, are in the wards in attendance on patients with all kinds of diseases, at all times.

A writer in the *Examiner* of January 21st, says,—"He cannot understand why men can be so quixotic as to refuse to allow women to try to earn their own living." Dr. C. Drysdale remarks, too, that *many* ladies are infinitely more likely to make a good professional income than the *majority* of men; and he cannot see why, if patients choose to trust to female doctors, they have not a right to a degree, and to take fees from them, as well as others do for lessons in music, or in painting, both very difficult arts, and successfully cultivated by many women. As a matter of fact, Madame Bovin, he urges, in common with others, was eminently scientific and successful as a practitioner of medicine; and in the United States, at present, many ladies make excellent professional incomes, and are much esteemed as practitioners of medicine. To starve gracefully as a governess, may be, says Dr. Drsydale, sublime, but by no means utilitarian. Miss Martineau and Madame Sand, and other women, are quite as intellectual as most men, and it is unfair to keep such able citizens in the background of domestic life. The argument for keeping women out of the Medical Profession is (says Dr. Drysdale) of the nature of the "sentimental" argument. It is comparable to the feeling which makes the Jews abhor the flesh of the pig, or which makes a rigid presbyterian refrain from music on a Sunday. It is not at all *utilitarian* in its tendency; and hence the present opposition to women becoming doctors, clergymen, or lawyers is destined to disappear, just as morality becomes based upon scientific considerations, and becomes less a matter of superstition than it has hitherto been. Nature has, of course, said that a woman cannot be a man (nobody denies this); but it is the laws of society, not nature, that prevent women from practising law, physic, or divinity, or from voting for a member of Parliament. Like every other human being, a woman has a right to try to cultivate herself, in all directions, says Dr. Drysdale, and to obtain from others a fair share of the advantages of the division of labour which obtains in civilised life.

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SCOTLAND.

Edinburgh.—The friends of the female medical students held a meeting on Friday for the purpose of making arrangements for enabling the females who have commenced the study of medicine to complete their College course. Various suggestions were made by different speakers, such as throwing open the Sick Children's Hospital or Chalmer's Hospital, in which they might receive clinical instruction; but beyond electing an honorary treasurer and a male and female secretary, nothing definite was done.

Mr. Craig, Dr. Christison's Class-Assistant, has raised an action of damages against Miss Jex Blake. The action has reference to the remarks made by Miss Blake in her speech at the meeting of Contributors to the Infirmary held on the 2nd ult.

Mr. Duncan McLaren, M.P., has obtained an interdict prohibiting the sale of the present Infirmary Buildings to the University authorities. Mr. McLaren believes the sum agreed to by the managers is below the value of the buildings.

Chalmer's Hospital.—The Annual Report states that the number of patients treated during the year in the wards were 176, of which 77 were medical cases, and 99 surgical. There were 28 surgical operations,

Literature.

"TRANSACTIONS" OF THE PATHOLOGICAL AND CLINICAL SOCIETIES OF LONDON.

The twenty-first volume of the Pathological Society's Transations is a book deserving the very highest praise and valuable as an addition to all medical libraries whether public or private. Among diseases of the organs of respiration we find some interesting cases of laryngeal disease, reported by Dr. Morell Mackenzie. The case detailed at pages 47-48 as one of primary caries of the cricoid cartilage with secondary abscess, is of considerable interest both pathologically and clinically, for there is no record of a similar kind in the "Transactions" of the Society. There are two reports of growths removed from the larynx, with illustrations, showing these growths *in situ* and also after removal. The microscopic appearance of one of the growths is also furnished by the Committee on Morbid Growths, from a drawing by Dr. Moxon.

Several cases of malformed heart seem to have been brought before the Society by Drs. Peacock, Semple, Greenhow, and Kelly. Dr. C. T. Williams exhibited a case of retroversion of an aortic valve, giving rise to a musical diastolic murmur. Plate II. gives the reader an excellent delineation of the diseased valve.

Plate IV. represents the dissection of Mr. Christopher Heath's well-known case of aneurism, for which he performed the operation of ligaturing the right subclavian and carotid arteries, four years before the death of the patient. The patient made a good recovery from the operation (Nov. 21st, 1865), but led a very irregular life, and eventually died of hæmorrhage on Dec. 8th, 1869. The preparation, from which the drawing at Plate IV. is taken, is preserved in the Museum of the College of Surgeons.

Among the miscellaneous objects of interest, we may mention the case of "Fungus Foot of India," brought forward by Dr. Tilbury Fox, in order that a Committee should report upon the same. Dr. Moxon and Mr. Jabez Hogg in their reports, were of opinion that further investigation was required into such structures as that exhibited, such investigation to be directed rather to their stages of development than to the minute structure of the bodies themselves, it is not certain that these bodies in which fungus is occasionally found are essentially fungus growths.

The lower animals figure in the "Transactions" to some extent in a pathological point of view. Dr. E. Crisp exhibited a calculus from the cloaca of a pelican. Dr. Crisp also drew the attention of the Fellows to the fact that he had never yet met with an instance of fatty degeneration of muscle among the lower animals, though he had often looked for this in the muscular fibre of very fat creatures. Atheroma of the arteries is very rarely seen, and then only in animals living in a confined or domesticated state.

We have thus briefly noticed some of the matters contained in the volume before us, to notice all that is well deserving of notice, would be to write a volume nearly as big as the book of "Transactions" itself.

The Clinical Society appears to have succeeded in furnishing a very creditable volume (No. III.) of "Transactions" to its Fellows for the year 1869-70.

The first communication read before the Society, was "On the Use of the Hypophosphites of Iron, Quinine, and Strychnia, in cases of General Debility," by Dr. Day. The cases of debility in which these remedies proved so unmistakeably useful are given very fully, it should also be noted that the author states, that he found advantages in the hypophosphite combined with iron which surpassed those attained by the iron given alone.

A good practical paper for the surgeons is that by Mr. Cooper Forster, being a report of cases in which torsion of arteries was employed for the arrest of hæmorrhage, *with* remarks on the comparative merits of that process and acupressure. A great diminution in the frequency of secondary hæmorrhage has been observed at Guy's Hospital since torsion has been used after an amputation, and Mr. Forster states, as the result of his present experience, that for nearly three years he has never applied a ligature to any vessel for the purpose of restraining hæmorrhage.

The short account of true cancer of the tongue, following in icthyosis of that organ, given by Mr. Paget is interesting, as confirming a similar experience in the practice of Mr. Hulke, and noticed by that gentleman in a previous volume of the Clinical Society's "Transactions."

Among other matters of prominent interest, we may draw attention to Dr. Bristow's case of aphemia of nine months duration, *in* which speech was restored by the education of the organs of articulation.

Dr. Wilks' paper on "Cases of Cardiac Disturbance," in connection with uræmia and marked by extreme dyspnœa is one of great practical importance, and explains some cases that might be regarded as instances purely of thoracic disease.

Among the contributions to direct drug therapeutics, we have the papers of Drs. Anstie and T. Lauder Brunton "On the Use of Nitrite of Amyl in Angina Pectoris." The pulse tracings taken by the sphygmograph, in Dr. Brunton's cases, are given in a diagram. We have thus before us the tracing of the normal pulse; of the pulse when the paroxysm is coming on, and also when the pain is at its greatest intensity; lastly, we have a tracing of the pulse when the pain is subsiding under the influence of the nitrite of amyl.

A pretty full report is given by the Committee appointed to investigate the "Value of Quinine as a Means of Diminishing Bodily Temperature and Pulse in Pyrexia." The last paper in the volume is a valuable one by Mr. Douglas Powell, "On Paracentesis Thoracis." An illustration conveys to the reader an idea of Dr. Powell's instrument for thoracentesis, and the way in which the fluid pressure within the thorax is tested by a mercurial pressure guage, and to register the amount of suction, or syphon, power used. Two cases are related to illustrate the applicability of the instrument. Dr. Powell considers his instrument valuable in preventing the ingress of air into the thoracic cavity, a point to which he, as we think very justly, attaches much importance.

Before concluding this notice we ought not to omit to draw the attention of the reader to Mr. Croft's very interesting case at page 54, where displacement of one eye together with attacks of severe pain, caused by a blow from a cricket bat in the year 1835, were entirely cured by the removal, by Mr. Croft, of a small hard concretion, apparently a calcified blood clot, from under the skin about midway between the inner angular process of the frontal bone and the ball of the eye. The intensity of the pain on pressure at this point, enabled Mr. Croft to detect the seat of this patient's long suffering and discomfort, and also to point out the step that in the event led to a perfect and permanent cure.

BODY AND MIND.*

Dr. Maudsley has here given us his Gulstonian Lectures which may not be forgotten by our readers, and to these he has appended two articles which he had previously published elsewhere. The first of these "On the Limits of Philosophical Inquiry," has appeared in the *Journal of Mental Sciences*, the other entitled "The Theory of Vitality," was contributed in 1863 to the *British and Foreign Medico-Chirurgical Review*. The whole forms a handy volume—in which Dr. Maudsley's well known views are maintained with his usual ability—though probably, few readers will accept them.

THE MEDICAL WORKS OF FRANCISCO LOPEZ DE VILLALOBOS.*

The author of this interesting work has done a great service to medical literature by bringing before the notice of the profession the work before us. "Francis Lopez, the early appellation of him who is since known to us as Villalobos, first saw the light of day in the year 1473 or 1,474 after the birth of Christ," says Mr. Gaskoin. Villalobos was twenty-four years of age when he published the *Sumario*. If we allow but four years for the completion of so arduous an undertaking, it would have been begun A D. 494, the year which is generally stated as that in which syphilis was declared. "He must have had the subject continually before his eyes, and impressed upon his fancy at this early period of his studies; on the question of its novelty no man could have been better informed, it was the common topic of his age. The people of that day, he says, were all aghast, and even the literati were at a non-plus. We know from subsequent writers that, on an estimate, one-twentieth of the people of Spain became affected eventually. At the date of this publication, Villalobos was still a student, but he was able to describe himself as licentiate of the School of Salamanca, which school or schools have not yet been subjected to those reforms or benefited by that reconstruction and considerable accessions to it, which took place from ten to sixteen years later, on the model of the University of Paris. When and where our author took the doctor's degree is wholly unknown to us, nor do we hear of him again till after the lapse of sixteen years, A.D. 1514, when we find him installed as physician to King Ferdinand." It certainly is a strong point in favour of the theory which asserts that syphilis was a new disease at that epoch that this physician thought it to be so, were it not that there are facts almost as strong to prove the opposite.

Mr. Gaskoin has made the work before us interesting, not only to the medical man, but to the literary world in general, by his amusing way of entering into the details of the life of Villalobos. It appears that all his life this doctor was full of jest and humour. In his dialogue with a great man, he is told "you may well be a great physician, you are the greatest jester at the Court, and physic is all a farce, therefore you are a great physician." We heartily recommend all good-tempered doctors to read this witty and pleasing work, both because they will derive much information from its pages, and because they will learn how information may be afforded in a pleasant way. We often hear that the best way now-a-days to inculcate morality is to write a novel, and thus to make science easily swallowed, and Mr. Gaskoin has done something of this kind in his translation. Doctors in general, it must be confessed, do not give much time to the study of fine writing, but we must remember that physicians in ages gone by were among the most learned of the literary men of the time. We heartily commend the perusal of this learned work to all of our readers.

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Correspondence.

ON THE TREATMENT OF ACUTE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I was much pleased on reading in your impression of the 28th ult.: with the desire of Dr. Sheedy, who required more information and skill than his own in the treatment of a case of acute rheumatism which terminated fatally on the fourteenth day. This is as it should be; I hail with gratification the mind of a man who pleads for knowledge and practical treatment from greater experience than his own, in cases wherein his efforts have not been successful; in this way we may hope with better prospect of success to have advanced a stage in that "future of physic" alluded to the other day by an eminent and worthy member of our profession. Since reading the case on the 28th ult., I have waited for the production of three of your numbers in the expectation of some remarks by many eminent medical men; but, finding no notice taken of it, I trust I may be excused, after fifty years' practice, for giving an opinion, rather too, than such an appeal should be made in vain. It appears that a young man of delicate constitution and temperate habits, of pale and languid expression of countenance, with a narrow and receding chest, had been fatiguing himself much beyond his strength, and submitting himself to damp clothing. A medical gentleman was sent for, who was told that his friends had administered a vapour bath and some aperient medicines, but, notwithstanding, the patient had spent a wretched night, and then seemed to him to be suffering great pain, with a very anxious expression of face, and the pains in the hands and feet were intolerable. He advised some local remedies for the hands and feet, and then ordered an active aperient medicine, although that which he had taken before had done him no good—but had evidently made him worse. At the same time he ordered a diuretic and antacid mixture to be taken as often as every three hours. But finding very little, if any, improvement, he ordered another aperient mixture with no better advantage. A blister and mercurial frictions were then prescribed—all depressing and antiphlogistic, or tending to weaken vital power. On the following day an "ugly" diarrhœa occurred, which ought to have been guarded against from the beginning. He thought now that some stimulus and sedative should be employed, from which a slight benefit was derived; yet he was not now quite satisfied with his own proceedings, and desired the aid of a consultee who very properly prescribed a tonic and the stimulus of iodide of potassium, which, if ordered at the first in full doses with a potent narcotic, a very different result in my belief would have been the consequence, particularly if accompanied by a chologogue, alterative, or gentle aperients, such as—℞. Hydr. chlor., gr. j.; pulv. ipecac., gr. ½; p. opii. gr. ¾; pil. rhei. co., gr. ij. ♏ ft. pil., taken three times a day; instead of which the antiphlogistic treatment was still persisted in, and the patient, I cannot but be of opinion, succumbed through the disturbance given to the nutrient processes. We are constantly warned that nervous exhaustion is a strange impostor; it imitates all manner of complaints with which it has no connection, hence the frequent necessity of adding ten grains of powdered bark to five grains of carbonate of soda, to relieve the violent pains of the hip and ankles in children—sometimes called growing pains. Some time ago a short, stout, hardy looking gentlemen, who had been suffering greatly from violent rheumatic pains, for which he had been in the habit of taking, from his own ideas, full doses of sedatives and some aperients, was suddenly seized with paralysis affecting his left side. His friends now being alarmed requested my attendance. I found him with a quick pulse, hot, and feverish, and really, to all appearance, a patient that would justify the depleting and full antiphlogistic treatment; but knowing his constitution, as he had been occasionally a patient of mine for many years, yet seeing that antacids were necessary, I preferred to order one that was *least depressing*, as follows:—℞. Ammoniæ carbon, ʒj.; spts. ammon. comp., ʒiij.; tinct. opii. ʒij. ss.; T. digit., ʒij.; vin. colchici, ℥ ss T. card. co. ℥ ss., mixt. camphoræ, ad ℥viij. ♏.—two tablespoonfuls of the mixture three times a day. This produced excellent perspirations, cured the paralysis and the rheumatism, together, from both of which he has since been free. In the hope that the few hints afforded in this letter may prove of service to the writer of that first alluded to, and thanking you for the space afforded me in your valuable paper,

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* Body and Mind: being the Gulstonian Lectures for 1870, with an Appendix. By H. Maudsley, M.D. Lond., F.R.C.P. London: Macmillan and Co.

* The Medical Works of Francisco Lopez de Villalobos, the celebrated Court Physician of Spain, now first translated, with Commentary and Biography. By G. Gaskoin, Surgeon to the British Hospital for Diseases of the Skin, &c. London Churchill, 1870. Pp. 312.

I am, Sir, yours obediently,
J. G.

St. James's, London, W.
Jan. 21st, 1871.

THE POWER SELECTIVE IN CLUBS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—If there be one grievance greater, there are few less important to the provincial practitioner than the present system upon which the clubs are conducted relative to their medical officers. Not only are their fees too small, but the method of electing the medical officer is objectionable. I object to a medical man being forced upon a lodge or club, where, perhaps, a great number of the Society don't want him. I am surgeon to three large clubs at Woodhouse, who pay me at the rate of half-a-crown a member per annum. Now, I would much prefer the clubs having a selective power allowed them, to choose what doctor they like, and to be paid five shillings a member for those who prefer me. At Pleasley I hold a club of 225 members conducted on this system, and I find it better for the doctor and better for the patient, for I get 3s. 9d. for each of the 225—the club numbering about 400. At Mansfield I retain the portion of a large club, whose members have also a selective power allowed them, and who accordingly pay better. I get a large number of patients *out* of other clubs, because I am selected in preference to the regularly appointed medical officers. I object, then, *in toto*, to the contracting system, and most strongly advocate the power of each member of a club selecting his own doctor. If medical men would be less stupid, and agree together not to attend the members of any club unless the selection was unanimous, or agree to attend only those who choose him at the annual meeting, it would prove very desirable to doctor, and more satisfactory to the patient. Doctors would not be going to houses where their very presence was loathed, and when they must necessarily have an uphill battle to fight, not possessing the patient's confidence. I believe, then, if medical men would agree to the selective power, that a greater boon would be gained by the members of the clubs, and the doctors would feel more comfortable in the discharge of their duty. I think it hard that the minority of a club should be overruled in this important matter by the majority, for the reason I assign. Doctors no more than others should be forced upon people; and it is hard for a club member to pay another medical man whilst he at the same time contributes to a club. I have no doubt the grievance only requires ventilation, and medical men will agree to the change in the club system, that I advise for their own character sake, as for the good of their patients generally.

I am, Sir, your obedient servant,
J. Waring-Curran.

140 Stockwell gate, Mansfield;
and Mansfield Woodhouse.
Jan 19th, 1871.

DR. HAYES ON CELIBACY AMONG SOLDIERS AND OTHERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you allow me to thank Dr. Hayes for his most kindly and courteous criticism of what one of your most violent contemporaries designates the "school" of Mill and others, as put forward by myself in your pages. When I referred to Sir B. Brodie, Sir W. Jenner, and Mr. Holmes Coote, as I did, to prove that, "the evils of celibacy were so great that they fully equalised those of prostitution"—according to Brodie, or according to H. Coote—that the effects of celibacy were worse than those of contagious diseases, as witnessed within the walls of Bethlehem Hospital, I did not think I should meet with much opposition from medical observers. I cannot at all agree with Dr. Hayes that, "most medical men of experience hold, that late marriages, but for parturition alone, would not prove more dangerous to life and health, if perfect chastity is previously observed, than early marriages." My own experience quite goes against this. At this very moment, *e.g.*, I have under my care two young men of the age of twenty-five, in a most unfortunate state, through this very celibacy, which many would fain have us and the public believe to be so innocuous. Both of these patients have been treated by many able men in London, for constant and nightly seminal discharges, with no effect, before being sent to me by two able medical men; both are quite unfit for business, and even, perhaps, for marriage. If Dr. Hayes would but read the work of Lallemand, he would find many such cases narrated. I myself have seen several cases of mania caused by the ordinary results of celibacy; and, I may add, that, in one of the patients spoken of above, a young gentleman of good education, the most perfect chastity in all directions, and complete absence from masturbation, has not prevented him from falling into this state.

M. Lévy, again, the first authority on hygiene of our day, says truly, that celibacy and the non-production of children cause more injury to the female sex than monasticism does to the male sex. And M. Lallemand relates how that priests came to consult him for loss of memory, and other symptoms so frequently observed in cases of male generative disease of a functional nature. It is, of course, quite true, that many persons may lead a long and useful life, and yet remain entirely abstinent, as far as sex is concerned. This I fully concede; but I maintain, with Brodie, Jenner, and Coote, that the experiment is a dangerous one; and I had hoped that but few *medical* men would have held the opposite opinion. Dr. Copland held a *very strong* opinion, that many of the nervous diseases so prevalent among women, were caused by habits similar to those which land so many men in lunatic asylums; and has spoken of this several times in private, and in his dictionary. Of course, if we had had the arrangement of nature for our own interests, we should have made the sex appetite more consonant with economical considerations; but, then, we should all know by this time that Nature is not solicitous to ensure the happiness of any class of animals. As I read the matter, it is *our* business to find out how to avoid the tendencies to death and destruction, which lie thickly around us in all directions, and to increase the enjoyment of our race as far as lies in our power. This, at any rate, is the avowed aim, of the *utilitarian* morality.

When Dr. Hayes is in favour of the Contagious Diseases Acts, he forgets, surely, that we have to think for both men and women; and that women have as much right to be married as men have. These Acts go on the supposition that the happiness of a certain set of women is to be sacrificed for the sake of an unmarried set of soldiers. Since this hateful war has been waged, we have given up speaking in favour of "Celibate Armies;" and, for my part, I think we have had to pay very dearly for our defence, when we have such most unfair and one-sided acts even proposed in a free country. I had the audacity to suggest early marriage and *very small* families *in place* of prostitution; but Dr. Hayes cannot stomach this. Well! I admit that, if we lived in the Western States of America, it would be absurd to speak of a large family being an evil; but is it not so here? I ask Dr. Hayes. He truly says, that Ireland, notwithstanding its poverty and rapid breeding, is free from the vices of the sister country. This is perfectly true: early marriages and unlimited families have preserved the Irish peasantry from much of the insanity, the syphilis, the habits of infanticide and baby-farming of England and France. But, then, objectively, according to the standard of the "greatest happiness of the greatest numbers," no nation that has much poverty in it can be called "moral." Poverty is one of the greatest of all foes to human happiness. The privations caused by it lead to fever, early infantile mortality, ignorance, superstition, and famine, with its legions of horrors. Dr. Hayes will, then, kindly observe, that his standard of morality is not quite that of Bentham, Mill and Bain, when he says that "neither poverty nor large families are incompatible with morality." Among the casuists of the Roman Catholic Church, indeed, *morality* seems to mean merely chastity; but it is not in such sense, but in that of the "greatest happiness" standard, that it is used by Mr. J. S. Mill, when he says—"Little advance can be expected in morality until the production of a large family is looked upon in the same light as drunkenness or any other physical excess." I am glad to see in the *Examiner* of this week, January 14th, that a writer takes my view of this point. To bring the matter to a point, on one standard of morality, the Irish cotter, with a large family and steeped in poverty, is much more moral than the French peasant, who, according to M. Block (as quoted by Mrs. Grote in her *Collected Papers*), in many departments "habitually limit their families to two children." This way of judging of the matter is the one taken, I conceive, by Dr. Hayes and the clergy of the powerful Church of Rome. I humbly adopt the other standard, and declare that I wish the Irish peasant—by means of education and proprietorship in the land—to become as cautious in the matter of adding to his family, as the *rusé paysan* of France. Morality, I contend, is incompatible with indigence, because the aim of the art of morals is happiness. Have I made myself understood?

In conclusion, allow me to thank Dr. Hayes most deeply for the way in which he speaks of my feeble efforts towards proving that syphilis, when treated carefully by attention to general principles, and with the assistance of iodide of potassium, does far better than when the poor patient is weakened by prolonged courses of mercury. I have now had such a host of cases to confirm my ideas on this point, that I think I shall never again use mercury internally in any disease.

I remain, Sir, yours very faithfully,
CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S.E.
99 Southampton row, London, W.C.
16th January, 1871.

P.S.—I omitted lo say that there is much less infanticide and abortion in France, where small families are in vogue, than in England or in the States of America, *vide* Tardieu and Léfort. Baby farming prevails in Paris and the large towns; but it is uncommon in the country parts of France, and infantile mortality is lower in France than in almost any Continental State, except in the towns. I expect, then, that Dr. Hayes will not reassert his dogma that such results are necessary!

ON THE UNWISDOM OF THE ANTAGONISM EXISTING BETWEEN MEDICAL AND HYDROPATHIC PRACTITIONERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Allow me to suggest as a theme for discussion by your correspondents the following:—"Is it true or not, that the effect of Physic Practice is in all cases necessarily to weaken vitality and thwart Nature's remedial efforts, while Hydropathic Practice strengthens and invigorates vitality, and assists Nature to work out and complete her cures?"

I am willing to admit the latter part of the proposition as generally, if not strictly, true; but not the first.

In your critique upon "The Laws of Vital Force in Health and Disease," by Dr. Haughton, you quote from that work as follows:—"Disease is really a minor degree of life, and death the total absence of life. The whole art of curing disease, then, consists in increasing the working power of the human machine, and preserving the equability and regularity of its action. Nothing can be more certain than that none of the medical systems that the world has ever witnessed are based on any such foundation. The above principle allows of the use of every remedy; and, according to it, the action of a therapeutic remedy may sometimes be antipathic, sometimes counter-irritant, and sometimes re-active or homœopathic; whilst it fully acknowledges the depurative properties of the vapour bath, and the therapeutic efficacy of the water cure. It does not, however, accord with the employment of infinitesimal doses of medicine."

This Dr. Haughton, who, I see by the *Directory*, resides at Great Malvern, evidently does not deem ordinary medical treatment incompatible with hydrotherapy. Mr. Durham Dunlop, whose very able treatise upon "The Philosophy of the Bath" well deserves perusal, tolerates no such "miscegenation."*

I think it was a fortunate occurrence that Priesmitz and Dr. Barter met with hostility from the Medical Profession, seeing that it led to the perfect development of the capacities of hydrotherapy. Had both systems been combined from the commencement, it would not have been possible to discover what precise share the water treatment and the bath had in effecting a cure. But now that the majority of medical men, who have given their attention to the subject, acknowledge it merits, it is intolerant and fanatical to reject altogether the aid which drugs can yield. I cannot believe when I am bilious that I comm[illegible] a most imprudent act if I take a blue pill and black draught, or a colocynth and camomile pill. That mercury increases the secretion of bile is denied (but on insufficient grounds, since the experiments, which seem to disprove that it does, were made on healthy not on bilious animals), but at least, it prevents the resorption of bile by carrying it out of the system, and speedily removes all the disagreeable symptoms due to slight derangement of the liver. As to these medicines impairing my vitality, they may do so for a very short time—and does not the bath cause a feeling of transient faintness in the unaccustomed bather, relieved, it is true, by the douche? But this temporary depression is soon succeeded by a renovation of vital force and increased capacity of assimilating food, air, and light. I don't think stupes and wet bandages to the stomach, or sitz baths, will relieve this bilious dyspepsia with constipation, one half so quickly or effectually. But having done the rough work with medicine, I would seek to effect a radical change in the constitution by hydropathic treatment. It may be more satisfactory to the scientific enquirer to use but one simple remedy, but the public only ask to be cured, and care little how the honour of treating them successfully may be divided.

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* "Miscegenation," a word coined during the War in America, to express the intermarriage of blacks and whites.

Mercury is the great bugbear of the hydropathist, and he points triumphantly to the very rare cases where, owing to some unexplained idiosyncrasy, an ordinary purgative dose will severely salivate a patient. But there are also persons who cannot eat veal or pork without getting English cholera; others who cannot smell a violet without fainting; some again who may not enter a hay-field without getting the influenza. But for the great majority of mankind the flesh of the calf or swine is wholesome food, and the perfume of the violet or of new mown hay most refreshing. So also is calomel, suitably exhibited, a very valuable remedy, of service in many disordered states of the system. Its disagreeing with a few is not a sufficient reason for proscribing it altogether.

But mercury administered not as a purgative, but in repeated small doses so as to produce slight salivation, is also a very useful remedy, for example:— Six years ago, a farmer's wife consulted me to know if the infant she was carrying was dead, as she had felt no movements for some days. I could not detect the pulsations of the fœtal heart, and thought it very probable that it was dead. She told me that another baby had been born dead, and that it ceased to live some days before labour had set in. She now engaged me to attend her in her confinements, and sent for me three or four days after this interview. Her labour was speedy and natural, but the infant was dead and discoloured. She was greatly fretted. The husband volunteered the information, scarcely needed by me, that he had had venereal disease before his marriage. I ventured to promise both parties that their next child would live if they followed my instructions. They consented, and a month after this I prescribed blue pill for both husband and wife, so as to touch the gums, and afterwards corrosive sublimate and bark. The next baby was a fine boy. True he got purulent ophthalmia, from which, however, he recovered without loss of sight, or blemish than a slight cast in the eye. He is now a sturdy little lad—his mother's joy. She is very grateful to me, and I think justly so.

Take another case where allopathic practice is of undoubted service. In phlyctenular ophthalmia, when the small slough of the cornea separates, some of the watery humour of the eye escapes, usually floating within the iris, which blocks up the aperture, becomes adherent, and ever after prevents the pupil dilating, and constitutes an ugly blemish. Now we can hinder this hernia of the iris, as it is termed, by instilling atropine or extract of calabar bean, which dilates or contracts the pupil, and so draws the iris as far as possible from the aperture in the cornea, which may be either central or marginal. Should Mr. Durham Dunlop get such a case to treat, just as separation of the slough is imminent, will his prejudices cause him to reject this rational expedient, which so recommends itself to common sense?

Tartar emetic, which, next to calomel, is held up to obloquy, if administered in the earliest stage of croup, generally arrests that formidable malady. But, like all other remedies, it too often fails, if many hours or days have elapsed prior to its exhibition. By that time false membranes have formed which may, or may not, be detached.

Our Medical text-books constantly impress upon us the adage, that "It is timely use alone that constitutes the remedy." If we bear not this in mind, our medicines will be truly "drugs," as our opponents courteously style them. It is unfair of Mr. Dunlop to make capital out of the fewness of our specific remedies, and the fact that our treatment of disease is anything but uniform. Why, if specifics abounded, there would be no need of physicians—apothecaries would suffice! And the conditions of disease, being so various, must be met in various modes.

If acid in the stomach causes headache or heartburn, is it irrational to neutralise it with an alkali, or get rid of it by an emetic? True, if I find the acidity recurring frequently, I am but a poor physician, if I rest content with prescribing a daily dose of magnesia, soda, or potash, which, long continued, must injure the patient. No, I look further. I know it may be due to errors of diet, impurities of blood, sympathy with other organs, &c., and I endeavour to reach the disease of which it is but a symptom. Every enlightened physician does this, and the remedies he employs, whether derived from earth, air, fire, or water, if timely used, are truly remedies not drugs. The celebrated Sydenham treated a case of poisoning by corrosive sublimate solely, by making the patient drink quantities of water, but if he knew that white of egg or lime water would precipitate, and render the poison almost innocuous, I do not think his admiration for the simple remedy provided by nature would prevent him from supplementing it by the more perfect one suggested by reason and experience. Few physicians of the present day use such complex formulæ as Sydenham.

I think it is as rational to relieve congestion of the portal system by causing a flux from the bowels, as by causing a flux from the skin—nay, more natural, since such a condition more often resolves itself spontaneously by a diarrhœa than by a sweat. And as to the loss of vitality involved, why dispel congestion and restore the balance of the circulation how you will, and you will have evidence of increased vitality.

If Mr. Durham Dunlop admits that it is rational to employ drugs in any of the deranged conditions or diseases I have enumerated, it is an admission that allopathic practice rightly understood, and honestly carried out, is not a series of blind experiments upon the vitality of the patient, but rather the application of inductive reasoning fortified by experience.

I am, however, a warm advocate of the bath, and some of the other remedies resorted to by hydropathists. I think they will often effect radical constitutional changes, and cure chronic diseases, which benefit so little by our recognised modes of treatment. In the very early stages of acute diseases, I believe, their beneficial effect is very marked, but hydropathists don't so often meet with such cases as we do. Of all acute diseases fevers are the most likely to be relieved by this treatment; but as local congestions are so common in them, none but an accomplished physician, and at the same time an experienced allopathist, should venture to treat such cases. Amateurs may do harm, and do not know how to discriminate serious from trivial diseases.

Among the many explanations of the beneficial action of the bath there is one I have not seen advanced, and it is this—to quote from an able article in the July number of the Medical Press for 1854, by Dr. Willis, which I recommend to the consideration of Mr. Dunlop as a valuable addition to his work—"In order to become immediately available to the living organism, the plasma or finer and more perfectly elaborated portions of the blood must transude the walls of the containing vessels; and nutrition is finally effected by an elective attraction between the parenchyma of the body, and the appropriate matter dissolved in the plasma. There is, then, the freest transudation through the minute arterial parietes, but how or by what means does the fluid thus incessantly transuded, after having bathed the tissues of the body, and, probably, become loaded with their effete elements, find its way back into the circulation? That it should do so is obviously even as necessary as that it should escape. The answer generally given to the question just asked is this: The exuded fluids return into the circulation; they are absorbed by the veins, in virtue of the law of heterogeneous attraction or endosmose. And this is certainly true. But the conditions of endosmose, in the sense in which that remarkable phenomenon is usually understood, are the mediate contact of fluids having different degrees of density; and no means have yet been assigned by physiologists whereby a greater degree of density should be secured in the returning current than in the outgoing current of the circulating fluid." Willis then goes on to say, that the specific gravity of arterial blood is less than that of venous blood; and that the difference is mainly due to the fact that the sudoriparous glands remove thirty ounces of water from the arterial system daily. A total suppression of the functions of the skin, then, causes death by arresting endosmose and exosmose, and the exchange of elements which constitutes nutrition. A state of blood poisoning contributes to the fatal results, it is true, but is not the chief cause of the asphyxia. A less total suppression, acting in the same way, causes congestions, inflammations, fevers.

But, my object in writing this paper was not so much to explain my views upon hydropathy, as to break a lance in behalf of our time-honoured profession. Mr. Dunlop's very able, but rather intolerant, treatise, "On the Philosophy of the Bath," provoked me to it.

Any of my medical brethren, whose health needs recruiting, will have every facility for studying the system at St. Anne's. The establishment with its now magnificent baths will well repay a visit.

I am Sir, yours faithfully,
FRANCIS M. LUTHER, M. D.
Cappoquin, 7th January, 1871.

DIVORCE IN INDIANA.

THE following correspondence appears in the last number of our valued contemporary, the *New York Medical Gazette* :—

LETTER FROM DR. CHARLES DRYSDALE, LONDON.

To the Editor of the New York Medical Gazette.

SIR,—In a very interesting number of your esteemed journal of October 8th, you state that Mr. Conway's remarks, with respect to prostitution and domestic life in Indiana, U.S., are not quite accurate. I sent the paragraph to Mr. Conway, who replies as follows :—

51 Notting Hill square, London,
November 8, 1870.

MY DEAR SIR,—I have several newspaper letters and articles taken from western journals, going to the effect that both prostitution and domestic violence have been influenced favourably by the divorce laws of Indiana. But it is impossible to lay my hands on them, as they are some years old. But during some years residence in Cincinatti, Ohio, when our communication with Indiana was continual, I have often conversed with well-informed people on the subject, and do not remember ever to have heard an opinion counter to that which I expressed—namely, that there is less prostitution and wife-murder and infanticide in Indiana than in other States. But I do not remember giving a decided opinion that but few persons avail themselves of the six months' notice for incompatibility granted by the law. In fact, in this form I do not, I fear, comprehend the position you had assumed. I take it that the six months' notice is a legal formula, and if it were omitted the lawyers would make a hubbub. My belief is that the legal part is a sop in many cases to the legal cereberuses who guard the way to divorce even in Indiana.

Faithfully yours,
(*Signed*) M. CONWAY.

I would feel much obliged, Mr. Editor, if you would inform me *how* the Indiana Acts are carried out. Firstly, are there many cases of divorce? Is there much prostitution and venereal disease in the state? Is there much infanticide or wife-beating, or cruelty to children, in the State? On *a priori* reasoning from the principles laid down by John Milton, by the poet Shelley, by W. Von Humboldt, in his "Sphere of Government," and quite recently by Mr. J. S. Mill, in his essay on "Liberty," I should expect the State of Indiana to be less unfortunate in its domesticity than the other States. In America you have in many parts none of our chronic starvation and over population *as yet*, and thus can give us very valuable information as to the subject of freedom of divorce and its influence on prostitution, &c.

In Europe, our main evils are those produced by an overwhelming mass of poverty, to which, indeed, the evils of ill-assorted unions are but slight in comparison. Our chief desideratum here is *small families*. Yours, I presume, greater choice in matrimonial contracts. I remain, Sir, with profound respect, yours very truly,

CHARLES R. DRYSDALE, M.D.
99 Southamton row, W.C., London.
Nov. 20, 1870.

P.S. I was much pleased by your answer to a correspondent on Oct. 8th with respect to celibacy and masturbation.

*** Our esteemed correspondent asks for data which it is exceedingly difficult to ascertain. That an immense number of divorces are yearly applied for, and granted, in Indiana, and that the most frequent grounds of application are adultery, abandonment, cruel treatment, and habitual drunkenness, the records of the Courts leave no room to doubt; but it must be borne in mind that perhaps a large majority of these applicants consist of persons from other States, who have taken up a temporary residence in Indiana solely to profit by the laxity of its laws in this respect.

From the character of the population of Indiana (which is more largely agricultural than that of most other States), and the consequent paucity of large towns within its limits, we should naturally expect to find less open prostitution than where population is concentrated in great cities, to which brothels and venereal diseases are indigenous; but we have no reason to believe that human nature in Indiana is either better or worse in this respect than human nature similarly situated with regard to instinct and opportunity elsewhere. We have, however, instituted inquiries to obtain more satisfactory information on the subject, which we hope to be able to publish shortly.

Although foreign to the purpose of a medical journal, we cannot refrain from saying a word concerning the mischievous social theory which encourages facility of divorce. On *a priori* grounds we, too, might be led to look for less prostitution where marriage may be dissolved at will; but it would be only because under such a system marriage is apt to become prostitution under another name. Where public opinion condemns what it is pleased to call "immorality," but at the same time sanctions divorce for mere "incompatibility," matrimony may easily come to be regarded as little more than a convenient and "respectable" succedaneum for fornication. Instead of weighing the estimable qualities of a "partner for life," a man may safely yield to mere physical lust, and marry the object of his passing desire, regardless of her mental or normal attributes, simply to obtain possession of her person, knowing that when sensual gratification palls, he can readily terminate the legalised concubinage which has served his purpose and become irksome. The incalculable injury inflicted upon children in depriving them of either parent, or in forcing them to side with either party in a disgraceful public scandal, is too obvious to need comment, but too often overlooked by those who advocate facile divorce laws, which, in their practical working, simply offer a premium for imprudent or unprincipled marriages, and remove all inducements to self-control.

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Medical News.

Royal College of Physicians of London.—At the Ordinary Quarterly meeting of the college, January 26th, the following gentlemen, having passed the required examinations, were admitted as members :—Walter Garstang, M.D., St. Andrew's, Blackburn; James Reginald Stocker, M.B., London, Guy's Hospital.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 24th ult., viz :—Messrs. C. J. Newton, Cheltenham; Henry Bradford, L.R.C.P., Edinburgh, A. H. Griffiths Doran, and Charles Feltham, Portsmouth, students of St. Bartholomew's Hospital; Francis James Carey, M.A. London; Thomas Kilner Clarke, M.A. Cantab, Huddersfield; W. C. S. Clapham, Southsea; and C. E. Aikin, of Guy's Hospital; A. K. Longhurst, Farnham; Lewis Lewis, and Washington Epps, of University College; James West Moss, L.R.C.P. Edinburgh; and James Tomlins, Manchester, of the Manchester School; Bernard Duke, Littlehampton; and Stafford Thomas Cass, L.R.C.P., of King's College; William Claridge, and F. G. Ree, of St George's Hospital; Henry Cecil Moore (late Lieutenan Royal Engineers, H.M. Bombay Army); and Alfred Whitehead, Birmingham, of the Birmingham School; Edward Skinner, L.R.C.P. Edinburgh, Sheffield, of the Sheffield School William Henry Netherclift, Portsmouth, of the Charing-cro Hospital; Henry Boyes, Mugliston, Upton, of the Londo Hospital; Francis Edward Image, M.B. Cantab, Bury St Edmunds, of the Edinburgh School; Arthur Jukes Johnso M.B., Toronto, of the St. Thomas's Hospital; William Josep

Richard Ray, of the Westminster Hospital; and James Mayburg Beamish, M.D., Queen's University, Ireland, Cork, of the Dublin School. Seven candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months. The following gentlemen were also admitted members of the college, on the 26th ult., viz. :—Alfred Henry Wood, L.S.A., Liverpool; Frank Enifer Newington, Tenterden, Kent; Thomas Harvey, L.S.A., Stonehouse, Devon; Albert E. Kynaston, L.R.C.P., Edinburgh; Billinborough Samuel Osborn, L.S.A, Brixton, Surrey; Richard Briddon Bradley, L.S.A.. Stockport; George Wilkins, M.D., Toronto, Canada; Charles Butler, L.S.A., Chippenham; and Thomas Cooke, L.S.A., of New Cross, Kent.

A handsome service of plate, valued at £80, was last week presented to Mr. Robert Davies, M.R.C.S., of Llanfair, Abergele, on the occasion of his marriage.

Lord Derby has expressed his willingness to preside on February 18th at the annual festival of the Hospital for Sick Children at Willis's Rooms.

The Metropolitan Asylum District Hospitals.—The Fever and Small-pox Hospitals at Homerton, just completed under the powers possessed by the Metropolitan Asylum Board, were on Saturday officially inspected by the managers, prior to the institution being opened for the reception of patients, which takes place formally to day (Wednesday). These hospitals are intended for the use of the parishes comprised in the densely populated eastern and north-eastern districts of the metropolis, and have cost for land, buildings, engineering works, fixtures, furniture, and everything necessary to fit them for occupation, altogether about 60,000*l*. Amongst the gentlemen who were present at the inspection on Saturday were, Mr. John Charrington, Dr. Brewer, M.P., Sir James Hamilton, Mr. Alfred Suter, Mr. E. N. Buxton, Dr. Gayton, and Dr. Collie (the two medical superintendents), Dr. Bridges, and Mr. Corbett (poor-law inspectors), Rev. W. Baird (rector of Homerton), Mr. Taverner, Mr. Shaw Stewart, and Mr. Spence. The structures are of handsome exterior, and every attention has been paid to the comfort and convenience of both officers and patients; and the most approved scientific methods of ventilation have been introduced. Altogether the buildings will contain 200 beds, and about 2,000 cubic feet is the space given to each patient. Taking the average duration of fever cases under a normal condition of the public health, it is estimated that about 2,500 cases can be treated in the hospital in the course of a year, and classifying the accommodation, we find that provision is made for 108 cases of typhus, thirty-six of scarlet fever, forty-eight of typhoid or enteric, and six special cases. In the small-pox hospital there are eight wards, situated in like manner at the ends of the centre corridor. Their dimensions are about seventy feet by twenty-six each, with the same pitch of ceiling as the others, and equal space in cubic feet to individual patients, of whom 102 can be accommodated. They will be thus distributed: eight wards for twelve patients each, and two smaller wards for three special cases each. One feature which the two hospitals have in common is that convalescent rooms, suitable to each sex, are attached to both for every distinct class of disease. The domestic offices, kitchens, laundries, &c., are wholly detached from the hospital proper. Arrangements are made for completely disinfecting linen and other articles, and the processes of washing, wringing, drying, and mangling are performed by steam power, according to the most approved methods. Unfortunately, in consequence of the continued prevalence of small-pox, it is expected that the small-pox hospital will be filled immediately. In view of such a contingency, therefore, it has been determined to adapt a portion of the fever hospital for a temporary period to small-pox cases in a convalescent stage, which we sincerely hope will be found more than sufficient.

A Year's Working of a Provident Dispensary.—At a meeting of the committee of the Royal Victoria Dispensary, at Northampton, on January 20th, the secretary reported that the "Free Members," or those of the working classes who subscribed to the institution, had contributed during the year 1870, the sum of £1,881 9s. 4d. for the medical relief of themselves and families. According to the rules of the institution, a portion (about ten per cent.) of this had been applied towards the working expenses of the institution, the net residue, after payment for drugs, &c., had been divided amongst the three medical officers, in the following proportions, regulated by the number of families attended by them respectively. Dr. Barr, £649 16s. 3d. Mr. Moxon, £527 10s. 6d. Mr. Evans, £326 3s. 3d. The secretary stated his belief that the sum so divided was larger than that paid to the medical officers of any similar institution in England. The report showed that there had been much sickness in the town during the year; that the patients had required about 62,000 attendances, of which, nearly 36,000 had been at their own homes; and that more then 62,000 prescriptions had been made up at the Dispensary.

◆

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Mr. Balfour Browne's contribution is unavoidably postponed this week.

F.R.S.—The work is published by Messrs. Longmans and Co.

Mr. Tremlett.—The copy was sent you three weeks since.

Dr. J. Crichton Browne.—Your interesting paper "On Laburnum Poisoning" shall appear in an early number. Proofs will be sent you as desired.

Dr. Syson, Leeds.—The subject was treated in several numbers.

Omega, Jersey.—Mr. Wharton Jones's work, "Ophthalmic Medicine and Surgery," Churchill's, 12s. 6d., would be the best for your purpose. There is a translation in French of the same work, "Maladies des Yeux," Baillière, 9s.

Rodent Ulcer.—Thank you for the offer, but a special paid correspondent in Manchester would not pay even on the terms of getting "many new subscribers." Each large town would then need a representative and we should need such a huge journal that twice our present subscription would not pay the cost of printing.

Dyspnœa.—Do you think such trash likely to take the wind out of our sails. We write of all overbearing Boards according as they merit rebuke.

A Patient.—Ask your own medical man. We cannot prescribe or give any advice in these columns.

Mr. C., Norfolk.—Thanks. We are glad our hint on hunting has benefited you. We shall send the Press as ordered. We have many lay subscribers, and you may find our columns useful to you.

Liberty Hall.—The poem was written by a valued contributor of ours, whose name you know.

Mr. North.—Necessity knows no law. Address yourself to our solicitor. We neither practise intimidation nor permit it in the Press.

A Lady Student, Edinburgh.—The paragraph was culled from us without acknowledgement, but that is of so constant occurrence that protest becomes tedious.

Specimen Grinders.—At Bow-street Police Court two "coaches" were charged with inciting a man in the service of Messrs. Gilbert and Rivington, the printers, to steal the examination papers of the Apothecaries' Company, the object being to qualify students to pass their "exam." by posting them in the questions that would be asked. The defendants were committed for trial, but admitted to bail. In a matter of such serious moment to the profession, and the public at large, we are somewhat surprised that bail should be taken. However, should they be found guilty when again brought up, we hope the punishment will be such as to deter over anxious grinders from pursuing any dishonest course which is at once abominable to their profession, unjust to the pupil, and cruel to the public.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Lectures on Aural Surgery. By Peter Allen, M.D. London: J. and A. Churchill.

On Transplantation of the Skin. By John Woodman, F.R.C.S. London: J. and A. Churchill.

What we observed at the Seat of War. By Chas. Orton, L.R.C.P. and W. D. Spanton, M.R.C.S. London: J. and A. Churchill.

The Sanitary Condition of the Strand District. By Dr. Conway Evans.

Practical Experimental Philosophy. By Mrs. Robert Willis. London: Longmans.

The Canada Lancet; New York Medical Gazette: The American Journal of Homœopathic Materia Medica.

◆

VACANCIES.

Dursley Union.—Medical Officer. Salary £70, with extra fees.

Clonmel District Lunatic Asylum.—Assistant Resident Physician. Salary £100, with board. Election on the 7th inst. (See advt.)

◆

APPOINTMENTS.

Alnutt, W., M.R.C.S., House-Surgeon and Secretary to the Royal Hants Hospital, Winchester.

Cowan, J. A., M.B., C.M., House-Surgeon to the Dumfries and Galloway Royal Infirmary.

Dove, Mr. W. W., Resident Clinical Clerk to the West Riding Asylum, Wakefield.

Dwane, T. M., L.R.C.S.I., Medical Officer, Public Vaccinator, &c., for the Cloyne Dispensary District of the Midleton Union, Co. Cork.

Falkner, Alfred, A.B. T.C.D., F.R.C.S.I., to be Surgeon 2nd Royal Tower Hamlets (Queen's Own) Light Infantry.

Fryer, T. W., Medical Officer for the Veryan District, Truro Union.

Gowland, J. E., M.D., L.R.C.P.L., Medical Officer for District No. 1 of the Holborn Union.

Jones, Dr. I. S., Resident Assistant to the "Hamadryad" Hospital Ship.

Love, J., M.D., Medical Officer for the Stranerlar Union, Co. Donegal.

Rickards, A., L.R.C.P., Medical Officer for the Armley District, Bramley, Yorkshire.

Stephenson, E. A., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Tramore, Co. Waterford.

Tomes, C. S., B.A., M.R.C.S.E., L.D.S., Lecturer on Dental Anatomy and Physiology at the London School of Dental Surgery.

Williams, R. H., L.R.C.P.Ed., F.R.C.S., Medical Officer and Public Vaccinator for St. Michael's District of the Garstang Union, Lancashire.

◆

Deaths.

Hugall.—On the 22nd ult., at Little Milton, Oxfordshire, Thomas John Hugall, M.R.C.S., L.S.A., in his 35th year.

Lucas.—On the 14th ult., St. John Welles Lucas, M.R.C.S.E., House-Surgeon to the Royal Infirmary and Dispensary, Windsor, aged 26.

Nisbet.—On the 17th ult., at Lansdown crescent, Cheltenham, M. Nisbet, M.D., Hon. E.I.Co.'s Service, aged 74.

Soden.—On the 19th ult., John Soden, F.R.C.S.E., late of Bath, aged 57.

Tyler.—On the 22nd ult., at Old Elvet, Durham, Edwin Tyler, Esq., M.R.C.S., aged 62.

WINES AND SPIRITS (Foreign) on which Duty was paid in London by some of the principal Firms during the year 1870.

WINES (Foreign).	Gallons	SPIRITS (Foreign).	Gallons
W. & A. Gilbey	781,623	W. & A. Gilbey	316,946
F. W. Cosens	130,174	Twiss & Brownings	265,252
Dingwall, Portal, & Co. ...	123,264	J. & W. Nicholson & Co.	199,798
R. Hooper & Sons	117,116	D. Taylor & Sons	149,182
C. Kinloch & Co.	103,064	Trower & Lawson	131,822
Simon & Lightly	90,167	Dingwall, Portal, & Co. ...	114,169
Cunliffe & Co.	88,243	Bond, Forbes, & Co.... ...	103,468
J. Allnutt, jun., & Co. ...	86,895	R. Hooper & Sons	97,869
Dent, Urwick, & Co. ...	86,004	Seager & Evans	93,739
D. Taylor & Sons	73,618	Bishop & Sons	37,387
Brooks & Oldham	71,985	R. Burnett & Co.	71,981
Findlater & Co.	70,754	F. Webb	63,437
Matthiessen & Co.	70,517	Marshall & Elvey	61,019
Robertson Bros.	70,219	E. S. Pick & Co.	58,624
Domecq & Co....	70,217	Bowerbank & Sons	51,265

Besides the preceding there were upwards of 2,000 Firms who paid Duty on Wines and Spirits in less quantities than those above mentioned.—*Wine Trade Review*, *15th January*, 1871.

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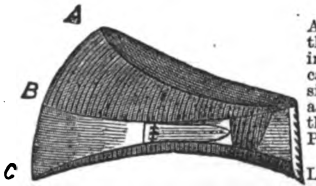

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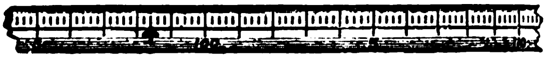

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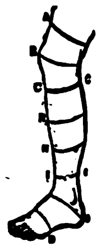

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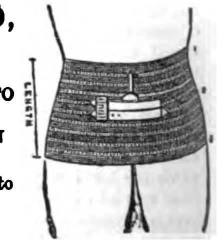

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 8, 1871.

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Original Communications.

THE ADMISSIBILITY OF THE EVIDENCE OF THE INSANE.

By J. H. Balfour Browne, Esq., Barrister-at-Law.

(Continued from page 65.)

2. *In relation to Dementia.*—Very old men do not make such good witnesses as those who are in the prime of life; and when the ordinary decay of old age has passed into that other and direr decay, which is called dementia, their capacity is likely to be still more limited. One circumstance with regard to the evidence of dements is worthy of especial notice. The memory loses its latest impressions the first, and while all trace of recent events had disappeared, there is a distinct remembrance of many remote incidents. Thus, while the imbecile's memory may be trusted with regard to the events of yesterday, more reliance may be placed upon the dement's memories of twenty years ago than of what took place only an hour gone by. In all cases where the competency of the evidence of old men, in the early stage of dementia, is in question, care should be taken to ascertain how far his memory is really of the facts, and how far he is confounding what he has been told concerning the circumstances with what he has himself witnessed. The examination of such a witness should extend to other circumstances than those on which his testimony is required for the ends of justice, in order that the real calibre of his conservative faculty may be ascertained. In the later stages of dementia, in which complete incomprehension—or later still, when all the animal instincts are lost, and nothing remains but bare physical existence, no question as to evidence can arise. Many disputes arise in regard to the competence of dements to testify; but a careful examination, conducted in the way that has been indicated, will, it seems to us, in all cases lead to a satisfactory conclusion as to the amount of evidence which is to be placed upon the testimony offered.

3. *In relation to Mania.*—That a man labouring under partial intellectual mania may, in some cases, be a trustworthy witness is true. But it is also true that in many cases such a person could not offer reliable evidence. It has been urged that such a person might state that to be true, which was only true in a subjective sense, that the "dagger of the mind" might be mistaken for a real dagger, and that cases may and do occur in which such unfounded beliefs are substituted for observed experiences is doubtless a fact. But these cases are not very numerous, and there are many instances in which the events which fell under the notice of the insane individual are so remote from the subject of his delusions that he is *quo ad*, that experience and the narration of it a sane man. Even in cases where a delusion seems so all embracing as to modify a man's opinion concerning any possible state of facts—as, for instance, where the individual believes himself to be God: there is really such a separateness between the real life of the individual and his delusion that it may not in any way influence his testimony as to a certain state of facts. Indeed, the reality of the belief that an insane man has in his delusions or illusions, seems to us, to have been much exaggerated. There is constantly present to the lunatic's own mind a consciousness of the unreality of the impression. The whole of nature and past experience is arrayed against the evidence which a man has for his illusion; and, while he is a man, he cannot totally disregard the evidence of reason. The belief in a delusion is, we are convinced, very often far from being firm; and this very uncertainty will often render the individual who labours under a delusion a more credible witness than he might be expected to be. The actual, thorough, and persistent belief in the real existence as an object of sense of what is only an object of that inner-sense, which is cognizant of delusions, would utterly incapacitate an individual from bearing testimony as to any set of circumstances which might go to make up that concrete which we call an event. But the fact is that that real conviction of the truth of illusional or delusional impressions does not exist, and those who have taken it for granted that the grounds of firm belief in the case of a delusion were as certain as those for the belief in any of

the phenomena which are made known to us by means of the external senses. In this way, matters which would, to ordinary reasoners, seem closely connected with the delusion of the monomaniac, are really dissociated in the actual life of the individual by that wonderful despotism of facts which no delusion can set at naught. In this way, when the individual is known to possess a somewhat scrupulous regard for truth, the harbouring of a delusion seems to be an insufficient ground for the rejection of his testimony. In many instances monomaniacs are capable of conducting affairs of the utmost complexity. They are often possessed of shrewdness and intelligence, which enables them to carry on business with care and precision. They gain, by a long course of upright conduct, the respect and confidence of their neighbours; and it would be absurd to assert that those, whom the common sense and daily intercourse of mankind has pronounced, in the most satisfactory way by acts, to be reliable in all the affairs of life, should be looked upon as untrustworthy when called upon to give evidence. There is more to be feared from the unwillingness of such persons to speak the truth. This point has been already dwelt upon, and only one observation is required, in this place, as to the untrustworthiness of all such evidence. In many cases, it is well that the evidence of the insane person should be received, and that the question of credibility should be left to the jury after the *ex parte* statements of counsel, and the direction of the judge. The difficulty of arriving at a conclusion with regard to the credibility is, however, greater than it has been represented to be. The motives for truth and falsehood are the guides to such a decision. In the case of a sane man it is not difficult to ascertain what his motives would be under any conceivable circumstances. The experience of mankind is evidence on the point; but in the case of a lunatic such a guide does not avail one. The ordinary motives are not those which influence the conduct of the insane. Every selfish act of a sane man is leavened with some unselfishness,—every hell-ward tendency is redeemed a little reaching up to heaven; but in the case of a lunatic it is not so. They are almost invariably selfish,—large-heartedness is a rare virtue in the insane,—all the higher and noble emotions which find place in a true man's heart are absent from the heart of a lunatic; they are more animal than man. It is the animal instincts which remain the longest in all cases of decay. Lunacy is human life with all the higher forms of sentiency detected. Motives under such circumstances are not the same as those which influence the manifestations of normal health; and to judge of conduct which results from perverted emotions, and from warped affections in the same way as if it resulted from an ordinary conjunction of human qualities, is evidently a fertile source of error. One of the best marked symptoms of the presence of mania is a change in the affections of individuals; those who were loved during health are hated during the continuance of the disease. All these circumstances tend to render the valuation of the testimony of the insane a matter of exceeding difficulty. It is well in all cases in which the evidence of persons of unsound mind is had recourse to, to endeavour to corroborate the testimony in some particulars, at least, by means of the depositions of some witnesses. The importance of this rule will be made manifest by the statement of the evidence of James Sumner, an inmate in the Birmingham Borough Lunatic Asylum, by means of which William Brayley, a warder in said asylum, was a few weeks ago proved, to the satisfaction of the stipendiary, to have caused the death of a man named John Hinton. The prisoner, Brayley, was committed for trial at the next assizes.

This is further illustrated by the case of Jacob Schwartz, which is reported by Dr. Ray.[*] One circumstance is worthy of being remembered, and that is that failings may lean to virtue's side—that a man may have a morbid desire to speak truth just as others have a morbid propensity to lie. Such a fact shows the necessity of a thorough knowledge of each case by competent individuals, in order to ascertain the real value of the testimony in any individual instance in which the question of the credibility of the evidence of a person of unsound mind is raised. Such a knowledge, and the corroborative evidence of competent witnesses as to the trustworthiness of the insane witness, would, it seems to us, remove many of the objections which might be raised against its acceptance in courts of law.

Where mania, properly so called, is present, the question with which we have to do in this place can scarcely arise. We have already considered the effect of a lucid interval upon the evidence given of events which took place while the person testifying was still insane. In another place we have considered the influence that partial moral mania may have upon the evidence of an individual, especially when it assumes the form of mendacity. That a propensity to steal should not invalidate the evidence of the thief may seem reasonable; but in all kinds of moral mania, although many do merit the name of "partial," as being manifested only in relation to one class of acts, there is more or less a loss of moral tone. No vice can be continued even under the influence of disease without deteriorating the individual. Diseases are in league! Where moral mania has become habitual in relation to many classes of acts which would call forth approbation or disapprobation, in others the competence of the individual to bear witness in courts of law is reduced to a minimum. The shrewdness and intelligence so often manifested by persons labouring under general moral mania is apt to blind many persons to this fact. But even in these cases the absolute certainty of punishment in case of detection in untruth, and a very high degree of probability of detection, would do much to make a witness speak truth. But the wrack is descended in favour of cross-examination; and wherever the feelings of the insane witness are in any way involved, the result of the reception of his or her evidence is likely to be most unsatisfactory.

On the whole, this is a large and a dark subject, and the little rays which can be introduced into it in such a paper only serve to light it a little here and there, and show that there are some dark, unexplored corners. Still, if these little lights have not brought day, they may at least have been that John the Baptist of the day, the twilight.

Although the testimony of mono-maniacs is no longer excluded, until very recently their incapacity to testify was regarded as a matter concerning which no doubt could be entertained, and the reason alleged for this opinion was the impossibility of calculating with accuracy the extent and influence of any delusion upon the general condition of the mind.[*] It would be as unreasonable to exclude the consideration of all motives because there is no animometer for spirits. It has been said with an approach to truth that a mono-maniac "seems much in the condition of a lunatic who is in a perpetual lucid interval on all subjects save one."[†] Much light, however, was thrown upon the subject by the case of R. *v.* Hill[‡]; and the recent conviction of William Wilson and John Hodson upon the evidence of an insane witness show that juries are more inclined to act upon the principles which were there laid down than they have hitherto shown themselves to be.

In the case of Regina *v.* Samuel Hill, the accused was an attendant in charge of a ward in a lunatic asylum. He was indicted for the manslaughter of Moses James Barnes, one of the patients under his care. The prisoner was tried before Coleridge, J., and assisted by Cresswell, J., at the Central Criminal Court. He was convicted; but a question was reserved for the opinion of the Court as to the propriety of having admitted a witness of the name of Richard Donelly—who was a patient in Mr. Armstrong's lunatic asylum at Camberwell—on the part of the prosecution. Some evidence was gone into as to the competency of Donelly's testimony, and one witness stated that "Donelly labours under the delusion that he has a number of spirits about him which are continually talking to him. That is his only delusion; he has never been free from it to my knowledge since I have known him." Two medical witnesses deposed that, in their belief, Donelly was quite capable of giving an "account of any transaction that happened before his eyes." When Donelly was called, he was examined by the prisoner's counsel before he was sworn. In the course of this preliminary examination, he said, "I am fully aware that I have a spirit, and 20,000 of them; they are not all mine. I must enquire—I can where I am—I know which are mine. Those ascend from my stomach to my head, and also those in my ears; I don't know how many they are. The flesh creates spirits by the palpitation of the nerves and the 'rheumatics;' all are now in my body and round my head; they speak to me incessantly, particularly at night. That spirits are immortal I am taught by my religion from my childhood. No matter how faith goes: all live after my death, those which belong to me and those which do not. Satan lives after my death, so does the living God." He also said, "They speak to me constantly; they are now speaking to me; they are not separate from me; they are round me, speaking to me now; but I can't be a spirit, for I am flesh and blood. They can go in and out through walls and places which I cannot. I go to the grave; they live hereafter, unless, indeed, I've a gift different from my father and mother, that I don't know. After death my spirit will ascend to Heaven or remain in purgatory. I can prove purgatory; I am a Roman Catholic; I attend Moorfield's, Chelsea Chapel, and many other chapels round London; I believe purgatory; I was taught that in my childhood and infancy; I know what it is to take an oath; my Catechism taught me from my infancy when it is lawful to swear; it is when God's honour, our own or our neighbour's good require it; when man swears, he does it in justifying his neighbour on a prayer-book or obligation. My ability evades while I am speaking, for the spirit ascends to my head; when I swear I appeal to the Almighty; it is perjury the breaking of a lawful oath, or taking an unlawful one; he that does it will go to hell for all eternity."

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[*] Ray's "Medical Jurisprudence of Insanity," p. 365, § 304.

[*] Roscoe "Crim Evidence." 4th Edition, by Power, 123.

[†] Best "on Evidence." 5th Edition. Pp. 209. See also Evidence of Dr. Hill, in R. *v.* Hill, 2. Den. P. C. C., 154.

[‡] Denison's Crown Cases. Pp. 254.

He was then sworn, and gave a perfectly correct and rational account of the transaction which he reported himself to have witnessed. He was not certain as to the day of the week on which the circumstances he spoke of took place; and on cross-examination said, "These creatures insist upon it it was Tuesday night, and I think it was Monday." Whereupon he was asked, "Is what you have told us what the spirits told you, or what you recollect without the spirits?" And he said, "No, the spirits assist me in speaking of the date. I thought it was Monday, and they told me it was Christmas-eve,—Tuesday; but I was an eye witness, an ocular witness, to the fall to the ground." The question for the Court of Criminal Appeal was,—Richard Donelly's competency as a witness. The accused having been convicted, the case was argued before Lord Campbell, C. J., Coleridge, and Talfourd, J.J., and Alderson and Platt, B.B. The conviction was upheld. Lord Campbell, in delivering his judgment, said, "The question is important, and has not yet been solemnly decided after argument; but I have no doubt that the rule was properly laid down by Parke, B., in the case which was tried before him, and that it is for the judge to say whether the insane person has the sense of religion in his mind, and whether he understands the nature and sanction of an oath, and then the jury are to decide on the credibility and weight of his evidence. . . . A man may, in one sense, be *non compos*, and yet be aware of the nature and sanction of an oath. In the particular case before the Court, I thin the judge was right in admitting the witness; I should have certainly done so myself. . . . It has been argued that any particular delusion, commonly called mono-mania, makes a man inadmissible. This would be extremely inconvenient in many cases in the proof either of guilt or innocence; it might also cause serious difficulties in the management of lunatic asylums. I am, therefore, of opinion that the judge must in all cases determine the competency, and the jury the credibility. Before he is sworn, the insane person may be cross-examined, and witnesses called to prove circumstances which might show him to be inadmissible; but in the absence of such proof he is *prima facie* admissible, and the jury must attach what weight they think fit to his testimony."

Talfourd, J, said, "It would be very disastrous if mere delusions were held to exclude a witness. Some of the greatest and wisest of mankind have had particular delusions."*

In almost every respect the decision of the Court of Criminal Appeal is satisfactory. One thing can, it seems to us, be learned from the evidence given by Donelly, and that is, the tendency which many mono-maniacs have of parading their delusions. The real feelings of an orator are only known to those who have spoken to an audience. There is something added to the thought by the presence of many of one's fellows, and the level prose rises into eloquence. Lunatics very often seem to partake of this feeling of the orators; and when they are narrating their delusions they are not unfrequently carried beyond the actual depth of their own morbid impressions, and the real delusion is eked out by ordinary voluntary imagination. This is a cause of error even in the evidence of the best witnesses; but it complicates the question considerably when it is found in connection with real mental aberration. It is another proof that the evidence of a mono-maniac may often be received even when the disease is manifested by the most extravagant delusions. What has been said and the case which has been quoted may render the subject of the admissibility of the evidence of the insane, at least, less of a mystery.

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ON DISEASES OF THE SKIN.

By J. L. Milton, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(*Continued*)

The Morbid Anatomy of Eczema.—This is thus described by Biesadeski.† He says that, when papules and vesicles form in eczema, the papillæ widen at their base and lengthen by infiltration with young cells and fluid blastema. From the cells in this latter (the blastema), the connective tissue cells in the papillæ are developed. Numerous spindle-shaped cells appear in the mucous or lower layer of the epidermis. These push upwards into the horny layer of the epidermis and separate its cells, forming a network, which receives the swollen cells of the epidermis. A papule is thus formed. But if the growth of spindle-shaped cells take place principally within the papillæ, then the young cells of the mucous layer become distended with fluid, burst and form an eczematous vesicle. The spindle-shaped cells serve as channels for the passage of the serum, which accumulates to such an extent that the vesicle bursts. This fluid does not differ from ordinary serum. In chronic eczema this engorgement goes on till the papillæ becomes so prominent as to be visible to the naked eye. This development of cells of both kinds is preceded by hyperæmia, and it would appear, stasis in the capillary loops of the papillæ. In this pyæmic change we may recognise three stages.—1. Active hyperæmia particularly noticeable, when there is a punctate, reddened state of the skin, disappearing under pressure and returning so soon as the pressure is removed. Such congestion as this may arise from a burn, scald, from internal irritation, as gout or rheumatism, or from the manifestation of a constitutional diathesis. 2. This state is rapidly followed by a formation of minute evanescent vesicles, principally near orifices of sudoriparous glands; it may terminate by resolution, or it may be protracted when the capillary vessels lose their power of contraction, so that the current in them becomes sluggish, and fluid is poured out from them under the epithelium with different degrees of rapidity and extent, thus forming a vesicle, papule, pustule or scale as the case may be. 3. In the third stage there is, in addition to this stagnation, a mechanical impediment to the free return of blood from the derma. The liquor sanguinis, exuded from the over-charged capillaries, becomes organized into cells and fibres, or the spindle-shaped cells become developed in greater numbers, and permeate the corium in every direction, which in consequence becomes inelastic, cracked and doughy, constituting serous infiltration.

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* See Waring v. Waring, 6 Moore's P. C. C. Pp. 341.

† See also an excellent memoir on the Pathology of Eczema, by Dr. Foster Swift, *American Journal of Syphilography and Dermatology*, 1870. P. 93.

Contagiousness of Eczema.—I presume that the question of whether eczema is contagious or not has been long ago settled in the negative among dermatologists, and that M. Biett was almost the last author of eminence who gave credence to such a phantasy; [*] but certainly the belief in its contagious nature has not yet died out in the profession, and M. Bazin wants us to believe that it may be communicated, not by any property inherent in the disease, but by the irrepressible parasite. Mr. Erasmus Wilson says, that in such cases it is simply the fact of the discharge acting as an irritant that has given rise to such a view in these cases. Mr. Hunt also thinks [†] the discharge acts as an irritant. All I can say is, that I have never seen any proof of this. I have made some scores of experiments and have never met with a single fact that proved anything like transmission of real eczema from one person to another, nor have I been able to observe anything which showed that the serous discharge of eczema is an irritant. On the contrary it proved quite innocuous in the trials I made with it. Pieces of lint soaked in the serum, were bound on the skin and kept there for twelve hours without any effect being produced. Again it was found that however carefully the skin in the vicinity of an eczematous patch was defended from the action of the serum, the disorder still continued to spread just the same as when the serum was allowed to come in contact with it. Long continued contact of an eczematous surface with a sound skin may bring on some irritation. I have not seen any cases in which I could satisfy myself that this process really ensued, but I can fancy it possible the discharge contains at times crystals of urate of soda. In persons bedridden from rheumatic gout it is often loaded with them, and it may be thus sufficiently irritating to set up a morbid action, as a very slight cause will bring out eczema in some persons strongly prone to it; but the reader will see that all this is very different from contagiousness elicitly accepted as we understand the term.

Should Children suffering from Eczema be Vaccinated?—When the disease is extensive I should say decidedly not. In a slighter degree I see no objection to the performance of the operation, and have repeatedly sanctioned it without ever having had occasion to regret doing so. The vaccination takes perfectly well in such cases, and provided treatment be carefully pursued, the child scarcely ever suffers any relapse in the eczema.

Statistics.—I have not meddled with the statistics of eczema, because I do not see that they throw light upon any point connected with either its pathology or treatment. Observations which would show the influence of certain trades and localities on the origin and severity of the disorder might yield something to deal with, but in their present form the accumulation of statistics seems to me simply a very harmless form of arithmetical amusement. Besides it is impossible to make such calculations with exactness till men are a little more in unison as to the exact signification of the terms they use, and agree to accept one common standard of nomenclature.

I have heard it said at a medical society that "in medicine you can prove anything you like with figures," and the statement passed without any dissent. I believe the person who propounded this caustic tenet was an eminent surgeon still living; at any rate it passed for his, and in virtue of its distinguished birth was rather fashionable at one time. No doubt there is a good deal of truth in it. With figures a man who contends only for victory can prove anything he likes, *to his own satisfaction and that of persons who are very easily pleased or silenced.* But he can really prove nothing with figures which is not true, and the fact that *the former kind of proof was tacitly accepted as that which was current with the profession* speaks volumes as to the mode of reasoning adopted in medicine. Had a man maintained that in arithmetic you can prove anything you like with figures; as, for instance, that the square root of nine or sixteen can be anything but three or four, it would have been considered sufficient to settle his pretensions to sanity; while in medicine such a statement would be thought rather clever or, quite as bad, philosophical. The reader will therefore, I hope, conclude that it is not any scepticism of this kind which makes me underrate the value of statistics in eczema, but because I believe they teach nothing which cannot be learned by simple observation.

Is Eczema Hereditary as maintained by some Authors?—Being well aware that I approach this part of the subject prejudiced against the view that any disease is hereditary in the meaning usually assigned to the word, I am naturally rather reluctant to say anything about it, however, as such a position is impracticable I will endeavour to state, as simply and dispassionately as I can, my reason for objecting to a doctrine which appears to me so untenable, that I am quite at a loss to understand how it maintains its ground at all. When however I find such names as Prichard and Holland arrayed against me, I confess I am completely staggered, and disposed to think there must be some idiosyncrasy in my mind which prevents me from seeing the matter in its true light.

That a child inherits the tendency to eczema from its parents is true. It inherits this disposition with its life and without its parents there could have been no life. That a child sprung from weakly parents, especially if born and reared under unfavourable circumstances, is more likely to have eczema than if descended from healthy persons, is possible enough and even probable. That eczema should spring up in some one and indeed in almost every generation of persons so situated is natural, inasmuch as it is a very common complaint, and in certain constitutions a natural result of all agencies which injureth health. But there is nothing in this, and indeed there is nothing in any statistics or arguments brought forward, which proves that a child has any more tendency to eczema because either or both the parents suffered from it. If there be any assumption justifiable here I submit that it is, not that eczema begets eczema, but that weakly parents are apt to beget weakly children, and that weakly persons, whether parents or children, are more apt to suffer fron eczema than strong persons are.

I have spoken of statistics but indeed they scarcely deserve the name or even any mention at all, were it not to show, on how slender grounds some portions of the theory rest. Several children of one family are found suffering from eczema, or are known by the medical attendant to have laboured under the same complaint. By and by it is ascertained that the father or mother suffers from eczema, probably both. If the family be noble so that there is a history of each generation, the presence of the disease is forthwith traced through three or four successive descents. If plebeian, the statement of the patient that his, or her father or mother, or grandfather or grandmother, supplies the void. Another statistical fact (of its kind.!) is added to the register, and in due time the theory is established to the satisfaction of all parties. If I am overstating the case those who have given me the information are to blame.

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[*] "M. Biett," say Cazenave and Schedel, "a rapporté dans sa clinique plusieurs examples d'eczema qui s'etaient transmis parle coit."

[†] "They (the vesicles of Eczema) pour out an irritating fluid, which excoriates the surrounding skin," Hunt. Also Burgess's Manual. Pp., 96 and 100.

But closer examination will reveal the weakness of the argument. It is seldom that the fact can be verified of eczema passing through even two generations. The statements of patients on which reliance is often placed, should, I submit, go for nothing in such cases. And even were the fact attested, I do not see that it proves anything. It would be necessary to show, not only that eczema occurs more frequently among the children of eczematous parents, but so much more frequently than it does even among the children of weakly parents, though brought up under the same circumstances and exposed to the same deteriorating agencies, that we must admit eczema in the parent to be a factor of absolute value in the production of the same disease in the child. But this has not been done. On the contrary all that can be said in favour of the doctrine of descent is, that a certain number of coincidences have been observed ; against which it would be easy to set off quite as many cases where eczema exists in the children without either parent having been found to show a trace of it and eczema in the parent while the children are free from it, or at any rate, if we accept Dr. McCall Anderson's conclusion that scarcely any person escapes eczema, as free as the rest of mankind. Notwithstanding all this, it must however be admitted, that the doctrine of such affections being hereditary will always be a favourite tenet, inasmuch as the mind of man naturally tends to grasp at familiar images.

When Sir Henry Holland suggested[*] as an explanation of the tendencies of diseases to become hereditary, that it is simply an extension of the law discovered by Dr. Prichard, that all bodily peculiarities tend to become hereditary, he overlooked one flaw in the argument. Either this tendency means nothing and is a mere figure of speech, or it means that all the children must inherit a bodily defect or disease, and each succeeding generation exhibit more and more of this particular development till disease or deformity becomes their normal state, or they all die out. In speaking of ichthyosis I have endeavoured to show that this must end in a state of things never yet seen. Apply it then to eczema, which is such a common disease that it is quite certain two parents must often be eczematous ; the natural result of this would be, eczematous families getting worse with each successive descent. I need scarcely say that such productions are not to be found, though we ought to be able to find them easily enough. Mr. Wilson says[†] that eczema is transmitted to children because the tissues of children resemble those of their parents. But this is endeavouring to support an untenable assertion by another which requires to be proved. It has not yet been proved in any instance and is palpably contradicted in a vast majority of cases. It is simply doubling the rope of sand—a process which may add to its bulk, but does not increase its strength. Children, quite as often as not, are a cross between the tissues and features of both parents. It must be a rare occurrence for a child so entirely to resemble one parent in either features or tissues as to exclude all likeness to the other. What is more, children often differ from parents in every way they can differ. It is not true that they even *always* resemble them. Gigantic persons are often descended from parents of moderate growth ; those of immense strength from persons not so distinguished. Weakly children spring from strong progenitors—people of iron muscles from those not in any way remarkable for strength. The mother or father may have excellent skin and glandular system, whereas the children are subject to diseases of the skin and strumous. Whenever, too, according to the theory, a child inherited eczema from one parent only, as would frequently be the case, the disease would be a cross between eczema and health, or some other disease, *and that is a thing yet to be discovered.* Finally, the argument, that disease may be hereditary, because features pass through long lines of descent, is faulty, inasmuch as the facts proving these cases of descent are, for the most part, simply random assertions, easily made, from their very nature not easily refuted, and only too greedily caught at—very suitable material for the reveries of a dreamer like Owen or Darwin, but quite unfit to be admitted into the rank of established facts.

(To be continued.)

Hospital Reports.

LONDON HOSPITAL.

Incised Wounds of Shoulder and Chest, the latter penetrating the Lung—Paralysis Agitans, apparently hereditary—Recovery.

(Under the care of Mr. Rivington.)

Henry C., æt. fifty-eight, labourer at the Docks, was admitted into the London Hospital on June 10, 1870. At twelve o'clock on the night preceding the patient had been stabbed by his wife (a woman of severe temper intensified by drink), on the left shoulder and on the left side of the chest. The wound on the shoulder passed obliquely under the acromion process, and it was thought by the house-surgeon, that the neighbouring bursa had been opened, as he observed a little jelly-like fluid near the wound.

There was a second small wound about two inches in length on the left side of the chest, between the third and fourth ribs, three inches from the nipple. When he was admitted there was a distinct escape of air from the chest. Air came through the wound directly after its infliction, and he felt considerable pain. When taken to the station-house, he had some brandy given to him but he vomited it up again, and the air rushed out with a whistling noise.

There was a little bleeding but no expectoration of blood. At the station-house the wound was stitched by the surgeon in attendance. The stitches were left in by the house-surgeon and the wound was covered with collodion. On admission, a considerable amount of emphysema existed round the wound. By the evening, the emphysema had extended back to within two inches of the vertebral column down to the tenth rib and up into the neck on the left side. Opium was given and the patient slept well the first night.

For eighteen months he has had a kind of paralysis agitans of the left arm, which is constantly on the move. There is no loss of sensation accompanying the affection, nor is there any tendency to fall forwards. The paralysis came on quite suddenly, and the patient states that two of his sisters and mother were similarly afflicted. He has lived a very unhappy life with his wife who drinks, and when drunk goes almost mad, but he says, that she is a very good woman when sober. Twenty-four years ago he was in the hospital on account of a wound of the foot, inflicted by his wife with a red hot poker, which she snatched out of the fire and "ran it through his foot." Although the foot showed no mark of a burn there is no doubt of the dangerous moods to which his wife is subject when under the influence of drink. His son was brought into the hospital at the same time for a wound in the middle of the left thigh, one inch in depth, and two inches long, inflicted by his mother when he ran to protect his father.

Apart from the hereditary predisposition to paralysis agitans, such domestic experience would seem sufficient to occasion the complaint. He does not drink himself. Ordinarily he takes a pint of half-and-half and sometimes goes without for days. He has not drunk spirits for years.

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[*] "Medical Notes and Reflections." 1855. P. 16, &c.

[†] *Journal of Cutaneous Medicine.* Vol. iii. P. 106.

	11 a.m.	Pulse	100.	Resp.	28.	Temp.	101.
	8 p.m.	„	92.	„	26.	„	100.
June 11.	11 a.m.	„	84.	„	24.	„	100.
	8 p.m.	„	80.	„	20.	„	99.

The patient seems easy and the pulse is quiet, but the emphysema is a little more extensive. He has not been allowed any stimulants, and has been on milk and beef tea which he has taken with relish; he says he could take more as he feels half starved.

	11 a.m.	Pulse	84.	Resp.	20.	Temp.	99.
June 12.	8 p.m.	„	76.	„	24.	„	98·8.
„ 13.	11 a.m.	„	80.	„	20.	„	98.

From the foregoing account it will be seen that the patient went on well, nor did he subsequently exhibit any serious symptoms. At one time he complained of pain in the back and shoulders which seemed to be rheumatic, and to result from exposure to draught in the Ward. The emphysema gradually subsided, and the wound healed. A little dulness on percussion remained for an inch or two round the wound. He was discharged cured in about a month, and the case went to trial.

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MATER MISERICORDIÆ HOSPITAL, DUBLIN.

CEREBRO-MENINGEAL CONGESTION SIMULATING URÆMIC POISONING.[*]

(Under the care of Dr. Hayden.)

The man was a labourer, aged about forty-five, of temperate habits, and had enjoyed good health till about three months anterior to the date of his admittance into the hospital, when he began to suffer from severe but intermittent headache. During the last three weeks of this period the headache was continuous, and his manner was noticed to be odd and incoherent.

When admitted into the Mater Misericordiæ Hospital on the 15th December, 1870, he was in a state of incomplete coma; in the afternoon, he became violent, got out of bed, and attempted to force his way through one of the windows of the ward.

The following morning (16th), when first seen by Dr. Hayden, his condition was the following:—He lay in a drowsy state, apparently quite unconscious, but when spoken to in a loud voice he answered, but incorrectly, questions having reference to his health, protruded his tongue (which was moist), when requested to do so, and swallowed liquid poured into his mouth without difficulty; pulse slow (60) but regular and full, respiration tranquil; right pupil contracted, left invisible owing to vascularity and opacity of the cornea; muscles of arms rigidly contracted; no paralysis; urine obtained by means of the catheter was 1·018 sp. g. and contained a trace of albumen; he frequently got out of bed in a state of unconsciousness.

For several days his condition underwent no change, but the urine, which it was necessary to remove instrumentally twice daily, was of normal specific gravity, and after the first day entirely free from albumen. About a week subsequent to admittance he was found at the morning visit partially convulsed, the arms were rigidly and tonically contracted, he lay over upon his face and gnawed the bed with his teeth; the superficial veins of the scalp were engorged, and no answer could be obtained to questions addressed to him.

The head was now shaved and vesicated, and on the following day his condition was much improved; he now answered questions collectedly, turned without assistance in the bed, took his drink, and was free from spasm. He continued, however, to pass his evacuations in the bed and the left cornea had now passed into a state of slough. Without having undergone any apparent change for the worse he suddenly died on the 3rd of January.

The heart presented a considerable deposit of fat upon the surface, but was otherwise normal; both the right and left ventricle contained each a large thrombus composed mainly of fibrine, which extended into the pulmonary artery and the aorta, and in the former extensively into its branches also. The muscular substance of the heart was healthy; lungs and kidneys healthy. The dura mater was closely attached to the calvarium, the pia mater and its inflections deeply injected, so that the surface presented an almost uniform pink tint; white substance on section thickly dotted with red points, trigeminal nerve (5th) of left side soft and almost diffluent. Brain substance otherwise unaltered, and free from extravasated blood.

In this case the diagnosis of meningeal and cerebro-cinereal irritation was made, partly from the character of the symptoms—tonic spasm of the limbs, contraction of the pupil, engorgement of the superficial veins of the scalp, and partial loss of consciousness, aided no doubt by the negative evidence afforded by the urine, which was carefully examined from day to day by my young friend Mr. Wigmore, one of the resident pupils of the hospital. The sloughing of the left cornea is of interest in connection with the softened state of the corresponding fifth nerve. The immediate cause of death was, I doubt not, cardiac thrombosis.

CERVICAL ABSCESS CAUSING ULCERATION INTO THE LINGUAL ARTERY.[*]

(Under the care of Dr. John Hughes.)

Reported by Mr. R. Curran.

Teresa Francy, aged fifteen, was admitted into the Mater Misericordiæ Hospital under the care of Dr. Hughes, on the 20th December last, she was the youngest of three sisters who were attacked with scarlatina during the month of December. The eldest died in four days of that disease, and the second recovered in that hospital. All had external swelling in the throat, in fact, the eldest died of that affection from suffocation, and this patient was attacked in a similar manner during the stage of efflorescense.

On admission, there was found a large swelling in the neck on the right side, which was very hard and painful to the touch but presented no redness of the skin, nor any sense of fluctuation. The motions of the neck were, however, much impeded, and also those of the lower jaw preventing an internal examination of the throat, but there was neither dyspnœa, dysphagia, or aphonia, nor were the constitutional symptoms very urgent.

After poulticing the neck for two days, an incision was made into the swelling by Dr. Hughes. The integuments, cellular tissue and fascia were divided, and a director introduced, but no matter escaped. The poulticing was continued, and next day Dr. Hughes passed the director again into the wound to a greater extent with the same result. The swelling had, however, diminished considerably, and the patient could open her mouth sufficiently to enable him to see the soft palate, which was pale in colour.

The poulticing was still continued, but no matter even came from the wound.

The case progressed so favourably that the patient was able to get out of bed on the 28th Dec., eating meat, and living with the convalescents. The tumour had greatly subsided, and the surface of it was painted with tincture of iodine. On the 30th, the other side of the neck began to swell without occasioning any inconvenience.

At two o'clock a.m. on the 4th of January, the patient, without any previous notice, was attacked with violent hæmetemesis,' which lasted for about half-an-hour—during this time, she lost about a quart of blood.

When seen next day (Jan. 5.) she did not seem in the least weakened by the loss of blood. Her pulse was eighty in the minute and strong. She called for food and wanted to get out of bed.

Jan. 6th.—This morning, the patient coughed up some purulent matter, and shortly after vomited a little, after this she expressed herself much better and eat well.

Jan. 7th.—No change, patient says she is quite well, and is clamorous to be allowed to sit up.

Jan. 8th.—At nine this morning, the hæmorrhage returned in the shape of hæmetemesis, and she died in a few minutes after. She lost, on this occasion, nearly three quarts of blood.

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[*] Communicated to the Dublin Pathological Society.

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Post-mortem Examination.—On opening the thorax, the lungs were found to be blanched in colour, and with the exception of a small tubercle in the apex of the left lung were healthy. Heart and great vessels healthy. The abdomen was next laid open; the stomach was found very much distended, with what proved to be blood, not black and grumous, but dark in colour with large coagula. The mucous lining was most carefully examined, but no trace of ulceration could be discovered. The œsophagus with the pharynx, tongue, &c., were next removed.

During this procedure a cavity was cut into on the right side of the neck containing a large coagulum, and communicating with the mouth. On passing the finger into this space, its walls were felt rough and jagged, and projecting into it below, was the great cornu of the hyoid bone—a roughened sharp spike. The cavity was about two inches long, and three quarters of an inch wide, extending from the right extremity of the hyoid bone to the angle of the inf. maxilla as high up as its condyles. In front of it was the bifurcation of the common carotid.

The superior thyroid artery crossed the bottom of the space, higher up the lingual lay exposed in it, and was completely divided, the extremities being visible on either side. The upper part of the abscess was found to communicate with the mouth by a small opening, about an inch below the tonsil.

Dr. Hughs said this case presented many points of the greatest practical interest which it was needless to refer to on that occasion, as they must be obvious to all. But apart from those considerations, and if for no other reason than its extreme infrequency, he thought the case deserved a place in the records of the Society. Indeed, he had not been able to find a similar one recorded anywhere, except in Sir T. Watson's lectures, where the same result followed on abscess of the neck in a case of cynanche tonsillaries.

ADELAIDE HOSPITAL, DUBLIN.

CASE OF CANCER OF THE UTERUS.*

(Under the care of Dr. Atthill.)

The case was one of a disease unfortunately far from rare—viz., of that variety of epithelial cancer known as cauliflower excrescence of the uterus; but as it showed some points of interest he considered it worthy of notice. The patient, from whose body it had been taken was quite a young woman, being but twenty-eight years of age. She had been married for five years, and had given birth to one child, now four years old. Since the birth of her child she had had three miscarriages, the last of which occurred about a year prior to her admission into the Adelaide Hospital, which was on the 16th of April last, 1870. She stated that her health had been good in all respects till the month of October previous, when, without any premonitory symptoms, she noticed a slight red discharge, which appeared in the interval between the regular catamenial period, and which lasted for four or five days, but then disappeared. A similar discharge, lasting for a few days at a time, appeared occasionally during the four following months; but as she was free from pain, and as her general health continued to be good, she paid no attention to it; but early in the month of March this discharge became much more profuse, and continued almost without intermission up to the date already mentioned, namely, the 16th April, when she was admitted into hospital. On admission, she complained of extreme debility and of pain in the back, but of nothing else, and though pale and anæmic did not present an unhealthy appearance. There was constantly present a profuse, sanguineous discharge, not, however, of a very fœtid character. On making a vaginal examination, a large mass of epithelial cancer was found occupying the upper portion of the vagina; this grew mainly from the posterior lip of the os uteri, but the anterior lip was also in an unhealthy condition. The uterus was moveable, and the vagina itself was not implicated. On passing the finger upwards, the portion, cervix uteri, above the tumour appeared to be healthy. Taking, then, all these circumstances into consideration, it seemed a fair case in which to give this poor young woman a chance of prolongation of life, by the removal of the diseased mass. Dr. Atthill accordingly resolved to amputate the cervix uteri by means of the écraseur. This operation was performed on the 5th of May last, 1870; but it proved most unsatisfactory. Little difficulty was experienced in encircling the cervix with the chain of the écraseur, but the moment it was tightened the apparently sound tissue yielded, and the chain became embedded in a cancerous mass, which it was found impossible to remove entirely; a considerable portion of it, however, was removed, and the stump was freely cauterised with strong nitric acid. The woman rallied greatly after the operation, the hæmorrhage ceased nearly entirely, and she was discharged from hospital in the month of July in a considerably improved condition. In December last she was again admitted, but then her condition was utterly hopeless, and she sank rapidly, and died on the 4th of January. Dr. Atthill pointed out that her case was interesting in several respects: first, as an example of the early age at which this form of cancer may occur; and bearing on this, he mentioned that another patient suffering from this terrible disease was at the present moment under observation in the Adelaide Hospital, who is but twenty-three years of age; next, as illustrating the insidiousness of its progress. The disease had advanced to a stage which forbad all hopes of cure before any symptom of importance showed itself. Again, it showed that epithelial cancer may be hereditary; for this poor woman stated that her mother and two of her sisters have died of cancer of the womb. It also taught how little hope an operation afforded, and how easily we may be deceived as to the progress the disease may have made by the feel the cervix uteri may communicate to the finger. With respect to the operation itself, though it must be considered a complete failure, still, by the removal of a considerable portion of the diseased mass, the progress of the disease was, for a time, checked, no hæmorrhage occurred for many weeks, the patient gained strength, and life was, doubtless, prolonged for months.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

January 16th, 1871.

John Gay, Esq., President.

THE REMOVAL OF TUMOURS.

Dr. Kelburne King, of Hull, read a report of the case of C. E., aged twenty-eight years, who had for three months suffered from a tumour growing in the throat. The symptoms were chiefly difficulty in swallowing, speaking, and breathing. The tumour covered by mucous membrane, was felt in the left of the soft palate as a hard mass, isolated from the nasal cavity, and bounded externally by the ascending ramus of the maxilla. Its base was broad, and passed outwards and backwards behind the jaw, where it could be felt externally. The symptoms becoming urgent, he was admitted into the Hull Infirmary, and the tumour was removed by Dr. King. First, as a precaution against hæmorrhage, a ligature was placed loosely on the common carotid artery, the face was then laid open by an incision from the angle of the mouth to the jaw, masseter muscle and ramus of jaw being both divided; some difficulty arose from the slipping of the tumour down upon the glottis and so threatening suffocation, but Dr. King was able to keep it up with the fingers, and so removed it through the division made in the inferior maxilla. At the close of the operation, there was free hæmorrhage, which was controlled by tightening the ligature on the carotid, the ligature broke at first, but this being remedied, the hæmorrhage ceased. The man for some time progressed favourably, but there were cases of erysipelas in the hospital, and he unfortunately caught the disease and died of it.

Dr. Morell Mackenzie enquired whether the tumour could not have been removed by the mouth, by means of the écraseur.

Dr. King said, that he was anxious to remove the whole of the tumour and owing to its very broad base, he did not think he could have done this with an écraseur.

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* Communicated to the Dublin Pathological Society.

Dr. Rogers agreed with the importance of removing *the whole* of these tumours.

The **President** was one who did not fear hæmorrhage in these cases. He had removed a very similar tumour from the back of the throat by excision.

Mr. Henry Smith showed a gold tooth plate and teeth that had been swallowed by a gentleman, who was a patient of Dr. Hamilton, of Mitcham. Mr. Smith saw the man six hours after the accident, and was able then to touch the plate with a pair of long forceps but all attempts at extraction were unavailing, so Mr. Smith pushed the plate down into the stomach, the patient then felt relief, and nine days after, passed the plate by the bowel with but little pain. Mr. Smith also showed a similar plate in vulcanite, given to him, by Dr. E. Johnson, that had been swallowed and passed through the patient in safety.

Dr. King narrated a case where a man swallowed his false teeth, he was seen by him at the Edinboro' Infirmary. Mr. Syme not being able to pull the teeth up, at once pushed them down—a few days after Dr. King was sent for to see the man and found him dead, the angular hooks on the tooth-plate had torn the œsophagus, and perforated the aorta. In the stomach was a complete cast of its cavity in blood-clot.

Mr. Carter had seen a case where a brooch was swallowed, the patient was made to eat a large quantity of bread, and then an emetic was given when the bread and brooch all returned together.

Dr. Morell Mackenzie was in the habit of using an instrument, known on the continent as the Ramoneur in these cases, it was passed down, and as it was withdrawn, a sort of brush expanding caught the foreign body, and so removed it. Dr. Mackenzie then showed his new "Eclectic" inhaler. In this instrument there was a sufficient supply of air insured, and an even temperature was maintained by a lamp placed below. The air entered by a series of apertures, and having passed through the liquid, escaped by the inhaling tube which was of large calibre.

Dr. Carpenter, of Croydon, read a paper on

THE CAUSATION OF SCARLATINA.

He proposed to consider scarlatina as one of a series of diseases which are epidemic at times produced by a combined force, resulting from [the effect of matter acting upon blood more or less impure. The equation, x y z, might = epidemic disease, it was proposed to consider x y as centric numbers of the equation as far as the body was concerned, and z. as eccentric, or obtained from without. Thus, x y may equal typhoid, typhus, cholera, or scarlatina, according to the particular quality or power of the number z. Dr. Carpenter passed on to say, that he believed scarlatina might arise *de novo* having an apparently spontaneous origin in any position in which the elements required for its development are brought together, and then exposed to the proper physical influences necessary for its growth. Instances were detailed to show how putrid and decomposing animal matter, blood, offal, &c., would cause scarlatina. In the case of three separate families living on a healthy hill, the disease seemed caused in this case by miasma blowing from some fields not far distant, which had been manured with slaughter-house refuse. Another case was given of an outbreak of scarlatina in a school of boys, and nothing seemed to prevent these outbreaks, till it was proved that under the playground was a cesspool which received some refuse from a slaughter-yard, when this was directed elsewhere, the outbreaks of scarlatina ceased. Observation four.—Recorded an instance where children sleeping over a fowlhouse, in which the fowls were killed, and the blood poured on the floor, were all attacked with scarlatina. Dr. Carpenter's inquiries extended over a period of ten years, and comprised 286 cases of scarlatina that he had attended without one fatal result.

In the discussion that followed, **Dr. Thorowgood said**, that though he had never considered scarlet fever to be one of those forms of fever that might be generated by animal or vegetable decomposition, defective drainage, or other sanitary short-comings, yet the conviction was strong in his mind, that the disease might be rendered increasingly severe, and malignant when any of these sanitary deficiencies were present in a community invaded by scarlet fever.

Dr. Fred. Simms inquired as to whether Dr. Carpenter could point out the one essential cause of scarlet fever.

Dr. Richardson alluding to his own former researches on scarlet fever referred to by Dr. Carpenter, said that he believed all he had at that time stated to be in the main still as true as ever. It was important to study the conditions of body favourable to the development of scarlet fever. His own experience would go to prove that the disease was as fatal among the rich as among the poor. The first effect of the poison was on the nervous system. Much depended on the pre-existing state of system in determining the severity of an attack, and at some periods of the year it seemed more fatal than at others.

Dr. Routh inquired if the disease was more fatal among the people who were engaged about slaughter-houses.

The **President** asked if the amount of blood refuse which passed into the sewers influenced perceptibly the prevalence of the disease, and if those who consumed meat essences much were liable to scarlatina.

Dr. Carpenter, in reply, said he could not point out the very essence of the scarlet fever poison, he believed the disease to be common in the families of slaughter men and butchers, and in those districts where much blood passed into the sewers and then became putrid, scarlet fever was almost sure to appear—those who consumed much meat food, did not appear to be more liable than others.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, January 24th, 1871.

Dr. Burrows, F.R.S., President in the Chair.

ON THE PROBABLE CAUSE OF THE POST-MORTEM MUSCULAR CONTRACTIONS IN CHOLERA, AND ON THE PHILOSOPHICAL TREATMENT OF THAT DISEASE.

By John G. French, F.R.C.S., Surgeon to the St. James's Infirmary.

The author believes that a physical law of nature, discovered by Dr. Marshall Hall, accounts for the *post-mortem* contractions in some cholera patients. He also thinks that Dr. Hall's study of the subject of hibernation, in which he discovers abnormal physiological conditions for prolonging life without food, suggests an analogy to the abnormal conditions in cholera, where these sustain life during the elimination of a mortal poison. Appropriate treatment results from the premises as a necessary consequence.

CASES OF HYSTERIA WITH SNEEZING.

By Robert Lee, M.D., F.R.C.P

This paper contained an account of two cases of hysteria in which sneezing fits formed a prominent symptom. The author did not profess to give any explanation of the occurrence.

SUGGESTIONS IN SUPPORT OF A RATIONAL SYSTEM OF THERAPEUTICS.

By E. Meryon, M.D., F.R.C.P.

In a former paper Dr. Meryon showed that every ganglionic centre of the sympathetic system of nerves has three distinct elements, over and above the ganglionic cells, and, that each element or nerve-cell has its own special attribute,—the seasonary fibres, to impart the vital sense of an organ, affecting its histological tissues, without operating immediately on its blood-vessels; the motor fibres, to incite vascular action and secretion in response to the vital sense; and the grey fibres of Remak, to restrain and regulate the stream of nutriment conveyed by the arterioles into the cell territory for secretion or for assimilation.

In the present paper the above anatomical and physiological data are utilised for the purpose of interpreting the operation of many medicinal agents.

For instance, the fact shown by M. Claude Bernard, that section of the fibres of Remak induces increased vascularity and elevation of temperature in the parts to which those sympathetic nerves are supplied, has its pathological counterpart in inflammation, in which, owing to the loss of the inhibitory influence of the nerve-fibres of Remak, blood corpuscles penetrate into those minute arterioles through which blood-plasma only should be propelled. In the spurred rye (ergota), we have an agent which produces the very opposite effect. By increasing the inhibitory influence of the sympathetic fibres, it diminishes the calibre of vessels, shuts out blood-corpuscles from the capillaries, and even the blood-plasma itself, and so restrains many forms of hæmorrhage.

Dr. Meryon then goes on to show that, just as the localised ganglionic centres of innervation are suggestive of independent action, and localised, accelerated, or retarded circulation is an obvious indication that the vascular function of each individual gland is regulated by such ganglionic centre, so have we medicinal agents which localise their power on special parts, either by exciting or restraining their functions.

This proposition is illustrated by showing the manner in which drugs having antagonistic actions exert their influence on the different individual organs.

Seeing that most pathological conditions are but extensions or exaggerations of physiological actions, and the effects of derangement of the operations of the vaso-motor nerves; seeing, moreover, that we have therapeutical agents which stimulate, or assist, or supplement the attributes of the vaso-motor nerves, on which the healthy functions of all organs depend, Dr. Meryon concludes that in the knowledge and due appreciation of such aids we have the foundation of a rational and scientific system of therapeutics.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on the evening of Friday, 20th January, in the Royal College of Surgeons,

Mr. Albert Walsh, the President of the College, in the Chair.

SYPHILITIC ULCERATION OF THE LARYNX.

Mr. Morgan exhibited a specimen of ulceration of the larynx occurring in a patient who had died a few days previously. According to the patient's account she had been infected ten years ago. She then got suppurating bubos, the groins at the time of her death bearing the marks of the cicatrices. The remarkable feature of the case was, that she never had any rash on the skin nor any prominent features of venereal taint. Within the last two or three years she had been continually under his observation, and there were no appearances presented but remarkable growths of a condylomatous nature on the groins. The labia were hypertrophied, and there was a difficulty in diagnosing whether the growths as delineated in the drawing (which was exhibited) were of a chronic syphilitic or a malignant character. They existed in the condition, represented by the drawing, for two and a half years. He tried everything except mercury, but without avail. The unfortunate creature got ulceration of the larynx and died gradually exhausted. The ulceration as depicted, extended to the epiglottis which was more or less eaten away, thence it extended downwards until it reached the chordæ vocales, which it destroyed. The heart presented nothing peculiar, and the body was not excessively wasted. This woman might be supposed to have been free from taint, as for many years, none of the ordinary features of syphilis appeared upon her body. It would seem, in such cases, that whenever this disease localised itself in the genitals the other parts of the body escaped with comparatively little evidences, a peculiarity he had observed in several instances, one of which was then, it so happened, in the hospital.

EMBOLISM OF MIDDLE CEREBRAL ARTERY.

This case will be published in our next, with illustration.

MR. MORGAN'S REPLY ON THE QUESTION:—THE UNITY OR THE DUALITY OF THE VENEREAL POISON.

Mr. Morgan resumed his reply which he had been unable to conclude on the previous evening in the discussion on the subject of syphilis. He said there was one point which he considered of much importance, particularly with reference to the extension of the Contagious Diseases Act and the necessity for examinations—and that was, the persistence of the contagious and specific property of the vaginal discharge. He would illustrate this by a remarkable case. A woman was admitted into hospital suffering from the usual symptoms of constitutional syphilis. She was under his care for two months, and at the end of that time he made an inoculation from the vaginal discharge and produced one of those soft sores of which he exhibited drawings, whether it would have produced a hard sore in the virgin subject was one of the questions at which they had yet to arrive. This woman got so well that she was placed in the laundry of the institution. She was there three months and at the end of that time again came under his care when he found she had some patches in the mouth. In order to ascertain whether the vaginal secretion was capable of producing inoculation he inoculated with it, and found, although it was five months since she first came under his care, that it was capable of producing a soft sore. His theory was that the soft sores which were so frequently seen in men were caused by the vaginal discharge of women constitutionally infected by true syphilis. Within the last few months a case of infection from a child had come under his observation. A healthy woman, wife of a rope-maker, and who had produced a healthy child, was selected as nurse for the child of a gentleman. She was a fine woman, and weighed thirteen stone six pounds when she went to nurse the child on the 30th of August. On the 16th of September the child died syphilitic, and in a week afterwards sores appeared on the woman's breast. This child had mucous patches on its mouth and genitals; but the appearance on the woman's breast (well represented by the drawing he exhibited), was as like a soft sore as they could see. Thus they had the same primary appearances in a virgin soil, as in those cases in which he had inoculated the infected subject with the vaginal discharge, which he thought a secondary product. It was stated on the previous evening by Dr. McDowel, his colleague, that a mucous tubercle was not inoculable. He might remind him, however, of the case of a little child, two years old, who had infected its grandmother, sixty-eight years old, from mucous patches on the lip where he, Mr. Morgan, had successfully inoculated it on the side from a mucous patch at the anus. Mr. Richardson, also, had produced a characteristic pustule and soft sores from mucus tubercles, and he would ask Mr. Richardson to certify this before the Society.

Mr. Richardson—The case in which I successfully inoculated from a mucous tubercle is recorded in the *Dublin Quarterly Journal*, and there can scarcely be any doubt on the matter, as I took every precaution to guard against fallacy. The woman whose mucous tubercle afforded the inoculable matter had no sores at the time I inoculated her.

Dr. McDowel—I spoke of mucous tubercles which were not bathed in vaginal discharge, but a mucous tubercle was *per se* not inoculable and did not produce that characteristic pustule which was re-inoculable in an already infected patient.

Mr. Morgan said Professor Boeck in his work, it so happened, gave five cases in which the pustules were produced by inoculation from mucous tubercles. *Three of these were in men*, and in them the inoculation was from an anal mucous tubercle, which was a full refutation of Dr. McDowel's idea. Now, if they found the mucous tubercle and the vaginal discharge produced the same thing, it would solve the question as to the vaginal discharge or gonorrhœa in a tainted system being a derivative from true syphilis. He had procured gonorrhœal discharge from men in hospital, and also from women free from taint and inoculated with it but never could produce any result whatever. Therefore, it appeared that from the vaginal discharge of a person constitutionally tainted he could produce the characteristic pustule and soft sore, but from the vaginal discharge of a woman not tainted he could produce no result. The pustules were not only produced but were capable of being reproduced to an indefinite extent. The question of auto-inoculability was next to be considered. If the secretion be of the same nature as that of a hard sore they might suppose that it would not be capable of inoculation on the patient's self. The contrary was the case. For instance, a girl came under his care having a soft sore and suppurating bubos. She ran down to the extreme of cachexia, but finally recovered. From this girl's vaginal discharge, suffering from almost every constitutional symptom of syphilis, he was able to inoculate not only herself, but others, the sores produced by the inoculation being soft sores. He found, therefore, that this discharge was capable not only of producing the pustules and so-called soft sores on the patient's self, but that these were capable of an interminable reproduction. He wanted further to test the power of this discharge and see whether it resembled the syphilitic sore in being not inoculable on animals. He inoculated young, old, and pregnant rabbits in every part of the body, but he never could produce any palpable result. On the inside of the thigh of one of the rabbits there was some little irritation, but this was of no importance. The young of the rabbits did not exhibit any symptom, and it was evident that the supposed transmissibility of the soft sore virus was not in this instance successful with these animals. The next point of interest to consider was that of syphilization. He was not to be considered as an avowed advocate of this treatment, but he desired to inquire into its efficacy, as from the results it seemed a more important method than had been at first supposed, and should not be hastily rejected. Some remarkable experiments on the subject had been made lately in America. Mr. Bumstead, who had formerly upheld the dual theory, was, he thought, much shaken in his opinion with regard to it; and as to syphilization he states, "From what I have personally witnessed and from the accounts of others, I believe it is a very effective method for the treatment of syphilis." When a man of such authority expressed so strong an opinion he, Mr. Morgan, thought the matter was worthy of calm and careful consideration. The principal point, however, which he (Mr. Morgan) wanted to refer to just now was, as regards the inoculability of the two kinds of sores. Originally, Mr. Bumstead believed in the dual theory—that the soft sore would only localize itself and produce local effects, and that the hard sore would not be inoculable on a person already tainted with syphilis. Bœck originally performed his experiments with soft sores, but now came out a very extraordinary fact, which was, that in Christiania they had no difficulty in producing inoculation from hard sores and in producing pus. M. Bœck had kindly forwarded him a specimen of the pus thus produced, which he now exhibited to the Society. Two remarkable cases are given in Hayes' *American Journal* for Aug. 1870, by Mr. Bumstead—in one of these, as now shown in the diagrams (which were exhibited), all the inoculations were made from soft sores, and yet under the treatment of using the virus of a disease held by the dualists to be distinct, the symptoms got well and immunity was attained. In the other case the inoculations were practised from three sources—viz., 1. From pustules produced by soft sore virus on a tainted subject. 2. From avowedly hard sores in infected cases. 3. From soft sores themselves. After a certain time—Mr. Morgan showed by referring to the diagrams before the Society—immunity from any of the sources was attained, and any of the poisons used for the purpose of inoculation produced pustules and characteristic sores. Thus they found the remarkable fact which Bœck had described, that as soon as a patient was non-inoculable from one kind of sore he became non-inoculable from the other; and when he had immunity from the one he had immunity from the other. Bœck at the Venereal Commission says, "If there were two different poisons and you had syphilized a person with one form of those poisons and then you took the matter from the other poison you could go on with a series of inoculations as from the first time, but that you cannot do. This, I believe, is a proof and the best proof that I can adduce." Another case given by Mr. Bumstead was, that of Mary S., a very intemperate person employed as a nurse in a hospital. She was saturated with the syphilitic poison, and he found it usually impossible to produce the slightest effect on her with any virus in his possession. The virus from both hard and soft sores was repeatedly tried, but she could not, without great difficulty, be inoculated with either. With regard to the nonsequence of secondaries after soft sores what were the facts? A number of men get soft sores and do not suffer, and every one admitted that when a man had a hard sore with induration, constitutional signs were more likely to follow. The question then was, were they two poisons, or was there some modifying influence at work? He (Mr. Morgan) had inoculated a series of cases in the Lock Hospital, all young girls on an average under eighteen years of age, and all of whom stated they were not previously diseased, and which he quite believed was true. He auto-inoculated these from their own sores, soft sores about the vulva, and they were eventually, sooner or later, covered with secondaries. The following cases would show the particulars of fourteen cases, who showed constitutional infection without leaving hospital, and while under observation:—

Seventeen Cases Selected.

Patients diseased for the first time and auto-inoculated from their sores who showed signs before leaving hospital.

Oct. 1868.—E. McD., papules.

Dec. 1868.—M. B., papules and severe secondary ulcer.

Jan. 1869.—E. H., patches and papules.

Feb. 1869.—E. C., papules and alopecia.

Mar. 1869.—M. S., roseola and alopecia.

July 1869.—M. M., roseola and alopecia.

Sept. 1869.—S. R., patchy enlargement of labia, pains.

Aug. 1869.—M. S., papules and iritis.

Dec. 1868.—M. A., double iritis, papules, pains, and most intense symptoms.

Feb. 1869.—M. K., copious papules.

These ten cases were auto-inoculable, yet signs followed.

With suppurating bubos auto-inoculated and followed, before leaving hospital, by signs.

Dec. 1868.—L. S., aged sixteen, severe suppurating bubo—most intense iritis, gummata, pains, &c.

June 1869.—E. W., aged twenty-five, severe suppurating bubo, very severe signs, Jan. 1871, *now* has rupious rash.

Jan. 1869.—K. D., aged seventeen, twice inoculated, bubo was not opened, most severe signs and epilepsy.

July 1369.—A. O'R., aged seventeen, five times inoculated, suppurating bubo, most intense signs, and prostration.

Four cases auto-inoculable with suppurating bubos.

Patients auto-inoculated but showed no signs.

May 1869.—E. P., got warts, and is said now to be alopecic (Dec. 1870).

May 1870.—K. J., no signs observed.

May 1868.—B. K., not seen at the hospital since.

Ten cases auto-inoculable with signs following.

Four ditto ditto and suppurating bubo with signs following.

Two cases auto-inoculable escaped signs.

One ditto ditto not seen since.

Thirteen other cases were also tested with varying results, as in the following

Thirteen Cases.

Three doubtful cases inoculated.

Dec. 1868.—M. L., aged seventeen, slight roseola.

Aug. 1868.—T. B., inoculated from bubo without any discoverable sore, subsequently got an inflamed labium and had a dead child.

Nov. 1869.—M. B., inoculated from an ulcer at the orifice of vulvar sinus, subsequently showed infection signs.

Three Cases which resisted auto-inoculation.

All the sores were sloughy and angry, and one case only had secondary signs.

Five Cases which resisted auto-inoculation and all had single sores.

L. D., pains and alopecia; B. B., papules, iritis, pains; E. B., papules, patches, pains; J. B., papules, gummata, iritis, pains; L. O'B., slight papules.

Two Cases had multiple sores but resisted auto-inoculation.

M. W., papules, iritis, pains; M. D., papules, pains.

Ten resisted auto-inoculation, three were doubtful, two had no signs.

(*To be continued.*)

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PATHOLOGICAL SOCIETY OF DUBLIN.

January 21st, 1871.

Dr. Finny exhibited some specimens which were taken from the body of a man, who had been under Dr. Stokes' care in the Meath Hospital.

The patient presented an appearance of extreme anæmia, and complained of lightness in the head on sitting up, noises in the ears, &c. Gastric disturbance and diarrhœa were, however, what he sought relief from in hospital.

No well marked evidences of disease of any organ could be found, except in the heart, where two distinct systolic murmurs were discovered—one at the base carried up the aorta, the other at the apex and heard in the mitral area. This physical sign was the only indication of mitral regurgitation.

On *post-mortem* examination, well marked amyloid disease of the kidneys was found, their weight being double the normal, and answering to the iodine test. A similar condition of the lower bowel was evident, producing, no doubt, the diarrhœa which had been of a very persistent character. The mesenteric glands were also enlarged and indurated. A large white, firm clot was found in the left ventricle, extending back through the mitral orifice into the lungs, which consisted of a vast number of colourless corpuscles and fibrin. This combination of amyloid disease and leukæmia is interesting, as confirmatory of Dr. Grainger Stewart's views on this subject. The heart was enlarged, especially the left ventricle, without hypertrophy, and the mitral orifice was dilated to five inches in circumference; the valves were, however, perfectly healthy.

The *rationale* of the physical signs seemed, then, to be—First, the ventricle was dilated; and, secondly, as a consequence, the auriculo-ventricular opening was enlarged, and thus, regurgitation being permitted, the systolic mitral murmur was produced.

This dilatation of the orifice is by no means so common a concomitant of the dilatation of the ventricle as Drs. Gairdner and Walsh state, as Dr. Blakiston shows that in twenty-eight cases of dilated ventricle only four presented the orifice abnormally large; and Dr. Stokes states that mitral murmur is, as a rule, absent in dilated left heart.

The question of basing a diagnosis upon the physical sign of a mitral regurgitant murmur becomes most interesting, when we consider on the one hand the possibility of this murmur being—1. A blood murmur, as Dr. Stokes teaches; 2. A functional murmur; 3. Due to diseased valves, rigid and incompetent; and 4. Dilatation of the orifice, the valves being healthy—and, on the other, the possibility that extreme disease may exist without any murmur at all; or that the murmur, which had been heard, may disappear as the disease advances.

The Rev. Dr. Haughton brought under the notice of the Society (on behalf of Dr. R. P. Walsh, J. P., Surgeon of Co. Fermanagh Infirmary), the case of — Foy, æt. thirty-eight, a farmer from Kosh, near Pettigo, Co. Donegal; whom he and Dr. E. B. Sinclair had seen, under Dr. Walsh's care, on Saturday, 31st December, 1870, in the Co. Infirmary Hospital, at Enniskillen.

— Foy presented all the sensible and rational symptoms of aneurism of the abdominal aorta; persistent boring pain in the back, limited to one region, continuing for several months; obstruction of the venous circulation of the lower limbs; visible and tangible pulsation in the abdominal region, corresponding to the site of the pain in the back; distinct murmur, on auscultation, in the same region; sighing respiration, and anxiety about the future.

— Foy died suddenly on the 10th January, 1871; and if a *post-mortem* examination had not been made, his case would have been set down as an undoubted case of abdominal aneurism. The real cause of all his symptoms appeared on dissection. A strumous tumour, taking origin from the lumbar glands, completely enveloped the abdominal aorta, and iliac arteries; the vena cava was almost obliterated by the constriction caused by the morbid growth, and the ureter of one kidney was enveloped by it, and completely closed; while the other remained free, but was highly congested. The pelvis of the engaged kidney was distended with urine, and the immediate cause of death seemed to be the congestive condition of the free kidney produced by the severe weather that prevailed at the period of death.

Dr. HAUGHTON considered the case instructive, as it showed how all the symptoms of abdominal aneurism might be simulated by an obstruction of the abdominal aorta and vena cava, caused by the strangulation produced by a morbid growth surrounding both these vessels; a growth, the occurrence of which, although rare, should not be lost sight of by the physician attempting to diagnose aneurism of the abdominal arteries.

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OBSTETRICAL SOCIETY OF DUBLIN.

THIS Society met on Saturday evening, the 7th ult., the chair being occupied by Dr. KIDD, the President.

The PRESIDENT exhibited a specimen of epithelioma of the uterus, implicating the anterior lip and amputated by himself, by means of the ecraseur. The patient was forty-eight years of age, and had only been conscious of the disease for a month and a-half.

DR. GEORGE JOHNSON, Master of the Rotundo Hospital, laid before the Society

THE CLINICAL STATISTICS OF THE ROTUNDO LYING-IN HOSPITAL FOR THE YEAR 1870.

His object in doing so was to prove—Firstly, that puerperal fever does not prevail endemically in large hospitals; secondly, that that disease when epidemic, does not necessarily make its first appearance in large maternity hospitals; thirdly, that with due precaution there is no miasm emanating from a parturient patient; and fourthly, that in wards sufficiently large to afford sufficient cubic space for the patients inhabiting them, the atmosphere can be retained in a condition of normal purity.

From Nov. 1869 *to Nov.* 1870,
1,087 deliveries took place, of which
    743 were pluripara, and
    344 primipara.
851 were natural.
30 were abortions.
11 were tedious.
56 were preternatural, viz.:—
    47 breech or lower extremity presentations, and
    9 arm presentations.
19 cases required version.
86 were difficult, viz.:—
    83 forceps cases,
    2 craniotomy,
    1 evisceration.
84 cases were complicated, viz.:—
    18 twins,
    2 triplets,
    11 accidental hæmorrhage,
    7 unavoidable do.
    11 post-partum do.
    5 adhesion of placenta,
    12 prolapse of funis,
    5 convulsions,
    1 rupture of uterus,
    9 mania,
    2 requiring incision of perineum,
    1 Cæsarean section.
88 cases received chloroform.

These statistics were sufficient to show that a full proportion of difficult cases had to be dealt with. Dr. Johnson submitted the following:—

TABLE NO. 1.

Deaths from all Causes, from November 6th, 1869, *to November 5th,* 1870.

	Patient.			
No.	Age.	No of Pregnancy.	Cause.	Observations.
1	25	1	Peritonitis.	Fretting greatly; husband at sea; frightened by being brought to hospital; was told "they were dying in it."
2	29	5	Carcinoma and gangrene of uterus.	Died twenty-nine hours after delivery.
3	28	3	Ruptured uterus.	Cold, anæmic, and pulseless on admission; great abdominal pain; child found in abdomen brim; died in fifteen hours.
4	35	7	Exhaustion.	PPH.—Cold and pulseless on admission; died in seventeen hours.
5	27	3	Gangrene of uterus.	Delivered by craniotomy; child hydrocephalus and fearfully putrid; dis charge for three days before most fœtid; died second day.
6	24	1	Peritonitis.	Admitted in feverish state; seduction; remorse; attempted suicide before admission.
7	23	1	Pyæmia.	Most unhappy; drunken husband; child hydrocephalus; DP. very fœtid discharge on admission; pyæmia showed itself immediately.
8	33	1	Sloughing of uterus.	Waters evacuated early in first stage; head resting on cervix for five hours; delivered with forceps; died on fourth day; P. M. examination complete; separation of body from cervix by sloughing.
9	35	6	Placenta prævia.	Admitted in a state of great exhaustion; delivered by feet; sank in two hours after.
10	20	1	Pleuritis with pneumonia	Admitted with intense dyspnœa; easy labour; died fourth day.
11	25	1	Apoplectic convulsions.	Died in thirteen hours after delivery.
12	30	1	Pyæmia.	Livid patch of inflammation on post part of right labia before delivery, which sloughed; patch appeared on middle finger of left hand and back of right ditto.
13	33	4	Placenta prævia.	Great exhaustion on admission; died in two hours after delivery.
14	30	7	Pleuritic effusion.	Moribund on admission; Cæsarean section.
15	25	2	Accidental hæmorrhage.	Brought in in a state of great exhaustion from accidental hæmorrhage.
16	24	4	Peritonitis.	Symptoms appeared immediately; had been in great penury and mental anxiety, her husband being in gaol.
17	20	1	Pyæmia.	A case of seduction; great mental anxiety from time of admission.

It thus appeared that there were altogether 17 deaths in

1,087 deliveries, of which 6 were from metria. Dr. Johnson entered in detail into the history of each case with the view of showing that the circumstances of each case were such as might probably induce a fatal result, irrespective of any zymotic poison. He pointed out that in no case did the metria spread to any patient in the hospital and while, perfect exemption from epidemic sickness existed in hospital, zymotics prevailed extensively out of doors.

TABLE No. 2.

Puerperal Inflammation; Peritonitis; Pyæmia.

	Date.	No. of		No. of Pregnancy.		Duration of Labour.		Presentation.	Mode of Delivery.	Time of Attack Hours after Delivry.	Result to Mother.		
		Ward.	Bed.	1st.	Subt	1st Stage.	2nd Stage.				Recovered.	Died.	
	1869.					Hrs.	Hrs.						
1	Oct. 28	3	25	1	—	5½	¾	N.	N.	50	—	1	Cause—fretting at husband being away at sea and fright.
2	Nov. 12	8	85	—	9	5	3	N.	N.	48	1	—	
3	,, 13	8	87	—	6	38	2	N.	N.	48	1	—	Very delicate, badly fed, came from Walsall.
4	,, 25	12	114	—	4	2¼	¾	N.	N.	12	1	—	Weakly constitution.
5	,, 29	3	23	1	—	14	4	N.	N.	36	1	—	
6	,, 30	4	41	1	—	4½	½	N.	N.	20	1	—	
7	Dec. 12	1	4	—	3	7½	½	N.	N.	48	1	—	
8	,, 26	8	87	1	—	18	2	N.	Forceps	24	1	—	Innupta.
	1870.												
9	Jan. 2	12	116	1	—	11½	6½	N.	N.	Immediately	—	1	Twins, excessive mental depression, innupta.
10	,, 3	12	110	—	3	11½	4½	N.	Forceps	30	1	—	
11	,, 10	4	42	1	—	19	1	N.	N.	12	1	—	
12	,, 15	8	87	1	—	13	3	N.	Forceps	40	1	—	Great mental depression, husband having deserted her; cheered her up, promising protection — wonderful effect.
13	,, 24	6	69	1	—	4½	1½	N.	N.	48	1	—	
14	,, 31	2	19	—	4	11½	¾	N.	N.	54	1	—	
15	Feb. 17	4	39	1	—	20	3	N.	Forceps	40	1	—	
16	,, 19	5	46	—	2	4	1	Breach	Do.	54	1	—	Pyæmia, choleraic collapse; cynanche parotidian, &c.
17	Mar. 3	4	40	1	—	19	1	N.	N.	6	—	1	Pyæmia.
18	,, 30	5	49	1	—	17	1	N.	N.	20	1	—	Bronchitis on admission.
19	April 4	3	23	1	—	18	5	N.	Forceps	9	1	—	Innupta.
20	,, 14	1	4	—	3	17	2	N.	N.	Before confinement.	1	—	Cellulitis, with peritonitis.
21	,, 16	3	25	—	3	1	1	N.	N.	4	1	—	
22	May 8	12	110	1	—	11½	6½	N.	N.	Before delivery	—	1	Pyæmia; livid patch on labium on admission.
23	,, 16	7	55	1	—	25	—	N.	Forceps	30	1	—	Pyæmia, effusion into left knee, innupta.
24	June 10	6	67	—	2	3	5	Foct	—	24	1	—	
25	,, ,,	3	23	1	—	22½	2½	N.	N.	34	1	—	
26	July 4	7	60	1	—	5½	1½	N.	N.	45	1	—	
27	,, 11	4	39	1	—	17¼	2¾	N.	N.	62	1	—	
28	Aug. 29	6	69	—	4	17¼	5¾	N.	Forceps	3	1	—	
29	Sept. 5	5	44	—	4	9	3	N.	N.	20	—	1	Desponding on admission; husband in prison.
30	,, 14	3	25	1	—	20	4	N.	Forceps	7	1	—	
31	,, 20	12	114	—	5	4⅓	¼	N.	N.	58	1	—	
32	,, 22	1	3	—	2	3	hrs.	N.	N.	48	1	—	Accidental hæmorrhage.
33	Oct. 3	8	86	1	—	31½	4½	N.	Forceps	On her	—	1	On admission Skin dry brown pulse 100, great mental depression, seduction, pyæmia, innupta.
34	,, 18	3	25	—	2	10½	1½	N.	Forceps	40	1	—	

Dr. Johnson remarked that all the sickness had been of an asthenic type, and the cases required continual stimulation and support. There had been 29 cases of peritonitis, all of whom (with the exception of the 3 already recorded) recovered—15 of the 29 were primipara, and 14 pluripara.

It would be observed from an inspection of the table that, of the 34 cases of puerperal inflammation, 19 were primipara, and 15 pluripara—4 were in their second confinement, 4 in their third, 4 in their fourth, 1 in her fifth, and 1 in her sixth

22 were natural deliveries,
11 required the forceps,
2 were lower extremity presentations.

Of the 19 primipara, 14 recovered; of the 15 pluripara, only 1 died.

Dr. Johnson then exhibited the following table for the purpose of showing that while zymotic disease was prevalent throughout the city, it exercised no relative influence on the cases in hospital.

TABLE 3.

Number of Patients Admitted and Delivered in the Rotunda Lying-in Hospital from each Municipal District, the number of Deaths from Zymotic Diseases that occurred amongst them, and the number of Deaths from the same causes occurring in the different Districts in the same period.

	North City Districts.							South City Districts.									
	No. 1.			No. 2.		No. 3.		No. 1.		No. 2.		No. 3.			No. 4.		
	Admitted into hospital from No. 1.	Died in hospital from zymotic disease.	Deaths in No. 1 District from zymotic disease.	Admitted into hospital from No. 2.	Deaths in No. 2 District from zymotic disease.	Admitted into hospital from No. 3 District.	Deaths in No. 3 District from zymotic disease.	Admitted into hospital from No. 1 District.	Deaths in No. 1 District from zymotic disease.	Admitted into hospital from No. 2 District.	Deaths in No. 2 District from zymotic disease.	Admitted into hospital from No. 3 District.	Died in hospital from zymotic disease.	Deaths in No. 3 District from zymotic disease.	Admitted into hospital from No. 4 District.	Died in hospital from zymotic disease.	Deaths in No. 4 District from zymotic disease.
From 6th Nov., '69, to 4th Dec., inclusive.	14	1	11	21	15	9	37	—	29	6	23	11	—	18	10	—	10
to January 1	21	—	7	19	10	8	11	4	24	8	9	8	—	13	11	—	9
to February 5	20	1	22	30	14	6	20	4	42	13	14	6	—	21	16	—	20
to March 5	21	—	7	22	9	7	22	1	28	13	7	7	—	13	7	—	13
to April 2	18	1	7	22	9	9	10	4	20	14	15	14	—	12	13	—	22
to May 7	26	—	18	36	13	6	19	2	26	10	5	7	—	14	18	—	17
to June 4	14	—	9	23	5	5	17	5	17	7	7	10	—	10	10	1	18
to July 2	24	—	10	17	7	8	6	2	20	10	9	9	—	6	12	—	8
to August 6	24	—	12	32	2	5	19	4	18	10	8	12	—	15	16	—	14
to September 3	26	—	22	19	14	5	28	5	34	9	16	13	—	19	18	—	18
to October 1	28	—	20	25	24	9	27	3	24	10	23	4	—	23	14	1	20
to November 5	21	—	19	30	26	10	40	—	36	7	20	17	—	24	9	1	30
1860-70	259	3	164	296	148	82	256	34	318	117	156	118	—	190	149	3	189

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MEDICINE IN CHINA.

In a magazine called the *Phœnix*, published in London for those interested in Asiatic research, we find some curious particulars of the theory of medicine prevalent in the Celestial Empire.

The Chinese commence their theory by maintaining, that man is a *Seaou-teen te*, a little heaven and earth—a world in himself—an universe in miniature—a microcosm. With respect to the greater universe—viz., the system of nature, as it appears in celestial and terrestrial phenomena, the Chinese teach that there is an eternal and necessarily existing power, or principle of order, which they call *Taekeih*, and which may be tranlated by an indefinite and vague expression, such as—"the eternal," or "infinite principle."

This eternal principle, in their view, is merely the first link of the great material chain—a being distinct from the universe, nor is it endued with any moral perfections.

They represent this first cause, this first link of the chain by a circle.

But as they find it difficult to account (from what they see in nature) for all the appearances which present themselves, on the supposition of a simple homogeneous body, acting on itself, they suppose that, when the present system of nature assumed the form it now possesses, the one eternal principle was divided, and became a Dual power, or two powers, called, in their language, *Yin* and *Yang*, which is represented by a figure of a circle divided by a waving line across the centre.

This figure is very commonly seen, as a sort of sacred ornament on various occasions amongst the Chinese.

From all that can be ascertained of the original import of the words *Yin* and *Yang*, it would seem that they are most nearly translated by calling *Yin* a *Vis Inertia*, and *Yang* a *Vis Mobile*.

Yin, the Chinese consider to be of the *feminine* gender, and attribute to it darkness, weakness, passive and inferior qualities.

Yang, they regard of the *masculine* gender, and attribute to it light, strength, active, and superior qualities.

To one or other of these Dual powers, all existences in the universe (and, by the way, all numbers) belong.

On the regular action of these two powers reciprocally, the order and harmony of the universe, both naturally and morally, depends. Excess or defect in their power, introduces disorder and confusion into the system of nature and the affairs of mankind.

A due reciprocal action of these on each other, preserves the harmony of the system, which is health; excessive or defective action in either power causes disorder or disease; and high degrees of excess or defect cause death.

The Chinese maintain that in animated matter there exist certain affinities and repulsions in reference to all nutriment taken into the stomach.

The *Viscera* of an animal body are divided into five classes, or, as Du Halde calls them, "noble parts:"—the *kan, sin, pi, fi, shin*, liver, heart, spleen, lungs, and kidneys—the latter sometimes includes the pancreas and stomach.

The *Materia Medica* are all classed under one or other of the five elements; those that belong to wood, have an influence on the liver; caloric, on the heart; earth, on the spleen; metal, on the lungs; and water, on the kidneys.

Again, tastes are divided into five—viz., sour, sweet, bitter, acrid, salt.

The five tastes have certain affinities to the five elements, and to the five *viscera;* the affinities are these:—

Sour, to wood and the liver; sweet, to the earth and the spleen; bitter, to heat and the heart; acrid, to metal and the lungs; salt, to water and the kidneys.

The Chinese divide their colours into five; and refer red to heat and to the heart.

The five colours are these :—*Tsinge, hwang, chih, pih, hih,* Green, yellow, red, white, and black ; and the affinities are these :—

Green is related to wood, and affects the liver; red to heat, and affects the heart; yellow to earth, and affects the spleen ; white to metal and affects the lungs ; black to water, and affects the kidneys.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 8, 1871.

THE UNICISTS AND THE DUALISTS.

The Surgical Society of Ireland has been occupied during no less than three of its meetings with the discussion of the topic of venereal disease, so especially important just now. While a Commission on the working of the Contagious Diseases' Act is pursuing its investigations, the matter is of no small interest, and bears very strongly on the various and difficult questions now at issue.

Mr. Morgan, as surgeon to Mercer's, and to the Westmoreland Lock Hospital, brought the subject before the Society, from a desire to obtain an expression of opinion of the members, and the result of their experience of the disease in Dublin. He admitted that he was for some time a believer in, and was much taken with the theory of, the duality of the poison, and the views advocated by the Continental authorities on this point, but on testing the comparative results both in private pratcice and in hospitals, where he had the advantage of seeing the early course of the disease, and where both male and female cases were under his care, he could not reconcile the conflicting testimonies of the result of careful observations, and of testings by inoculations which he had observed, with the statements of others. He fully admitted the practical fact that in very many instances, where a soft or chancroid sore occurred, accompanied by a single or double suppurating bubo in the groin, the patient escaped constitutional signs, while in the case of the indurated sore, with a pleiad of indurated glands in the groin, the sequence of constitutional signs was the rule ; but that they were owing to two separate poisons, such as scarlatina and measles, which, though both exanthems, yet were totally distinct, he could not admit. He had seen the indurated type of sore not infrequently followed by very mild constitutional signs, and the soft or chancroid type which he had tested by auto-inoculation, not infrequently followed by severer signs, so that he believed them evidences proving the common origin of the poison, and that however clinically the initial phenomena may augur absence or sequence of constitutional signs, the tendency to a recurrence to the parent origin of true syphilis or unity of poison was, he believed, constantly present.

Mr. Morgan laid before the Society drawings of sores he had produced by inoculation from the vaginal discharge, or what might, he said, have been termed a gonorrhœa in infected women. These inoculations were invariably produced on already infected subjects, and, therefore, Mr. Morgan was so far unable to prove what the result would have been on a virgin soil, but he believed it would have been a soft or chancroid sore, as it evidently was on the subject of his experiments. Indeed, from the history of his inoculations, the contagious nature of this discharge was most marked, every trial almost succeeding in producing marked chancroid or soft sores.

Another argument which we thought very remarkable was the auto-inoculability of the patients' own vaginal discharge, and the production of a typical soft or chancroid sore on the patient's own person. It has been held by syphilographers that the patients in syphilis were not auto-inoculable ; but here, from a discharge in a thoroughly infected case, Mr. Morgan showed that auto-inoculation was easy and productive of the characteristic pustule and chancroid, or soft sore : he stated that, according to the dualistic school, this appearance of sore might be due to the previous infection of the subjects operated on. Granting this was so—the converse should apply—and vaginal discharge of infected patients, which was so highly inoculable, should produce hard chancre, or infecting sore, in the virgin subject; yet how seldom, he observed in practice, was the infecting type of sore seen, in comparison with the soft or chancroid. Every patient almost, he said, should be a case of hard or infecting sore if so ; and he was sure the testimony of the Society was in favour of the frequency of the non-infecting sore, so-called, which is soft and non-indurated in its appearance, and capable of inoculation.

Mr. Morgan adduced the instances of the inoculations from mucous patches, and he had himself produced them from the anal congenital patches of a child aged two years. Dr. Richardson (who was present) had also inoculated them. Bœck, in his work, mentioned several cases. Everyone knew of the infection of a nurse by the child, of which Mr. Morgan had then under his care an interesting example, and had a drawing he exhibited to the Society.

Mr. Morgan also drew up as a summary the remarkable results of artificial inoculation, and the fact that the same characteristic pustule and chancroid sores could be produced from any of the following lesions :—1. Chancroid, or soft sores; 2. Hard sores when irritated, as proved by Bœck and others; 3. Suppurating bubo ; 4. Suppurating lymphatics ; 5. Mucous patches ; 6. From the sores resulting from any of these inoculations ; 7. As proved by himself he believed, for the first time, from the vaginal discharge. He thought that if all these lesions produced similar results by inoculation, it is impossible to believe in the existence of duality or two poisons.

The results of treatment by inoculation or syphilisation Mr. Morgan thought were very remarkable; and he exhibited diagrams representing the process lately adopted by Mr. Bumstead, New York, which, together with the reports by Dr. Boeck, showed that immunity once attained from the soft or chancroid sore protected the patient as well from the hard sore or chancre, and proved, he thought, a very strong and, indeed, irresistible argument against the existence of two separate poisons.

Now that the Contagious Diseases Act is being discussed, we think that this question of the high inoculability of the vaginal discharge of infected women, though free from any sore, is a matter of much interest, and shows clearly that the greatest care should be taken of this class of the community, and stringent means employed to restrain the extension of such a subtle disease—indeed, the strongest argument we have heard in favour of this Act was mentioned by Mr. Morgan in the course of the discussion, where a married man had the misfortune of contracting disease from a woman who had been in the hospital, and who was known to have a sore (which was termed the chronic sore) for upwards of two years and a half; the man infected his wife, and thus the innocent wife, and perhaps her future offspring, suffered with the guilty, while the venomous source was unrestrained. Who can tell what misery and mischief may have been inflicted from one such a poisonous source during the two and a half years' pursuit of a trade more dangerous to the community than all the poison fumes, poison pigments, or cattle plagues that have been so carefully legislated for.

Mr. Morgan also produced tables of cases under his care where patients suffering from inoculable sores, and also those from suppurating bubos, had exhibited copious signs of constitutional infection. He believed that Dublin was plagued with a much severer form of the disease than other places, and therefore he introduced the subject for discussion amongst the surgeons of the city, as, according to the statistics of the Lock Hospital, but few patients, indeed—and quite irrespective of the form of primary sore—escaped constitutional signs often of a very severe nature.

THE LAW OF SURGEON AND PATIENT.

A JUDICIAL pronouncement has been lately made in America as to sundry points of importance as regards the responsibilities of the profession.

The plaintiff brought an action against the defendant, Dr. Reese, Professor of Toxicology in the University of Pennsylvania, for alleged malpractice as a surgeon. It appeared that the plaintiff Haire, by trade, a house-painter, fell to a distance of twenty-eight feet, his body striking against a fence in the fall. The defendant was sent for, and came immediately, took up the arteries in the head which had been cut, and then proceeded to examine the hip, which showed neither fracture nor dislocation. After administering an anodyne, and directing an anodyne application over the joint, Dr. Reese left him. On the next day another critical examination was made, but no evidence of fracture or dislocation appeared. Three weeks after the accident, Dr. Reese, having in the mean time visited him daily, suggested a consultation with Dr. Agnew, who also made a most thorough examination, subjecting the limb to all the usual tests. He too failed to detect either dislocation or fracture. On the 6th of August following, Haire called on Dr. Agnew, at his office, who then noticed that there was some shortening of the limb. When asked when the shortening had happened, he replied that "it was after he had got about on crutches." He was advised to throw away his crutches and get a high-heeled shoe.

It appeared that, while Dr. Reese was in attendance on Haire, the latter had consulted others without informing his surgeon, and had applied to his leg various nostrums which these persons had recommended. He then brought suit against Dr. Reese, charging the shortening of the limb to his ignorance and negligence, and seeking to make him responsible for it.

Judge Thayer, in his charge, remarked: "I have a right to say, and I conceive it to be my duty in this case to say, I see no satisfactory evidence that the treatment of Dr. Reese was not, in all respects, skilful, wise, humane, and proper." He moreover, laid down the following points of law for the guidance of the jury:

1. The implied contract of a surgeon or a physician who attends a patient is, not that he will certainly effect a cure, but that he will use all known and reasonable means to accomplish that object, and that he will attend his patient carefully and diligently. His relation to his patient implies that he possesses, and will employ in the treatment of the case, such reasonable skill and diligence as are ordinarily exercised in his profession by thoroughly-educated surgeons or physicians; and, in judging of the degree of skill which he contracts to bring to the service of his patient, regard is to be had to the advanced state of the profession at the time.
2. No presumption of the absence of proper skill and attention arises from the mere fact that the patient does not recover, or that a complete cure was not effected.
3. On the part of the patient, it is his duty to conform to the necessary prescriptions and treatment, if they be such as a surgeon or physician of ordinary skill and care would adopt or sanction; and, if he will not, or, under the pressure of pain, cannot, the surgeon or physician is not responsible for injury resulting therefrom.
4. When malpractice, or want of skill or proper attention, is charged against a physician or surgeon, the burden of proving it lies upon the person who alleges it.

The jury, without leaving the box, returned a verdict for the defendant, the costs to be paid by the plaintiff.

Notes on Current Topics.

Drainage of Lincoln.

MR. ARNOLD TAYLOR who was appointed to report to the Government on the drainage of Lincoln, has presented a report throwing blame on the local authorities and advising a period of three months to be granted for a decision to be arrived at as to the course those local authorities mean to adopt.

The Secretary of State for the Home Department has accordingly granted the town three months to decide what they will do in reference to the sewerage of the district, and requested to be informed of such decision as soon as it is come to.

If nothing be done in the three months the Home Secretary has power to take the matter out of the hands of the Town Council and carry out such works as he thinks needful at the local expense.

The authorities are very foolish to offer resistance to all drainage schemes. The Secretary of State is sure to insist on something being done, and the sooner the Town Council decide the better for them. We advise them to consult some respectable engineer, who is not committed to any plan of irrigation or interested in any fanciful scheme. In fact, a good system of earth closets might meet their difficulty, and be well suited for such a place. In that case very little would be required in the way of additional drainage. Dr. Buchanan of the Privy Council has spoken well of the sanitary value of the earth system.

The Fashions of Suicide.

Dr. Lankester's annual report of inquests held in 1868-69 contains some particularly interesting observations on suicide and the means by which it is effected. During the year there were seventy-five suicides in Central Middlesex, and 1,552 in England and Wales. The proportion is about one in 12,000 of the population. The proportion of males to females is pretty constantly as five to two. Nine-tenths of the whole occur between the ages of twenty and forty. Drink is a common, but not an exclusive cause. Sleeplessness almost invariably precedes suicide: a fact, therefore, to which too much importance can scarcely be attributed by medical men. Considerable change has taken place in the selection of poisons. That most frequently used during the last seven years is *cyanide of potassium*. It is purchased without difficulty. It is used in enormous quantities by photographers, and its action is most deadly. The next most frequent agent is oxalic acid, which is employed by shoemakers, saddlers, and harness-makers. The use of opium for purposes of suicide is on the decline, owing to the difficulty of obtaining a sufficient quantity. It is used by druggists, medical men, and members of their families. The same remark applies to the employment of hydrocyanic acid. Dr. Lankester offered some important suggestions for improving the returns made by coroners to the Home Office. He is anxious to have more correct information as to the wilful murder of young infants, as to deaths caused by excessive drinking, and the very indefinite verdict of "found dead."

Manufacture of Champagne.

We observe that the *Chemists and Druggists Advocate* thinks it necessary to afford its editorial advice to persons who are desirous of turning the war to account, by the fraudulent manufacture of champagne. As far as appears on the face of the article, the counsel is meant to be quite serious, and even the proper materials to counterfeit the best manufacturers' labels are indicated. We quote the advice *verbatim*, in order that our readers may know that fraudulent deceptions of this sort are considered to be a simple matter of business, and in no respect disgraceful.

"As the greater part of the champagne country has been overrun by the German army, and the exportation of genuine wine can hardly take place for some time to come, the artificial production of this beverage is likely to receive a new impulse. For those who prefer to manufacture their own champagne we append a number of approved recipes:—

Eight parts of the best West India sugar are to be dissolved in four quarts of distilled water and boiled, and while still hot, two quarts of rectified spirits added. This affords what is called champagne liquor, to serve as stock in the manufacture.

To prepare the Roederer brand with green seal and bronze cap, take one portion of the above liquor, one anker white wine, one bottle cognac, and four drops of the oil of wine beer dissolved in cognac.

For Heidsick, one portion liquor, one anker white wine, and one pint cognac.

Other varieties are prepared in a similar way, the chief difficulty being to provide the proper bottle, sealing-wax, and labels. In default of white wine, cider is found to answer every purpose, and glycerin can be substituted for sugar."

The late Mr. Hammerton.

We have to announce the death, in his sixty-eighth year, of Mr. John Hammerton, who, for more than forty years, was apothecary to St. George's Hospital.

The late Mr. Soden, F.R.C.S.

At the age of fifty-nine has died Mr. John Soden, who had retired from active practice, but formerly was well known as a consulting-surgeon at Bath.

The Health of the City of London.

The annual report of Dr. Letheby, the Medical Officer of Health for the City, is sure to contain interesting matter. It has just been presented to the authorities, and from it we gather the following points of importance:—

1. That sanitary labours throughout the country during the last thirty years have produced no appreciable effect in the birth-rate, or death-rate of the population.
2. That zymotic disease presents a total quantivalence year by year, notwithstanding that certain members of the family may be more than usually fatal and even epidemic—others being by a complimentary action less fatal—thus maintaining a pretty uniform quantivalence of power.
3. That soft water districts are not so healthy as measured by the death-rate, as hard water districts.
4. That the constant supply is a pressing necessity in the dwellings of the poor, but a doubtful advantage (all things considered) in the houses of the better classes where practically they now have a constant supply.

Secret Poisons.

A very startling communication has been made to us by a gentleman occupying a most important post in this country, of the existence, of a most deadly poison by the inhalation of which, simply through the medium of a letter sent by post in the ordinary way, the reader will suddenly drop down dead, with all the symptoms of asphyxia. The position and acquirements of our informant, should place his evidence beyond suspicion; nevertheless, before giving entire credence to such a startling report, we are anxious to obtain confirmatory evidence from any of our readers, in whose minds suspicions of foul play have arisen when investigating cases of sudden death, and what such symptoms were. Certainly, the following clipping from a Canadian paper, relative to the recent sudden death of a person of note looks very ugly:— * * * "He received an anonymous letter, and while reading it, he fell down insensible, and shortly after expired. It is said the letter contained some poisonous substance."

The Census.

This is the Census year. Every person living in the Kingdom on the night between the 2nd and 3rd of April is to be enumerated, and already the Registrar's office has distributed the necessary forms and instructions. On the morning of April 3rd it will be the duty of every householder to fill in the names and other particulars of every person who has passed the night under his roof. To our own profession we need scarcely say it is desirable these returns should be accurate and legible. It will facilitate the heavy duty of enumerators if heads of families will take care to have the return ready, so that no time may be lost. Members of the profession are requested to state whether they practise as physicians, surgeons, general practitioners, or assistants, and also to mention the Universities of which they are graduates, and the Corporations of which they are fellows, members, or licentiates. The form only requires a few minutes' attention to fill up, and we hope in all cases that it will be cheerfully and properly done.

The Naval Medical Service.

Dr. Fred. James Brown, of Rochester, is a naval reformer who has a right to be heard. He was formerly assistant-surgeon in the navy, since leaving which he has acquired a position in civil practice of which he may be proud. But he does not forget the service, he knows the reasons that keep so many men out of it, and render those who are in it discontented, and he takes up their cause in sober earnest. He has just published a pamphlet on the "Naval Medical Service, its present State and Prospects, with Suggestions for its Improvement;" which clearly shows many of the grievances of the service, and may be profitably perused by the medical M.P.'s, to whom we look for a word in the House on behalf of our ill-used brethren.

Dr. Gordon.

Our readers will be glad to hear that Dr. Gordon, C.B., Deputy Inspector-General, who went to Paris on behalf of our Government, has survived the siege, and is better than might have been expected. We hope soon to have further reports of him, and to recommence his interesting article in our journal.

Facts for Vaccino-phobiacs.

A communication made by Mr. D. Stone to the *Times* epitomises the statistics of small-pox before and after vaccination. The mortality for thirty years prior to vaccination was 3,000 per million of population per annum; the present death rate from the same cause amounts only to 200 per million. Previous to the extension of the Vaccination Act in Scotland the average yearly deaths from small-pox were 1,054, and in Ireland from 2,000 to 5,000. Since vaccination has been systematically carried out, the mortality from this disease in both countries has progressively decreased, and last year was entirely abolished. The population of Marseilles, at the time of an epidemic there in 1828, was estimated at 40,000—30,000 vaccinated, 2,000 variolated, and 8,000 unprotected. Among the 30,000 vaccinated about 2,000 were attacked and twenty perished—one, namely, in 100. Of the 8,000 unprotected 4,000 were attacked and 1,000, or one in every four, died; and out of the 2,000 variolated 20 took the disease a second time, and four died, or one in five. The following declaration was published by the Academy of Medicine of France immediately prior to the Franco-Prussian war:—

"Re-vaccination is absolutely exempt from danger. The Academy formally repudiates all that has been stated to the contrary. The epidemic of small-pox now raging at Paris and at other parts of the territory has supplied the most convincing proofs of the preservative power of re-vaccination. In various army corps, and especially in the Garde de Paris, in various establishments, both public and private, and also in some of the municipal schools, variola has been extinguished under the influence of re-vaccination. Finally, recent statistics, chiefly those collected in the civil hospitals of Paris, prove in a most formal manner that persons who had been recently re-vaccinated were attacked in very small numbers, and then but very slightly and without figuring in the bills of mortality."

The London German Hospital.

The Twenty-fifth Annual General Meeting of this institution was held last week. The anniversary dinner will be held in May next, under the presidency of Prince Christian of Schleswig-Holstein. The munificent donation of £10,000 from Baron F. von Diergardt had been invested in the North German Loan at 5 per cent. The total income for the year had been £17,666 12s. 7d., and after payment of all charges there was a cash balance of £1,671 2s. 8d. The chairman said that, looking at the heavy calls which had been made upon the German residents in London to provide for the victims of the terrible war now happily, he trusted, at an end, he thought the financial results of the year were matter for congratulation.

A London Fever Den.

An inquest was held last week on the body of a child about three months old. The child was found dead at a house in Fleet row, Holborn, which was stated to be occupied by several families of the poorest class, and to be so overcrowded as to render the air most noxious and dangerous to the unfortunate occupants. Dr. Cole said that the body was fairly nourished, and that death had been caused by suffocation from want of fresh air. Dr. Norton stated that in one house in that locality there were fifty people, and that he had seen sixteen persons huddled together in one room. The jury returned a verdict of "Death by suffocation from want of fresh air," and drew up a requisition to the parochial authorities, calling attention to the disgraceful state of the house in question.

Professor William Proctor, Jun.

It is with regret that we have to note the retirement of the above-named gentleman from the editorship of the *American Journal of Pharmacy*, after thirty-four years connection with that periodical. His name has become so associated with American Pharmacy, and he has done so much for pharmaceutical science, that it almost seems a pity that Professor Proctor has arrived at this determination. He, however, is entitled, we suppose, to his *otium cum dignitate*. His resignation gave rise in America to general expressions of regret, his name being as familiar as household words.

The Journal of the College of Pharmacy is to be changed from a bi-monthly periodical to a monthly one.

The Small-pox in Belfast.

From the proceedings of the Belfast Board of Guardians yesterday, it would appear that the epidemic of small-pox is not increasing in Belfast. At the beginning of last week there were 76 cases in the hospital. Seven had been admitted since, six discharged, and two died, leaving at present 75 cases in the house.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending January 28th, amounted to 156. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 177.

The deaths registered during the week were 206. The average number in the corresponding week of the previous seven years was 210.

Sixteen deaths resulted from fever, viz.: 7 from typhus, a like number from typhoid or enteric, and 2 from simple continued fever.

Scarlet fever proved fatal in 8 instances, diphtheria in 1, and erysipelas in 2.

Whooping-cough caused 10 deaths.

Fifty-three persons died from bronchitis, and 5 from pneumonia or inflammation of the lungs.

Two deaths were attributed to apoplexy, and 6 to paralysis.

Eight deaths were caused by heart disease and 1 by aneurism.

Three deaths were ascribed to nephria or Bright's disease, 1 to diabetes, and 2 to kidney disease unspecified.

Eleven children died from convulsions.

Fourteen persons fell victims to phthisis or pulmonary consumption.

Cancer caused 3 deaths.

Two accidental deaths were registered.

Fifty-nine of the persons whose deaths were registered during the week were under five years of age; and 65 were aged sixty years and upwards.

Dr. MacCormac has in the press a further Treatise on the origin of Consumption, to wit, "Rebreathed Air and Disease."

Sir Wm. Fergusson will deliver the Hunterian Oration at the Royal College of Surgeons, England, on Tuesday next, at 3 p.m.

A handsome medical brougham and a well filled purse of sovereigns have just been presented to Dr. Patton, Tandragee, Ireland, on his resuming practice after a severe and prolonged illness.

M. Barbier, of Lyons, believes that belladonna is very useful in small-pox, and moreover, that it is a prophylactic. The evidence seems about as unreliable as it is in reference to its alleged prophylactic influence as to scarlet fever.

A Mr. Vale brought before the Australian Legislative Assembly, the question of rape on young children, and proposed as part of the punishment the operation of castration. He was evidently quite unaware that castration is not likely to prevent altogether sexual desire.

The next Examination for Commissions in the Medical Department of Her Majesty's Army will take place in London on the 20th inst. Applications for admission to this examination must be made in writing at once to the Director-General of the Army Medical Department, War Office.

The Executive Committee of the General Medical Council lately met. Little was done, unless we may call the election of Dr. Quain on the Committee something. The members could scarcely expect to do much with the prospect of extinction so constantly before them.

Nine gentlemen, having undergone the necessary examinations for the diploma of the London College of Surgeons, were last week admitted members of the College. Eight candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

Dr. Sheridan Muspratt, well known for his researches in chemistry, died last week in Liverpool. The deceased was a favourite pupil of Liebig, and at the time of his decease occupied the post of Professor of Chemistry at the Liverpool College. In his death, the world of scientific chemistry has lost one of its most talented writers and painstaking experimentalists.

The will of the late Mr. Brassey, M.P., the great railway contractor, has just been proved in the Probate Court, under the enormous personalty of six and a half millions sterling. The transmission of this gigantic fortune by one person, exclusive of his vast landed estates, is probably unparalleled in the history of the probate court of this or any other country.

Mr. Plimsoll, M.P. for Derby, has taken up with great energy the cause of the mercantile marine and the iniquity of sending out unseaworthy ships. The *Sheffield Telegraph* to which we are indebted for full reports of his speeches, has done good service by giving them such publicity, and we hope that the bill to be introduced by Mr. Plimsoll will protect sailors and insure more attention to their health.

In the *Leavenworth Medical Herald*, of December, 1870, Dr. Benjamin Woodward describes a very rare congenital mal-position of the stomach. The child died when two and a half months old, and had not been well at any time during life. The stomach was located entirely above the diaphragm—the duodenum passing through the œsophageal foramen. There were no adhesions to either diaphragm or pleura.

The sulphites and hypo-sulphites of soda and magnesia have been used by Dr. Ronzani in malarious intermittents. He gave from half a drachm to a drachm of the magnesian salt three or four times a day in 120 cases. In two-thirds of the cases recovery was rapid. In the remainder quinine was also employed, and also other remedies. Ronzani also reports that under hypo-sulphite of lime ʒss. three times daily incraased by five grains each dose every second day, the enlarged spleen due to ague gradually diminished.

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SCOTLAND.

Edinburgh.—The annual report of the Royal Dispensary states that the number of patients treated during the past year was 11,758, and the expenditure was £287 3s. The managers make an appeal for increased contributions to enable them to enlarge the present building, which is found to be inconveniently small.

THE students attending the Edinburgh University have started a monthly journal under the name of the *Edinburgh University Magazine*. It promises to be an exceedingly interesting periodical, and it is very desirable that all past members of the University should give it their cordial support, and promote its circulation.

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Correspondence.

ARM TO ARM VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your editorial of the 1st February surprised me :—"It seems to be admitted on all sides that the recently enacted system of concentrating all the facilities and duties of vaccination in a few stations and a few operators has worked badly."

"The *Globe* published last week a very sensible article on the subject." What experience has the *Globe* on such sanitary subjects ? Surely, none. The *Globe* exhibits its incapacity, from the following sentiment, to advise :—"Let parents among the poor choose their own medical man, and let the State pay him, instead of insisting they shall submit to the treatment of a particular officer." What a door open for confusion and abuse is sketched in the foregoing. The certificates of irresponsible persons would then be the national security against an outbreak of small-pox ; the anti-vaccine party would then play their part admirably.

If this were the rule in Ireland, small-pox would prevail where it is now stamped out, and the inoculator commence his dirty work. We would have, then, no security for successful vaccination—for arm to arm vaccination—which is alone the secret of national and of individual success. When the medical officer, the registrar, and the public vaccinator of each district is combined in one person, he holds a triangular key against small-pox, he knows when and where to cite parents to bring their children in large numbers so as to select fresh, healthy, vital vaccine lymph for arm to arm vaccination. Public vaccinators in Ireland are only paid one shilling for each successful case ; in England they are paid from 1s. 6d. to 2s. 6d., according to distance for each case, and a gratuity was voted by Parliament of £7,000 in 1867 as a premium for successful exertions. Why should not the medical vaccinators in Ireland be equally treated with the English vaccinators ?—a question for the *Globe* to consider. Is not Irish life as valuable to the State as English life ? Are not the Irish medical officers as well qualified and educated as the English ? The congregating of large numbers of children facilitates arm to arm vaccination ; any system which would interfere with this would be fatal to national and individual success—a mockery, a delusion, and a deception upon successful vaccination.

Yours truly,

Sligo, Feb. 2. J. TUCKER, M.D.

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Literature.

METHOD AND MEDICINE.[*]

WE have read with much pleasure an essay by Dr. Balthazar Foster, which appears to have been contributed to a volume issued by the Birmingham Speculative Club, and is now published separately. It is a very interesting *précis* of the history of our art from the earliest periods, down to the present time, condensed into about sixty agreeably written pages. The various methods that have been pursued in the study of disease in the so-called schools of medicine are passed in review, and their founders spoken of in terms that show the author to be fully conversant with his subject, and well qualified to represent it beyond the bounds of the Profession. If the Birmingham Speculative Club has many such members, or produces many such essays, its volumes must be delightful resources. Dogmatists, empirics, vitalists, experimentalists, and others, are all happily described, and the influence of the prevailing philosophers on medicine considered in a few terse sentences, and the future of medicine is spoken of hopefully, for Dr. Foster looks forward to a time when, independent of "the blind gropings of empiricism, and no more subject to metaphysical systems," we shall be able to "apply to the great problems of death and disease the invariable laws of science."

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FARADAY AND HIS WORKS.

LAST year there appeared in this periodical a review of one of the most interesting biographies of the season, namely, "The Life and Letters of Faraday," by Dr. Bence Jones. It was published by Longman and Co., and so interesting was the subject, that before the year had expired, that enterprising firm was called upon, we believe, to print what could hardly be called a second edition, but a re-issue. However, as Dr. Bence Jones's work was more of an exposition of Faraday's private life, the reviewer promised that his scientific discoveries would be considered hereafter. The writer has therefore undertaken to pen the following short sketch mainly to redeem that pledge, and as a labour of love to the memory of one of our representative men of science,—a man who has laid all sciences and professions under obligations to his memory, including the medical. The writer is indebted for his information from a *morceau* by John Tyndall, entitled "Faraday as a Discoverer," also published by Longmans, Green, and Co., London, and to the "Proceedings of the Royal Society," which contain most of Faraday's papers.

Faraday commenced his scientific life as a chemist ; but there is no doubt that he gradually and insidiously dropped into the physicist. I must use this term, although he strenuously objected to it, and always wished that the term philosopher should be used. I will dispose of his chemical discoveries first.

These discoveries were not very numerous ; but they were of immense importance, both as regards their scientific and practical bearing. He discovered benzol, and laid the foundation thereby of one of the greatest industrial revolutions that has ever been known in chemistry,—the substitution of the aniline colours for our old dyes. He discovered naphthaline, and helped Laurent to the extraordinary series of chloro and bromo-naphthaline compounds, which gave us the doctrine of substitution. He described the chloride of olefiant gas, and showed that it was formed by the union of equal volumes of its constituents,—one of the first instalments to our present theories of combination by volume. One of Faraday's important discoveries was, perhaps, the liquefaction of the gases. A little anecdote in connection with these researches, taken from Tyndall's book, will no doubt afford amusement. On performing some experiments for Sir Humphry Davy upon the solid hydrate of chlorine, his first discovery was made in this direction. The crystalline hydrate, when heated in a sealed tube, was found to split up into two liquids. Dr. Paris happened to enter the laboratory whilst Faraday was at work, and seeing an oily layer, he rallied the young chemist for his carelessness in employing soiled vessels. On filing off the end of the tube, the contents exploded and the oily matter vanished. Dr. Paris received the following note next morning :—

"DEAR SIR,—The *oil* you noticed yesterday turns out to be liquid chlorine.

"Yours faithfully,

"M. FARADAY."

Faraday at once saw that he could liquefy chlorine with a syringe as it had been liquefied by its own pressure in the tube. The hydrate having been first dissociated by heat into its elementary molecules, H_2 O, and Cl Cl. Faraday succeeded in liquefying most of the gases after this by the joint aid of cold and pressure. He proved, what now seems so evident to us all, that gases are only the vapours of liquids possessing a very low boiling point. Familiarity breeds a mental contempt for even phenomena themselves. How hard it is now to realise the novelty and importance of such discoveries as the above. His researches upon steel and optical glass were specimens of the investigations of specific subjects, in which elaborate investigations brought out all the requisite points bearing upon the object of inquiry. Faraday discovered chloride of carbon in 1820. Now, however, came his researches upon electricity and magnetism. These investigations were not commenced until he had arrived at the mature age of forty; but during all this long term he had been gathering in knowledge, which he spun out during the remainder of a most brilliant career. His own remark in connection with this matter was, that it required twenty years of work to make a man in physical science, the previous period having been one of infancy. Faraday's first paper on magneto-electric induction contained a description of what he termed "lines of magnetic force," which are now as familiar as household words. It was in 1821 that Faraday made the discovery of the rotation of a wire carrying an electric current round a magnetic pole and *vice versâ*. In speaking of Faraday's numerous and valuable discoveries in magno-electricity which he may be said to have developed, Tyndall remarks that seven and thirty years have passed since the discovery of magno-electricity, and that, if we excepted the extra current, nothing of moment had been added to the subject until recently. Faraday entertained the opinion that the discoverer of a great law or principle had a right to the "spoils,"—this was his term, arising from its illustration,—and, guided by the principle he had discovered, his wonderful mind, aided by his wonderful ten fingers, overran in a single autumn this vast domain, and hardly left behind him the shred of a fact to be gathered by his successors.

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[*] "Method and Medicine," an essay by Balthazar W. Foster, M.D., Professor of Medicine at Queen's College, and Physician to the General Hospital, Birmingham. London, 1870 : J. Churchill and Sons.

"And here the question may arise in some minds, What is the use of it all? The answer is, that if man's intellectual nature thirsts for knowledge, then knowledge is useful because it satisfies this thirst. If you demand practical ends, you must, I think, expand your definition of the term practical and make it include all that elevates and enlightens the intellect, as well as all that ministers to the bodily health and comfort of men. Still, if needed, an answer of another kind might be given to the question—What is its use? As far as electricity has been applied for medical purposes, it has been almost exclusively Faraday's electricity. You have noticed those lines of wire which cross the streets of London. It is Faraday's currents that speed from place to place through these wires. Approaching the point of Dungeness, the mariner sees an unusually brilliant light, and from the noble *phares* of La Hève the same light flashes across the sea. These are Faraday's sparks, exalted by suitable machinery to sun-like splendour."

Amongst many other researches he proves the identity of electricities; also comparative or quantitive measures, of *their effects were* attempted! He afterwards gives an idea of the amount of electric force necessary to decompose a grain of water. Faraday also made many experiments in connection with the liberation of hydrogen on platinum electrodes, and also seemed to have some notion of the metallic nature of hydrogen.

Michael Faraday's fame is cumulative. At his death the scientific world seemed to have been awakened suddenly to the profound research of this unassuming philosopher, and the world in general began to echo the opinion. How ignorant they were of this man's actual work is hardly conceivable. To the world at large discoveries appear like a dawn. It has a perception of light, but it does not sight the luminous body. However, let us hope that this country is beginning to count education, which means science, at its sterling value, and that the shop keeper may sink to his proper level, a mere commission agent for the disposal of the good of that firm of firms, Science and Labour. C. R. C. T.

Medico-Legal Intelligence.

A MATTER FOR INSTANT INQUIRY BY THE POOR-LAW BOARD.

A SUBJECT of considerable public importance has been brought before the magistrate at the City of London Police Court, the complaint being to Mr. Newton that the Board of Guardians of one of the district parishes sanctioned the exaction, by their relieving officers, of sums of money for the removal of cases of small-pox from houses. The instance brought forward was that of a coffee-shop keeper, one of whose lodgers being seized with the disease, he applied for her removal, and was asked a sum of money by the parish officers. On his refusing to pay this a less sum was asked, and eventually a smaller sum. The afflicted person was then removed, but in a manner evidencing considerable negligence.

The magistrate expressed his intention to immediately communicate with the Poor-law Board on the subject.

UNSUSTAINED ACTION AGAINST A SURGEON.

LAST week, at the Stourbridge County Court, an action was brought by John Green, of Mill street, to recover the sum of £5 for injuries alleged to have been sustained through being knocked down by Mr. E. S. Pearse, surgeon, of Round Oak, whom he accused of careless driving.

The evidence clearly proved that the plaintiff, who was blind and infirm, had been induced by other parties to bring the action, for which there was no shadow of reason. The plaintiff was nonsuited without costs.

Excision of the Entire Scapula.

By M. SCHUPPERT, M.D., of New Orleans.

THE patient, a female, aged thirty-six, suffered from a large tumour, comprising the right scapula, for which she had already undergone three operations. The first time she was operated upon in 1859, by Dr. Beck, a military surgeon in Freiburg; the second and third time in 1866 and 1867, by Drs. Miller and Gauss, in Baden-Baden, but by these operations the scapula had remained intact.

The skin covering the tumour was rich in cicatrices, the marks of former operations. These cicatrices presented a bluish colour and a smooth surface; were much thinner than the surrounding skin, and, like the rest of the integuments, moveable over the tumour. The tumour, from its posterior margin to the acromion process, measured 0·18 metre, the largest in a vertical line being 0·21 metre. Active motions of the humerus were nearly arrested, the passive motions very much limited. The extremity could not be further removed from the body than to an angle of 45°. The extensive pain patient suffered in the arm brought her to me in search of relief. Having given her consent to a proposed removal of the entire bone, the operation was accordingly performed on the 30th of March, 1868, in presence of Drs. Barnes, Gray, Geutebruck, Riley, Schwarzaelder, and some other medical gentlemen. Patient being in a deep chloroform narcosis, a crucial incision was made through the skin—one cut, beginning at the acromion process and carried over the most protuberant part of the tumour, ended near the spinal column; a second incision, over the middle of the tumour, bisected the first. The four skin flaps were dissected off and held back by sharp hooks. The acromion process was divided with a small saw, laying bare at the same time the scapulo-humeral articulation. The head of the humerus was then, by rotating the arm, dislocated inwards, to get at and remove the coracoid process. Lifting up the scapula by its glenoidal cavity, which was found to be involved in the disease, the whole of the scapula was detached from the body by keeping the knife close to the under-surface of the tumour. The removal of the tumour left the ribs visible through the cellular tissue, which was all that remained of the sub-scapularis muscle, lost in the diseased mass.

The bleeding was inconsiderable, the main vessels having probably become obliterated by the former operations; with the exception of a few muscular branches, no arteries had to be ligated. The skin flaps were adjusted and united by uninterrupted pin sutures, leaving an opening at the most dependent part to permit the draining of the secretion. Acet. of morphia, 0·03 gramme, was subcutaneously injected. After patient had perfectly recovered from the anæsthetic condition, she was unconscious that the operation had been performed. The arm was bandaged and kept close to the body, supported by a sling.

Patient suffered much nausea subsequently, and vomited during several days from the effects of chloroform. No unfavourable symptoms happened to require medication. A nourishing diet was ordered from the first day and continued during the convalescent state.

The sutures were removed on the third day. Most of the incisions had healed by first intention. Suppuration was considerable, and notwithstanding the well draining of the wound two abscesses formed in the arm, discharging a great quantity of pus. The wound was syringed out daily with glycerine containing ten per cent. carbolic acid. On the 10th of June, the last secreting opening had closed.

At the present date, eighteen months after the operation, there is no indication of re-appearance of the disease in any part of the body. The skin, of which no part had been removed, though after the excision of the tumour, it formed a large sac, has so contracted that a part of the cicatrix forms now a portion of the covering of the humerus. The patient, who enjoys excellent health, has thrown away the sling long ago; the arm has no artificial support, and is a more useful instrument than before the operation. Though its motions are limited, there is sufficient strength in the extremity to lift a weight of thirty pounds and throw it a fair distance.

The tumour weighed nearly six pounds, and measured respectively 0·35 and 0·40 metre in circumference. From the original scapula but one-third of the spina, a small portion of the coracoid process, and the centre of the glenoidal cavity remained intact; all the rest was involved in the growth. The tumour consisted of hyaline and fibro-cartilage, with deposits of carbonate of lime in the interspaces of cartilaginous tissue. Towards the centre true ossification had taken place. We have to consider it, therefore, to be an osteochondroma. —*Canada Lancet.*

Medical News.

Munificent gifts to Medical Charities.—Last week, Mr. Humphrey Nicholls, of Manchester, presented to Mr. Robert Gladstone, the treasurer of St. Mary's Hospital, the sum of £9,000 towards the funds of that institution, in addition to £9,000 for the Barnes's Convalescent Home at Cheadle-Hulme. These donations, with others previously given, make a total of £20,000 given by this gentleman to the above named institutions.

The Small-pox Epidemic.—All the cadets and boys throughout Her Majesty's naval service have been ordered to be re-vaccinated.

Sir Roderick Murchison, the co-patron with the Crown of the chair of Geology in the University of Edinburgh, has nominated Mr. Archibald Geikie, F.R.S., as the first professor. Sir R. Murchison's endowment is £6,000, and the Crown adds £200 per annum to the interest on this sum, and the fees.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

To Correspondents.—Owing to pressure on our columns, we are compelled to postpone the consideration of several important questions, and to hold over some very valuable communications that are in type, among them are—"The Sewage Question," "Case of Bronzed Skin (Melasma) without Disease of the Supra-renal Capsules," by William Moore, M.D. T.C.D.

Dr. Black is thanked for his complimentary note.

A Student.—The announcement of the lectures at the Royal College of Surgeons of England will be found in another column.

Dr. W. Clarke.—Received with thanks.

Mr. A. G. H. Buckley.—The last edition of Neligan's "Materia Medica" was issued in 1867.

J. W. C.—Thanks. We had not seen the article in *The Graphic*, until you drew our attention thereto. It was as you remark very complimentary to us.

Dr. M. N., Epping.—Your note came to hand as we were going to press. We refer you to our next number.

To the Editor of "The Medical Press and Circular."

Sir,—As I deem it very desirable that the Profession should be made acquainted with the gentlemanlike proceedings of its members, I enclose you a copy of Dr. Clarke's, Philipstown, letter to "The Registrar-General," together with my explanation to the latter gentleman.

I cannot understand who made Dr. Clarke censor of my duties. If he (himself a Registrar) was so anxious to have the law exactly fulfilled, he ought to have remitted to me under Act of Parliament, a certificate of the time of death within seven days after death. I have only to add I hardly know Dr. Clarke. I request you will publish this in your next.

Yours obediently,
J. M. Tabuteau, M.B.

[Copy.]

Sir,—Some time since I was called to attend a Miss Redmond in the Registrar's district of Cloneygow. She was suffering from cancer, and died some time ago. Her brother who was present at death was ill, as soon as he was able he informed the Registrar of the Cloneygow district of the death. The Registrar refused to register it because he had not received the medical certificate of death, and desired Mr. Redmond to call at my house for the certificate. Mr. Redmond did call, and I gave him the certificate which he brought to the Registrar. The Registrar then informed him that he should call at the dispensary the following day and register the death.

The Registrar thus contrived to put four journeys on Mr. Redmond, each journey about ten miles. As I consider that the Registrar did not act properly, I beg to lay the matter before you.

I am, Sir,
To the Registrar-General. (Signed.) Henry M. Clarke.

Portarlington, Jan. 22, 1871.

Sir,—I am in receipt of yours, with Dr. Henry Clarke's letter. In reply, I have to state that, during the end of Dec. 1870, the last week of said month (I think) Mr. Redmond called at the Cloneygow Dispensary to register his sister's death. I asked him if any medical gentleman had seen her? He replied in the affirmative. I then told him he must procure a certificate of the cause of death, and, on his bringing it to me, I would register the death. On Thursday, the 5th Jan. 1871, on my way to Cloneygow, I met Mr. Redmond coming into the fair of this town, when he handed me the certificate on the roadside. I told him it was necessary for him to sign the entry, or some one who was present at the death—since then I have heard nothing of Mr. Redmond. Last week, seeing he did not attend, I sent him a printed circular to do so. As to the journeys mentioned in Dr. Clarke's gentlemanlike communication, I am at a loss to make them out, as to my knowledge there was only one, that in the end of Dec. 1870, and the distance from Cloneygow to Mr. Redmonds is about 2½ miles.

I am, Sir, yours obediently,
To the Registrar-General. J. M. Tabuteau.

MEETINGS OF THE LONDON SOCIETIES.

Wednesday, Feb. 8th.

Royal College of Surgeons of England.—4 p.m. Prof. Erasmus Wilson, "On Dermatology."

Epidemiological.—8 p.m. Adjourned Discussion on Dr. Christie's Paper "On Cholera in East Africa."

Royal Microscopical.—8 p.m. Anniversary.—Election of Officers and Council.

Thursday, the 9th.

Royal Institution.—3 p.m. Dr. Odling, "On Davy's Discoveries."

Friday, the 10th.

Clinical Society of London.—8½ p.m. Dr. Handfield Jones, "On Puncture in Anasarca;" "On Two Cases of Chorea." Dr. Broadbent, "On Paralysis of Soft Palate, resembling Diphtheritic Paralysis." Mr. Gant, "On the process of Occlusion in Arteries after Acupressure."

Royal Institution.—9 p.m. Mr. E. J. Reed, "On some Fallacies connected with Ships and Guns."

Saturday, the 11th.

Royal Institution.—3 p.m. Rev. W. H. Channing, "Laws of Life revealed in History."

Monday, the 13th.

Medical.—8 p.m. Ordinary.

Tuesday, the 14th.

Royal College of Surgeons of England.—3 p.m. The Hunterian Oration by Professor Sir Wm. Fergusson.

Royal Medico Chirurgical.—7-30 p.m. Ballot.

Royal Institution.—3 p.m. Prof. Foster, M.D., "On the Nutrition of Animals."

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Correlation of Zymotic Diseases. By A. Wolff, F.R.C.S. London: J. and A. Churchill.

Lectures on Dermatology. By Erasmus Wilson, F.R.S. London: Churchills.

A Short Essay on Practical Experimental Philosophy. By Mrs. Robert Willis. London: Longmans and Co.

Official Instructions to the various Officers for the coming Census.

Official Minute on Disinfection and Deodorization.

Ought the Contagious Diseases' Act to be Repealed?

Suggested Form for Clinical Reports from the Nova Scotia Hospital.

London Hospital, Summary of Patients treated in 1870.

The Australian Handbook and Almanack for 1871.

Hardwicke's Science Gossip; British Journal of Dental Science; The Boston Medical Journal; Homœopathic Review; Nature.

VACANCIES.

St. Thomas's Hospital.—Assistant-Surgeon and Resident Assistant-Surgeon. Election, Feb. 28th. Candidates must be F.R.C.S.E.

Poplar Asylum District.—Resident Medical Superintendent. Salary £250 per annum, with board.

Strand Union.—District Medical Officer. Salary £150 per annum. All medicines supplied from the Union Dispensary.

Devon Hospital.—House-Surgeon. Salary £150, with board and residence.

Hospital for Women, London.—Physician. Election, Feb. 18th.

Alnwick Union, Northumberland.—Medical Officer. Salary £30, fees extra.

University College Hospital.—Assistant Obstetric Physician.

District Lunatic Asylum at Killarney.—Resident Medical Superintendent. Election, 20th inst. (See Advt.)

St. Mary's Hospital, Manchester.—Out-door Medical Officer. Salary £60.

APPOINTMENTS.

Ashe, R. V., M.B., L.R.C.P.L., Medical Officer for the Workhouse of the Skirlaugh Union, Yorkshire.

Atkins, T. D., Medical Officer for District No. 3, Alderbury Union, Wilts.

Black, P., M.D., F.R.C.P.L. Physician to Christ's Hospital.

Board, E. C., L.R.C.P.L., M.R.C.S.E., Assistant-Surgeon for the Out-patient Department of the Bristol Royal Infirmary.

Broster, R. W., M.R.C.S., Medical Officer for the Misterton District of the Beaminster Union, Dorsetshire.

Brown, T. J. E., M.R.C.S., Medical Officer for the Morland District of the West Ward Union Westmoreland.

Cameron, A., L.R.C.P.Ed., Medical Officer for the Danby District of the Guisborough Union, Yorkshire.

Crean, B., L.K.Q.C.P.I., L.R.C.S.I., House-Surgeon to the Clinical Hospital and Dispensary for Children, Manchester.

King, R., M.B., M.R.C.P.L., Medical Registrar and Superintendent of Post-mortem Examinations at the Middlesex Hospital.

Lucas, R. H., Resident Medical Officer at the Middlesex Hospital.

Ludlow, E., M.B., F.R.C.S., Assistant-Physician for the Out-patient Department of the Bristol Royal Infirmary.

Newton, C. J., M.R.C.S.E., Surgeon to the General Hospital and Dispensary, Cheltenham.

Parson, F. J., M.R.C.S., Surgeon to the Copper Mines, Cape of Good Hope.

Reeves, H. A., M.R.C.S.E., Assistant-Surgeon to the London Hospital, Surgeon to the East London Hospital for Children and Dispensary for Women, Ratcliff cross.

The following official appointments were gazetted on Friday last:—

Army Medical Department.—Assistant-Surgeon J. Wiles, from the Rifle Brigade, to be Staff-Surgeon, vice F. J. Shortt, appointed to the 6th Foot; Staff Assistant-Surgeon T. N. Hoysted to be Staff Surgeon, vice W. H. Price, appointed to the 46th Foot; Assistant-Surgeon T. Wood, M.D. from the 45th Foot, to be Staff Assistant-Surgeon, vice F. W. L. Hodder, M.B. appointed to the 45th Foot.

Navy Medical Department.—The Lords Commissioners of the Admiralty have appointed J. Andrews (a), Esq., Deputy Inspector-General of Hospitals and Fleets, on the Retired List of the Royal Navy, to be Visiting-Surgeon at Southampton; and P. Digan, Esq., M.D. Staff Surgeon of the Royal Navy, to be Visiting-Surgeon at Plymouth, Devonport, Dartmouth, Ivy Bridge, and Plympton, under the Contagious Diseases' Acts of 1866-69.

◆

Marriages.

Harris—Vigers.—On the 21st ult., at St. Peter's, Paddington, by the Rev. O'Bryen Hodge, M.A., vicar, Arthur G. R. Harris, L.R.C.P. Lond., M.R.C.S.E., to Mary, eldest daughter of Edward Vigers, Esq., of Tavistock Lodge, Upper Westbourne Park.

Lyle—Wormald.—On Jan. 31st, at St. George's, Doncaster, Robert Lyle, M.D., of Newcastle-on-Tyne, to Isabel, eldest daughter of John Wormald, Esq., of Ousebank House, Cawood, Yorkshire.

O'Bryen—Burke.—On the 1st inst., at the Pro-Cathedral, Kensington, by his Grace Archbishop Manning, assisted by the Rev. Fathers Foley and Conolly, Basil, second surviving son of the late John Roche O'Bryen, Esq., M.D., to Harriet Matilda, youngest daughter of the late William Henry Burke, both of Thistle grove, South Kensington.

Tacon—Patterson.—On Jan. 31st, at Holy Trinity Church, Hounslow, Gude Wallace Tacon, M.R.C.S.E., to Henrietta Caroline, daughter of the late Captain F. T. Patterson.

Wray—Beggs.—On the 1st inst., at All Souls', Langham Place, London, George Wray, Esq., to Jane White, widow of the late John Beggs, M.D., of Reedsmouth, Northumberland.

◆

Deaths.

Harris.—On the 30th ult., in London, Capt. Chas. Harris, eldest son of the late Henry Harris, M.D., of the Madras Medical Board, aged 83.

John.—On Jan. 23rd, at sea, on board H.M.'s Ship "Tamar," Walter John, M.R.C.S.E., Assistant-Surgeon Army.

Jones.—On Jan. 5th, W. T. Jones, Esq., L.F.P.S. Glas., L.S.A., Kentish town.

Keyworth.—On Jan. 23rd, Henry Keyworth, M.D., M.R.C.S.E., late one of the Surgeons to the York County Hospital, aged 57.

Macfarlane.—On the 31st ult., in London, Margaret Harriett, second daughter of the late James Macfarlane, M.D., of Perth.

McArthur.—On Jan. 26th, from disease of the heart, Alex. McArthur, M.D., Staff Surgeon-Major, of Woolwich.

Shaw.—On Jan. 30th, at Attercliffe, Bernard John Shaw, B.A., M.R.C.S., late of Caius College, Cambridge, aged 24.

Simpson.—On Jan. 23rd, Thos. Simpson, L.F.P. and S. Glas., of Middlesbro'-on-Tees, aged 32.

Wright.—On Jan. 25th, at March, Cambridgeshire, Edward Seymour Wright, M.R.C.S.E., aged 27.

Advertisements.

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Army Medical Department, *31st January*, 1871.

AN EXAMINATION of CANDIDATES for COMMISSIONS in the Medical Department of Her Majesty's Army, will be held in London, on the 20th February next. Candidates having the necessary qualifications to practise Medicine and Surgery under the Medical Act, and who are unmarried, and not under 21 nor above 28 years of age, are eligible to attend. There will be about 36 appointments offered for competition. Applications for admission to this examination should be made in writing, without delay, to the Director-General of the Army Medical Department, War Office.

(Signed) T. G. LOGAN, Director-General.

ESTABLISHMENT FOR GENTLEWOMEN DURING ILLNESS, 90 HARLEY STREET.

This Institution, which has now been in operation for upwards of twenty years, affords (at a small weekly payment) to the relatives of professional men, artists and others, the comforts of a home combined with the best medical and surgical advice. It is now greatly in want of funds, and subscriptions and donations are earnestly requested. They may be paid to the lady-superintendent at the establishment, or to the Treasurer, at Messrs. Coutts, 59 Strand.

W. C. SPRING RICE, Hon. Sec.

DISTRICT LUNATIC ASYLUM, IRELAND.—The office of Resident Medical Superintendent of the District Lunatic Asylum, at Killarney, being now vacant, candidates for that office are requested to forward their testimonials, with a statement of their peculiar qualifications for the appointment to the Under Secretary, Dublin Castle, on or before the 20th February instant, in order that the same may be submitted to His Excellency, the Lord Lieutenant.

Applicants must be duly qualified to practice, both in medicine and surgery, and registered as such under the Medical Act of 1858.

Candidates are requested to specify their age.

The candidate, who may be selected for the office in question, will have to enter upon his duties forthwith.

Dublin Castle, 2nd February, 1871.

COMPANION TO A LADY.—A Lady, the Widow of a Physician, who has been companion to a lady for the last four years, wishes for a similar situation. She has had considerable experience in cases of sickness and delicacy, and would be desirous of making herself generally useful. The highest references can be given.—Address, XX, Companion, Office of The Medical Press, 6 D'Olier street, Dublin.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 15, 1871.

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DR. CHARLES MAURIAC AND OTHERS ON "SYPHILIS IN WOMEN."

WITH REMARKS BY

CHARLES R. DRYSDALE, M.D., M.R.C.P.L., F.R.C.S. ENG.

EVERY person who is acquainted with the literature of the so-called "Contagious Diseases" (to use one of these uphemisms which the British public is so much enamoured of), must be aware that the doctrine of dualism of the chancre has had most difficulty to contend with in the case of the female. All familiar with primary syphilis in the male, know how easy a matter it almost always is to say whether a lesion on the genitals is likely to be followed by other symptoms or not. But it is also well known that this comparative certainty in diagnosis is not nearly so well made out in women, so that *unicists* have still a stronghold which requires to be taken by those who believe that syphilis is quite a different disease from soft chancre. Dr. Charles Mauriac, physician to the Hôpital du Midi, at Paris, has, in his notes to a translation of Dr. West's work on "Diseases of Women," given some excellent hints as to the present position of the question, which are, I think, well worth translating. He says that all great constitutional diseases, with multiple manifestations, which have the faculty of attacking all the tissues and organs of the body, present nearly the same appearance in the female as in the male. Syphilis is no exception; but it must be admitted that the predominance of certain forms of temperament, and particularly of the nervous temperament, as well as the conditions inherent in the manner of living, diet, and other habits, as well as the special conformation of the genital organs exaggerate or lessen certain manifestations of syphilis.

It is comparatively rare that the male organs of generation become the seat of cutaneous or mucous syphilitic accidents. The rarity of syphilitic affections of the gland, the penis, or of the scrotum becomes especially evident when compared with the frequency of the same lesions on the vulva. That is, in fact, the region where the local manifestations of syphilis appear first of all, before even the primary lesion has disappeared, and there also they relapse with desperate obstinacy, and are perpetuated indefinitely. If we look for the cause of this predilection, it is easily found in the almost constant state of humidity, which the vulvo-uterine secretions, and the blood of the menstrual epoch keep up upon the vulva and the neighbouring regions. Let us add to these causes the juxtaposition of the diseased parts, their rubbing together, the thoughtlessness and carelessness of many women, the difficulty of isolating the surfaces, and keeping them in a state of cleanliness, and dry enough to prevent or diminish the causes of irritation, and we have, taken together, topical influences which can explain a similar state of things: and the proof that the general or constitutional condition of the organism of the female does not play any part in the predominance of those syphilitic manifestations on the vulva is, that in the male we observe them when the same conditions are found united. In the anal regions of certain males who are uncleanly, either from the nature of their occupations, their character, or their indigence, we see all sorts of humid papules flourish. In smokers, and persons addicted to strong drinks, or fed on irritating diet, the lips, cheeks, tongue, and especially the fauces, become the seat of interminable eruptions of mucous syphilitic lesions, just as in the external genitalia of women.

The primitive accident of syphilis, so-called *infecting chancre*, is formed by the same histological elements, and presents the same structure and the same progress in the two sexes. That is a fact which reasoning ought to make us admit *à priori*. The tissues, the blood, and all the elements, have they not all the same chemical composition, and the same arrangement in the female as in the male? Eruptions of measles, of variola, or scarlatina, present no difference in character in the two sexes. Why, then, should we suppose that the primitive manifestation of syphilis should not be the same in the two sexes? Still, an inattentive series of observations has conducted some superficial observers to give out this hypothesis, as if it expressed a reality. These persons invoke, above all, the frequent impossibility of making out any specific induration in women. But, whenever syphilis is introduced into the organism by other parts than the genito-urinary organs, do we not find in the face, in the lips, on the fingers, &c., &c., the same architecture in the gates which admit it? And, if in the case of the vulva, we should notice some deviation from the classical type, why should we give to this the proportions of a radical anomaly, when it is only a very accessory phenomenon, and easily explained by reasons which do not at all militate against the perfect identity of syphilis in the two sexes? Syphilitic induration, the pathognomonic value of which has perhaps been exaggerated, is frequent, and even of constant occurrence in the genital organs of women, not only when the primitive accident is concerned, but even in the later accidents of the disease. The form of the female organs render them not so easy explored as the male ones. The patients, not being aware of the gravity of a lesion, which appears insignificant because it causes no suffering, come only late to consult the doctor, when the induration of the tissues had disappeared. This is, Dr. C. Drysdale thinks, one cause of the rarity of induration spoken of by Mr. Morgan among the prostitutes in Dublin, in his pamphlet, entitled "A New View of the Origin and Propagation of Venereal Disease:" Falconer, 1870, Dublin. In the male it is *almost* always easy enough to make the prognosis as to whether a sore is syphilitic, or only pseudo-syphilitic. This fact accounts for the fact that even those persons who make a speciality of *diseases of women*, have so rarely seen indurated chancres in that sex. On the labia majora, however, the Hunterian chancre is often well marked, hard, cartilaginous, or wooden. Sometimes it is surrounded by an extent of œdema, which forms a sort of *sclerema* of the parts. In women, as in men too, the multiple induration of the inguinal glands is scarcely ever found wanting in syphilitic infection. This is one of the best concomitant symptoms which may guide us to a diagnosis in difficult cases. When the syphilitic sore is on the labia minora, it is in most cases of the parchment kind, and we find often induration of the orifice of the urethra. On the covering of the clitoris, they appear as slight erosions on a parchment-like base, or sometimes on a very hard wooden-like base. On the fourchette, or the fossa navicularis, or entrance to the vagina, the sore is parchment-like, very small, superficial, and non-ulcerated, so that it is by no means surprising that they are frequently overlooked. Ulceration is by no means the most common or most important symptom of the syphilitic sore. It sometimes is late on coming and very imperfect, whilst in soft sores the ulceration is very prominent. Soft chancres do not infect the constitution of women any more than they do in the case of men. These accidents remain only local.

Of course, prostitutes are liable to have their sores continually, even when syphilitic, and thus it may easily be said that the origin of their syphilis was a soft sore. Mr. Morgan denies this assumption, but in the male sex the prognosis is pretty certain in the immense majority of cases, and we must believe that this holds true for the female also.

The diagnosis of the syphilitic from the soft sore is usually easy enough in the female, who is not a prostitute, unless when seated on the neck of the uterus or vaginal cul-de-sac. M. Armand Després, Surgeon to the Lourcine Hospital, published in 1870, in his "Traité Iconographique de l'Ulceration et des Ulceres du Col de l'Uterus," his belief that indurated sores of the uterine neck do not differ in appearance from soft sores. This is probably a mistake. However this may be, the soft chancres of the neck of the uterus are almost always multiple, and sometimes phagedænic, and they may attack the interior of the cervix uteri. The existence of such a hidden uterine soft sore is only ascertainable by means of inoculation of the discharge from the os uteri, according to Després; but since the experiments of Boeck, and lately of Morgan, have shown that the secretion from indurated sores and syphilitic discharges are auto-inoculable and productive of soft sores, this assertion of Després is untenable. Of course, a female, just like a male, may suffer from syphilitic sores, soft sores, and gonorrhœa at one time. M. Mauriac says that he has had men at his consultations at the Hôpital du Midi, who had, after one connection, a gonorrhœa in two or three days, a soft chancre in three or four, and a hard sore at the end of twenty or twenty-five days. The majority of soft chancres of the vulva are complicated by inflammatory buboes, which suppurate and become chancrous buboes. It is a curious fact that soft chancres of the uterine neck do not inoculate the whole of the vagina, and that internal suppurating buboes are not produced by them.

Among the earliest symptoms of syphilis in women are the hypertrophic and ulcerous *syphilides*. These are both very analogous to the skin eruptions. The former of these divisions includes the mucous plates, the flat papules, and the warty plates. The latter, or condyloma, may sometimes be mistaken for the simple warty growths seen in non-infected persons; but the diagnosis is made if we look narrowly into the case, when it will be seen that in simple warts the mass is formed by the agglomeration of hypertrophied papillæ, with long pedicles, which are separated from the adjoining pedicles by a deep furrow, whereas, in syphilitic warts, the surface is mamillated rather than fissured, because the papillæ are enlarged in all directions, in breadth as well as in length. These simple warts will not go away unless excised, or treated with strong caustics, whilst syphilitic warts will soon disappear if astringent lotions, or powders of zinc or calomel are used, with the addition of cleanliness. The ulcerated skin affections of the vulva resemble syphilitic ulcers of the fauces. Their form is very variable from the most superficial excoriation, in simple cases, up to the deep ulceration in cases of malignant syphilis. They may easily be mistaken for soft chancres; but the latter are usually multiple, have suppurating buboes frequently, and are easily inoculated. Iodoform is a good dressing for these: it has only one disadvantage, that of its bad odour.

Tertiary lesions of the vulva are, in general, seen only late on in the disease in acquired syphilis; in hereditary cases, early. They produce either growths or ulcerations. The base of the ulcer resulting from the softening of the gummy tumour in this region presents a mammillated surface. The materials secreted concrete at the surface of the wound in the form of a yellowish false membrane, which is sometimes, as it were, gangrenous. The disorders resulting from the softening of such *gummata* are very quickly repaired under the influence of iodide of potassium. "The marvellously curative action of this remedy (says M. Mauriac) indicates better than all the other characters, in doubtful cases, the specific origin of the lesion. It is not at all usual to confound such ulcers with soft sores; but then these are usually multiple, and are complicated often with suppurating buboes. Scrofula of the vulva may perfectly simulate syphilitic *gummata*, and the diagnosis is best made by means of iodide of potassium, in some cases, in large doses, such as 15, 30, 60, 75, and 120 grains daily.

Dr. Paul Spillmann's pamphlet, "Des Syphilides Vulvaires," Paris, 1869, and Dr. A. Fournier's, entitled "De l'Induration Chancreuse chez la Femme," in the *Annales de Dermatologie et de Sypholographie*, 1870, may be referred to. In the case of syphilitic infection of women, the virulent disease often makes a violent attack on the nervous system. These nervous lesions consist in pains over the whole body, but especially in the face and upper limbs. There is along with these pains often a remittent kind of fever, with profuse night sweats. Anæmia is also common in syphilitic women. And Dr. A. Fournier has shown that there is analgesia of the skin in the dorsum of the metacarpus in some cases, combined with anæsthesia.

"A woman attacked with syphilis," says M. Mauriac, "is certain to give birth to syphilitic children—at any rate, during the manifestation of the early symptoms; it is very difficult to say what time this woman is likely to have healthy offspring." Dr. C. R. Drysdale also believes that it is almost impossible to give anything like an accurate prognosis with regard to the time when syphilitic children are likely to be produced. Careful treatment of the mother by means of iodide of potassium certainly seems to do good in such cases; but, then, time is such an important element in this question that the influence of drugs is not easily made out. Professor Boeck confesses that syphilisation has not done much in this matter, and possibly Mr. Morgan may be ready to grant this also. Mercury is now abandoned by so many persons in the treatment of syphilis that it is not, as it used to be, likely again to be credited with power to effect much here.

With regard to the question brought forward by Mr. Morgan at the first meeting of the Surgical Society of Ireland, the writer of these lines is of opinion, with Mr. Morgan, that the soft sore is related to syphilis, because the experiments of Boeck, Bidenkap, and others, which he has himself verified on more than one occasion, lead him to believe that the inoculation from hard sores, mucous tubercles, or, according to Mr. Morgan, vaginal discharges, are able to produce the soft sore on syphilitic patients. This soft sore, in most cases, when inoculated upon persons free from the disease, would, in all probability, prove non-infecting, as Boeck says, from the intensity of the inflammation it causes plugging up the mouths of the vessels. The observations made by Dr. McNamara on the 6th January seem to Dr. Drysdale merely to indicate that syphilis, like scarlatina, often affects different individuals differently: that was not Mr. Morgan's point. Dr. McDonnell's ideas are very nearly those of the writer. Time and diverse circumstances have given, to the soft and hard sores, characteristics which make them as distinct from each other as small-pox from cow pox. Theoretically, one may be a *unicist;* but in practice we give our prognosis as *dualists.* Dr. McDowell says truly that it is difficult to effect auto-inoculation of hard sores, and he remarks that the twenty-seven cases operated on by Mr. Morgan, were prostitutes, which, of course, renders them liable to have multiple lesions. Mr. Tuffnell's remarks show that prostitutes may give different sores to different men. Mr. Byrne, too, thinks with Mr. James Lane that soft sores are sometimes followed by syphilis. Dr. Henry Kennedy states the matter well when he says that the soft sore may infect; but the hard sore always does: as to generating syphilis *de novo* in a month, if it were stamped out, this seems quite irrational to the writer. Mr. Croly, too, says with justice that prostitutes may have several lesions, which complicates experiments made on them. Mr. Johnston's evidence as to syphilis only occurring once in any individual is valuable and convincing, and his treatment most rational, as he discards mercury apparently altogether.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XXII.

DISINFECTION WITH EARTH, &c.—EARTH CLOSETS.

The disinfecting power of earth has been known from the earliest time; in fact, the burial of the dead and the putting of unclean things into the ground are examples of its use from the remotest antiquity. In the ordonnances of Moses, which were written for the guidance of the Israelites, specific instructions are given for the disposal of the blood of slaughtered animals, by pouring it upon the ground, and of "that which cometh from thee," by putting it into the earth and covering it therewith, so that the camp may be clean and holy; and again, the custom in China of mixing earth or fat marl with human excrements, and so forming them into a portable and odourless manure is of very ancient date. It is somewhat surprising, therefore, that among all the inventions in this country for the disposal of human excreta, there have been none, until recently, for the disinfection and consolidation of them by means of common earth. Rosser, in 1837, obtained a patent for the treatment of fæcal substances, urine, and house refuse with herbaceous plants and common earth, to which were added unslaked lime, soot, powdered gypsum, &c. Twenty years later, the Rev. W. R. Bowditch, one of the vicars of Wakefield, who had been studying the absorbent action of clay in the impurities of coal-gas, recommended, in the *Journal of the Agricultural Society* for 1858, that dry pounded clay should be put into a chamber or cistern above the closets of houses, and distributed over the fæces, &c., by means of some mechanical contrivance, to be worked by a handle, there being a water-tight box below, which could be moved away and emptied when necessary. About the same time the Rev. H. Moule, who is the vicar of Fordington, in Dorsetshire, had practically tested the deodorising power of earth on privy soil; for having abolished the cesspools of his house, on account of their unwholesome and offensive nature, he substituted small buckets, which were placed beneath the privy seats, and these were emptied daily into a trench in his garden, where the foul matters were immediately covered with earth. He soon noticed that when the trench was reopened the matters from the closet had not only lost their offensive odour, but had actually disappeared by a process of disintegration. This led him to the experiment of putting earth into the buckets, and of drying the contents in a covered shed. After working in this manner with about a load of earth, and redrying it, he found it was so perfectly inoffensive that he could use it over and over again, at least a dozen times in succession, and thus he produced a valuable manure, containing about one-third of its weight of dried excrement. The next part of his inquiry was devoted to the mechanical process of supplying the dry earth to the closet instead of water; and in the month of May, 1860, he obtained a patent, in conjunction with Mr. James Bannehr, for "improvements in the nature and construction of closets and commodes for the reception and removal of excrementitious and other offensive matter, and in the manufacture of manure therefrom"—his claim being for the use of dry earth, clay, loam, or peat, powdered and sifted, and applied to the excrementitious matters, by means of certain mechanical contrivances, so as to substitute a dry closet or commode for a water-closet, the earth, &c., being repeatedly used in this manner after it had been properly dried. Since that time a number of patents have been taken out for improvements in the machinery of the apparatus, the best form of it being that which is used by the Earth-closet Company and patented by their engineer, Mr. Girdlestone.

Experience has shown that the quality and condition of the earth employed in the closets have much to do with the success of the process, for pure or nearly pure sand has little deodorising power; and the same is the case with chalk, and other forms of carbonate of lime. Peat also, although rather more effective than sand or chalk, is not a good deodoriser; whereas clay, or earth which is rich in clay, is well suited for the purpose. The degree of dryness is also a matter of considerable importance, as it seriously affects the absorbent power of the material—hence the necessity for selecting a heavy soil, like brick-earth, which is loaded with clay, and then drying it by artificial means, in order that it may be powdered and sifted for the purpose of utilizing its absorbent action to the fullest extent.

As to the quantity of earth required on each occasion, it appears, from observation and experiment, that a pound and a-half of dry earth is sufficient for each solid evacuation (amounting to from four to five ounces in weight), and the same quantity for each liquid discharge (amounting to six fluid ounces in bulk). Practically, indeed, it is found that 4½ lbs. of dry earth per head per day is sufficient for all purposes, and in illustration of this a few working examples may be given. In the Dorset County Gaol at Dorchester, where the inmates are all adults, three pounds of earth are used per head daily, but the product is wet and offensive, showing that the quantity of earth is not enough for the proper consolidation and deodorisation of the excreta; whereas, at the Dorset County School in the same town, with eighty-three boys, a ton of artificially dried earth is used in the four closets weekly. This is at the rate of 4 lbs. per head daily, and it forms a solid inoffensive compost. At the villages of Halton and Aston Clinton, on the estate of Baron Rothschild, near Wendover, in Buckinghamshire, there are fifty-five well-managed earth closets, of good construction. These accommodate about 300 people, and during the last four years they have been supplied with dry earth at the rate of 130 tons a year, which is in the proportion of rather less than 2¾ lbs. per head daily, but the closets do not receive the whole of the day urine. In Lancaster also, where there are 90 earth latrines with 200 seats, accommodating 2,250 persons, belonging to 450 houses, the quantity of earth used is 14 tons a week, which is a little less than 2 lbs. per head a day; but, as in the last case, a good deal of the urine is not discharged into the latrines. Again, at the volunteer camp at Wimbledon, the experience of the earth system is particularly instructive, for there are 114 latrines fitted up with earth closets in the most complete manner, and 41 urinals with earth-pits for the absorption of the urine. All the contrivances have been arranged by Mr. Girdlestone, the engineer of the Earth-closet Company, and they have been kept in good working order. Dr. Buchanan has ascertained, from careful inquiry at the camp, that during the meeting of the volunteers, which lasts for fourteen days, as many as 3,000 persons use the closets daily, and 10,000 the urinals. In the course of that time 140 tons of dry earth are expended in the closets and urinals, the closets requiring 4,500 lbs. per day, and the urinals 17,900 lbs. This is in the proportion of 1·5 lb. of earth for each operation at the closets, and 1·79 lb. for each visit to the urinals. When the earth was dry and of good quality it was found that the product was solid and inoffensive; but when, as in the preceding year (1867), it was of a peaty nature, the compost was wet and sour. Taking these facts into consideration, Dr. Buchanan concludes that 4½ lbs. of dry earth would be a proper supply for each person daily, 1½ lbs. being allowed for each visit to the closet or urinal, and three such visits daily. A village of 1,000 inhabitants would, therefore, require 4,500 lbs., or just two tons of dry earth per diem.

The method of using the earth will necessarily vary according to circumstances. At Lancaster, where the latrines are under the superintendance of the local authorities, the earth is thrown into the closets in one application daily, or it may be supplied by a scoop after each operation, as at the Dorset County Gaol; or, better still, by proper contrivances for ensuring a regulated delivery of earth, as in the patent earth-closet or commode of the company; and the foul earth may be removed from the pit or vessel at any convenient time up to two or three months. After its removal it may be again dried and returned to the closet, until it has become charged with materials of manurial value.

The importance of this arrangement in a sanitary point of view is considerable, especially in warm climates, where the desiccation of the earth is easily effected. This has been clearly established in India, where the system has been rapidly extended. Earth-closets were first used in Bengal in 1865 for the accommodation of the British regiments, and they were also partially adopted in the gaols of that presidency. In the following year they were extended to the regimental latrines of Bombay, and from thence to Madras, so that before the close of 1867 they were found to be so useful and free from offensive smell, as to be generally employed in all the barracks, gaols, hospitals, and public institutions of the three presidencies of India. At first there was a little prejudice against them, on account of their being improperly managed, sufficient care not having been bestowed on the condition of the earth, as regards its dryness and disinfecting quality, but when this was remedied by instructions from the Government as to the right management of the system, and the disposal of the manure, the earth closets came rapidly into favour, and before the close of 1867 the authorities of India were able to report to the Secretary of State that Mr. Moule's system had been generally adopted in India, and had been found to be a great public benefit. The same has been the case in this country, where the system has been used with proper supervision, as in barracks, hospitals, lunatic asylums, gaols, schools, and large manufactorie. Even in small villages where the landlords or local authorities have properly attended to the system, it has been found to work well, without causing the least offence, and without fouling the soil in the neighbouring streams.

As regards the value of the product, it seems, like all such materials, to be variously estimated, according to the quality and the demand. In the city of Lancaster, where the material is mixed with the refuse of the shamble, and with urine from some of the public urinals, it realises only from 7s. 6d. to 10s. per cubic yard, and it just pays its expense. At the Dorset county gaol it sells for £1 a ton, or 10s. per head, per annum, but at the county school in the same town, it fetches from £2 to £3 a ton, or 15s. a head. In the experiments of the Rev. H. Moule with material that had been used in the closets five times over, it was found that, when contrasted with super-phosphate at £7 12s. a ton, its immediate results were equally good, and its permanent effect on the land much better. In both cases the manures were employed in the same quantities, namely, in the proportions of one cwt. to an acre of land. We are not acquainted with many chemical analyses of the product, although two have been published by Dr. Hawksley, which were made by Mr. Evans, of Leadenhall street, both of them being of material that had been used only once in the closet, and the results are as follows :—

Organic matter, &c.	5·16	22·65
Soluble phosphate of lime	0·53	1·10
Potash	1·06	1·10
Alkaline salts	—	4·10
Aluminia, sand, &c.	—	71·05
	100·00	100·00
Nitrogen equal to ammonia	0·33	0·79

These samples were valued by Mr. Evans at £1 and £1 10s. per ton respectively, but it is evident that if the material had been used four or five times over, it would have been considerably more valuable than this.

The cost of working the system has been carefully computed by Dr. Buchanan, who says that in a village of a thousand people it would be £260 a year, and that the value of the manure (say 720 tons at 10s. per ton) would be £360, supposing that the earth had been used only once; but if employed four times over, the annual outlay would be reduced to £244, and the product, amounting to 200 tons a year, would, at £3 a ton, the price at Dorchester, and the estimated value of it by Mr. James, the agent of Baron Rothschild, realise £600 a year. Even at the approximative value of 10s. per head of the population, it would be worth £500; and this, he thinks, would be a profitable return, helping to pay the cost of other sanitary work. In fact, the advantages of the system, as summarised by him, are as follows :—

"1. The earth closet, intelligently managed, furnishes a means of disposing of excrement without nuisance, and apparently without detriment to health.

"2. In communities, the earth-closet system requires to be managed by the authority of the place, and will pay at least the expenses of its management.

"3. In the poorer classes of houses, where supervision of any closet arrangements is indispensable, the adoption of the earth system offers especial advantages.

"4. The earth system of excrement removal does not supersede the necessity for an independent means of removing slops, rain water, and soil water.

"5. The limits of application of the earth system in the future cannot be stated. In existing towns, favourably arranged for access to the closets, the system might at once be applied to populations of 10,000 persons.

"6. Compared with the water-closet, the earth-closet has these advantages :—It is cheaper in original cost; it requires less repair; it is not injured by frost; it is not damaged by improper substances being thrown down it; and it very greatly reduces the quantity of water required by each household.

"7. As regards the application of excrement to the land, the advantages of the earth system are these :—The whole agricultural value of the excrement is retained; the resulting manure is in a state in which it can be kept, carried about, and applied to crops with facility; there is no need for restricting its use to any particular area, nor for using it at times when, agriculturally, it is worthless, and it can be applied with advantage to a great variety, if not all, crops and soils."

On the other hand, the chief objections to its use are—the notion of its filthiness as contrasted with the cleanliness of the water-closet, and the difficulty of supplying the necessary quantity of dry earth, and of removing the foul compost. The advocates, in fact, of the present water-closet system assert that water is a vehicle which will carry the filth, by the natural power of gravitation, to any place where it is wanted; and that it carries it more cleanly, more cheaply, and more immediately than can be done by any organization of man and horse and cart. "The manure which must be collected from town privies by an army of scavengers, and distributed from the depôt by barge and rail, to be afterwards loaded in carts and spread abroad by hand, and covered by the plough, might, if water were the carrier, be virtually self-borne to the very place were it is wanted,—taken almost direct from the water-closet to the field, and there washed in at once with really no labour at all among the very roots of the plants it is to feed." But all this assumes the total absence of inconvenience and danger from misadventure of the soil between the closet and the field, and it assumes, moreover, that the ground is always ready to receive it and the growing crop to appropriate it,—that there will, in fact, be no escape of noxious effluvium into the air, or of foul matters into the earth or into the neighbouring water-courses. Experience, however, has shown that these assumptions are never realised in practice, and that the greatest difficulties of the water-closet system are created by the very circumstances which are thus assumed to be non-existent,—that the vehicle itself, which is said to be so admirable a servant, is really a tyrannical master, defying all our efforts to control it; and hence there are many large towns already sewered which will not accept this vehicle notwithstanding its plausible show of convenience. "If there were no question," says Dr. Buchanan, in his report to the Privy Council on this subject, "of wasting the excrement, of nuisance and injury to health by its decomposition, or of river pollution (and he might have added of subsoil infection), certainly excrement removal by sewers has the advantage claimed for it. But the objectors probably mean more than this, for they not only say that the water-closet system becomes more available as the size of the town increases, but they also say that the earth system becomes less available. They appear to think that in a closely-built town, the whole traffic would be at the mercy of an army of scavengers. Now, this would be true to about the extent, and no more, that such a town is now given over to coal merchants, for, roughly speaking, a town would want about as much earth to be as often supplied to it for its closets as it requires of coals to be supplied for its fires; and removal, which need not be more frequent than supply, would mostly be done by return carts." Dr. Hawksley has entered very fully into this part of the question, and his conclusions are that any town or city might easily be divided into sections of a thousand houses, and these again into sub-sections of a hundred each, which might be easily managed and kept in order by a man and boy, with a single waggon, the dry earth being supplied to each house, and the compost removed therefrom every two days, cinder dust and vegetable refuse being carried away at the same time. Now, assuming that there are six persons in every house, and that each person would require four and a half pounds of dry earth per diem, the quantity of such earth to be delivered to the fifty houses in the day would be only 1,350 lbs., or a little more than twelve hundredweight; and as the average amount of excrement, solid and liquid, in a mixed population amounts daily to 44½ ounces per head (viz., 3¼ ounces of solid, and 41¼ of liquid), it is evident that the waggon would have to return with an additional weight of 834 lbs., or nearly seven and a half hundredweight, making a total of nearly a ton, and to this must be added about half a ton of dust and refuse.

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Hospital Reports.

LONDON HOSPITAL.

Compound Fracture of Skull, with depression of a large piece of Left Parietal Bone—Trephining—Death from Erysipelas.

(Reported from Notes by Mr. Edis, the Dresser.)

(Under Mr. Rivington.)

James C., aged thirty-five, a porter on the Great Eastern Railway was at work on the line on Jan. 19th, 1871, and in endeavouring to avoid a goods train, placed himself in the way of an express train and was knocked down by the engine. The train did not pass over him. When brought into the receiving room of the London Hospital at twelve o'clock, his extremities were cold and his pupils dilated, he was insensible and had a convulsive seizure. There was a small wound in the scalp above and in front of the left ear, and the finger introduced into the wound and passed upwards could detect the fracture easily. The line of fracture was extensive, sweeping in a semi-circle downwards and forwards to the external angle of the left orbit, and backwards to the occipital bone. The upper edge projected from two to three lines, and a large portion of the parietal bone was wedged in under this projecting edge. There was some bleeding from the wound, and also from the nose, but none from the ear. His extremities became warm after he had been in the hospital a couple of hours.

At two p.m., his pulse was 72 ; temperature, 97·8 ; respiration, 97·6. He was tossing about in bed and talking incoherently.

At four p.m., he had recovered consciousness, recognised his wife, and answered questions intelligibly.

He appeared, however, to be very drowsy, and to dislike being told to do anything, such as putting out his tongue, or grasping the hand. The tongue, when protruded, inclined towards the left side, but he could put it out when told to do so to the right side and in the centre.

He could grasp a hand held out to him with both of his own hands, but less powerfully with the right hand than with the left. Both pupils were dilated and both acted on being stimulated, the left less than the right. Sight and hearing were good.

He was seen by Mr. Hutchinson and Mr. Rivington, and it was considered advisable to use the trephine for the purpose, if possible, of elevating the depressed portion of bone and affording a free exit to the blood which had in all probability, been poured out between the bone and dura mater from a wounded branch of the meningeal artery. Mr. Rivington enlarged the wound and applied the trephine over the sound bone close to the fracture where there was the greatest depression. Having removed sufficient bone with the trephine and Hay's saw, the elevator was introduced and the depressed fragment freed as far as possible. Arterial blood welled up when the bone was raised. The wound was sponged out with carbolic acid lotion, and a piece of lint dipped in the same was laid over it.

Ten p.m.—Just recovering from the chloroform. Answers questions drowsily—just answers them and no more. Pupils contracted but acting on stimulus. Skin hot ; temperature, 100 F. ; respiration, 25 ; pulse, 70, full and bounding.

Jan. 20th.—Has passed a very restless night, no sleep on account of pain in the head near the wound. Was sick several times in the night ; has passed urine and fæces ; says his head feels very heavy this morning ; has intermittent headache, and feels drowsy ; tongue moist, but furred ; pupils dilated ; very thirsty ; hot skin ; temperature, 100·0 ; pulse, 64, full and bounding ; respiration, 24.

Nine p.m.—Has been very restless during the day and drowsy ; does not know what time it is, thinks it is morning ; when told to put out his tongue keeps it out for some time and then slowly draws it back ; when told to whistle does so several times after being told to do something else. No symptoms of hemiplegia ; still feverish ; bowels open during the day. Temperature, 102·4 ; pulse, 80 ; respiration, 26.

Jan. 21st—Temperature, 104; pulse, 80. Has been restless and wandering during the night, appears very drowsy, and knits his brows when he opens his eyes. Still feverish, but not so thirsty.

Nine p.m.—Pulse, 100 ; temperature, 104·2 ; respiration, 28. Very drowsy all day, recognises his wife and does slowly what he is told to do, rambles a little, no discharge from wound, the flaps of skin separated at the operation have adhered, complains of pain in head and knits his brows a good deal ; has taken milk, beef-tea, and an egg, stimulants not given ; bowels open.

Jan. 22nd.—Pulse, 96 ; temperature, 104·6 ; respiration, 32. Slept during night till five a.m. His wife says he shivered at seven o'clock ; no sickness ; there is diffused redness round the wound for a radius of two inches, pitting on pressure, and discharge of a little sanious serum from wound ; wanders a great deal and is very drowsy, but answers questions and puts his tongue out when told to do so ; tongue furred. Drinks all that he has given him. Bowels open during the night. No signs of compression. No paralysis ; moves both arms and both legs equally well.

Evening, 8 *p m.*—Pulse, 90 ; respiration, 32 ; temperature, 104·4. Is very restless, and talks incoherently, but answers questions rationally. Skin, hot and dry ; tongue, furred and dry. Took a pint of beef-tea.

23rd.—Pulse, 100 ; respiration, 32 ; temperature, 104·3. The erysipelas has spread on both sides of the head and neck, to about two inches below the ears. The left upper eyelid is much swollen.

Did not sleep much ; was very restless, and talked incoherently all night. Understands all that is said to him. Tongue furred, cracked, and very dry. Sores about teeth and lips. Skin hot, and great thirst. No paralysis.

Evening, 8 *p.m.*—Pulse, 88 ; respiration, 32 ; temperature, 103·6. Has been constantly wandering in his talk during the day ; puts his tongue out when told ; no paralysis of any part. Erysipelas has spread over the right cheek, and the left eye is completely closed. Feet cold ; pulse weak ; much headache.

From this time the patient became gradually worse. The erysipelas spread down the neck to the upper part of the chest ; the face was greatly distended by serous effusion, and was relieved to some extent by acupuncture. Delirium from being intermittent became continuous, and the patient's hands were constantly picking and fumbling with the bed-clothes. He died on Friday, January 27th.

At the *post-mortem* examination, a large semi-circular portion of bone, including the lower part of the parietal, and the upper part of the great wing of the sphenoid, and squamous portion of the temporal was found to be detached, except posteriorly. The dura mater was whole, but a flattened clot existed between it and the bone above the middle fossa. The veins of the scalp, including the emissary veins, were distended. Lymph existed on the surface of the visceral arachnoid, and serum in the sub-arachnoid space. A fracture extended across the base of the skull, through the sella turcica from one petrous bone to the other—the fissure traversed the left foramen rotundum. There was some purulent matter at the root of the neck, and intense congestion of the lungs.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

(Continued from our last.)

Dr. McDowell had told the Society that he (Mr. Morgan) had but twenty-seven cases to judge from. That was altogether an erroneous statement, and he would now place before them a table of ninety-one cases, with the names, which had come under his own care and observation in the last two years at the Lock Hospital; and this table represented only the last consecutive ninety-one cases which were diseased for the *first time.* It was evident on perusing them that every case almost of primary sore was in these instances followed by constitutional signs, though several were tested by inoculation, and several had suppurating bubo; indeed, the severest examples of constitutional infection were those in which he had himself opened the suppurating bubo, and tested by auto-inoculation from their sores.

TABLE No. 2.

Patients all diseased for the first time.

No. Cases.			Papules.	Patches.	Iritis.	Roseola.	Pains.	Number of escaped signs.
6	Sores, with suppurated bubos ... ... [suppuration	followed by	6	3	2	0	5	none escaped out of 6
21	,, ,, tender and enlarged glands, tending to		15	13	3	5	13	one ,, 21
11	,, ,, indolent glands		7	6	0	2	7	two ,, 11
7	,, auto-inoculated		4	3	2	1	2	two ,, 7
3	,, sloughy, or very irritated		0	0	0	0	0	all ,, 3
3	Chronic sore		1	0	0	0	1	two ,, 3
2	Slightly indurated of nympha		1	1	0	0	1	one ,, 2
3	True Hunterian and typical sore		3	0	2	0	2	none ,, 3
2	Ulcer uteri only...		1	1	0	0	1	one ,, 1
1	,, ,, with sore of nympha		0	0	0	1	1	none ,, 2
32	,, mucous patches		15	0	3	4	13	thirteen ,, 32
91			53	27	12	13	52	22 escaped out of 91 and 13 of these 22 had mucous patches only.

Among those cases was one of a married woman, who had got syphilis from her husband. He was a night-watchman, and had connection on one occasion with a woman who was known to be suffering for several years from a chronic sore, and the man admitted that he had got the disease from this woman. On examination I found he had a hard sore, but the wife had a soft sore, and was covered with roseola (a mild rash) the man being covered with papules. He thought that case afforded a strong argument in favour of the Contagious Diseases Acts, where a woman two or three years diseased can still infect. In the "Parliamentary Venereal Report" Mr. Morgan found much to confirm his views. Thus, Dr. Nelson, surgeon to the Melville Hospital—an hospital in which the patients were principally boys, just as those in Table No. 2 were chiefly young girls—speaking of the division into the hard and soft sores, and the exclusive liability of the former to cause constitutional symptoms, says: "Unfortunately the experience acquired in Melville Hospital fails to confirm this doctrine. With a caprice characteristic if not peculiar to the disease under discussion, simple sores with no trace of hardness in their nature have been followed by the most unequivocal constitutional symptoms: while again, a suspicious callosity accompanying a sore and remaining behind as a legacy to the cicatrix, has occasionally had no ulterior sequence beyond itself." There was also another remarkable question, namely, the influence of locality in the disease. Dr. Stuart in his evidence mentions a very remarkable peculiarity about the sore in India. He says that in the Sepoy there is no such thing as a hard sore. "I may mention that I never saw an indurated chancre in a Sepoy. Bombay teems with European prostitutes, and so does Poona; but when I have seen an indurated chancre it has been upon the European, and not upon the native." He also says that secondary symptoms are very uncommon in India among both European and natives. Dr. Stuart describes *four* kinds of sores. He was asked "Have you seen secondary symptoms in India? Yes, following upon the ash-coloured sore." "I have only seen accompanying the ash-coloured sore a single suppurating bubo, and a chain of buboes I have only seen in the phagedænic when there has been malpractice at its commencement with a broken down constitution." On the other hand it has been stated that Kaffirs always have the indurated sore. Dr. Stoker had mentioned to him that he saw the late Mr. Wallace's experiments, and that Mr. Wallace was of opinion that induration was altogether a matter of position. This he proved by his inoculations on hitherto untainted subjects, as he found inoculation on the prepuce produced the hard sore and on the glands a soft. He (Dr. Stoker) also saw a hard sore produced by inoculation on the thigh. Enough, he thought, had been said to show that if there be the two sores which he admitted—the simple suppurating sore not so frequently followed by secondaries, and the hard sore which was more frequently followed by them—yet there were not two separate poisons. From a sore with a suppurating bubo he occasionally had undoubtedly seen severer secondary symptoms than he had seen in cases where a hard sore existed. He would next draw attention to two male cases of great interest, of which the wax models on the table were very good representations. One of these men had a soft sore on the inside of the prepuce. He protested that he had never before had venereal. In due time an abscess formed at the root of the penis. He (Mr. Morgan) successfully inoculated from that abscess, and while the man was in hospital he was covered with a papular rash, and now had patches on the mouth. He described the woman from whom he got the infection, and she was shortly afterwards admitted into the Lock Hospital, having a sore which resembled that of the man, and a suppurating bubo with copious rash. The next case was that of a married shoemaker, the father of several children. He had a sore on the dorsum of the penis, eminently a hard one, with indurated inguinal glands, and had it six weeks on him when he came under his (Mr. Morgan's) care. From the position in which the penis lay while the man was working at his trade, he auto-inoculated himself on the abdomen,—this man had all the symptoms which, the dualists held, only accompanied the indurated sore. He irritated the sore with a lancet and inoculated the man, but did not produce a well-marked inoculation, although there was a papule. He told the man he would disease his wife if he had intercourse with her, and shortly after he had to take her into hospital, suffering from a very painful and irritable soft sore. Although she came in with a soft sore, she suffered from the most intense poisoning, having iritis and almost all the other symptoms of constitutional syphilis. It might be said she did not get the sore from her husband; but the circumstances of the case were such as to convince him that she had not been infected from any other source. These were two very instructive instances. He was at one time a dualist; but from seeing so many cases like those and others, and the practical illustrations he had mentioned, he felt compelled to turn over to the other side. He now would conclude by a very few words of reply to some of the speakers who took part in the discussion. Mr. Stapleton differed from some of the gentlemen who spoke on the last night, for he described two sores, one of which could not be cured with mercury, and the other which could only be cured by it.

Mr. Stapleton.—What I said was that if there was a hard sore, no matter what time you may give mercury, you cannot prevent secondary symptoms; and that where there is a soft sore mercury does an injury.

Mr. Morgan proceeded to say that Dr. Barton expressed a doubt whether he (Mr. Morgan) knew what a gonorrhœa was. He was not ashamed to say he could not tell exactly, and he did not think anyone in the room could either; and he might mention some remarkable facts in justification of that statement. Not long ago a gentleman came to him with a very severe gonorrhœa, and he could not understand how he got it, as he was keeping a young woman whom he had no reason to suspect. He sent the girl to the hospital to be examined, and it was found that she had only a slight erosion of the uterus. Some short time afterwards she got hold of another friend, and this man had just come home from a three months voyage from Calcutta. In four days she gave him a most severe gonorrhœa. She was again examined, but there was nothing to be found of a specific nature or any sign of syphilitic taint. She had a liason with a third person, and gave him gonorrhœa also. To crown all, she got married; and in nine weeks she gave the husband a severe gonorrhœa; and all the time this woman had no discharge at all, but was plagued with a slight erosion of the uterus. He believed that superficial ulceration of the uterus, which was to be found occasionally in those patients in the hospital belonging to the better off grades, was not an unusual cause of gonorrhœa; and in the case cited the patient had been examined at frequent intervals for six months, yet, though constantly capable of giving gonorrhœa, no evidence of the disease could be found in her. The remarks of Dr. McDowell he had adverted to in the course of his address, and had shown that, though Dr. McDowell did not believe mucous tubercle inoculable, though, strangely enough, he admitted it propagated the disease, yet others as well as himself had shown it was so both in males, females, and children. Dr. Croly had alluded to three or four diseases as coexisting in such cases; but as this was a new view of the venereal disease, and Mr. Croly had as yet not described them he could not well answer him. Dr. McDonnell had, in the course of his remarks, mentioned that he believed the theory of descent with modification was illustrated in the existence of soft and hard or syphilitic and simple sores, and that there was no line of demarcation between the two diseases. "No Rhine boundary," in fact, but that descent with modification caused two actions. There were not two distinct poisons, Mr. Morgan believed, and if no Rhine boundary existed, then let the disputed provinces be restored: give back the Alsace and Lorraine of Venereal, let them be reunited in an undivided Confederation and common family parentage. He felt he had occupied too much of the time of the Society, but the matter is just now so full of interest and of such great national importance, that while he thanked them, he hoped they would excuse him.

DECAPITATION OF A CRIMINAL BY THE ROPE AT AN EXECUTION.

Dr. Humphrey Minchin brought under the notice of the Society the remarkable accident which accompanied the execution of Andrew Carr at the City prison in the South Circular Road. The accident made a great deal of noise at the time, and created a great deal of speculation; but he would confine himself to the anatomical and chirurgical features of the case. In carrying out the execution there was some defect in the mechanism, of which he knew nothing, the result of which was that the head of the culprit was completely separated from his body. The subject of execution by hanging had been written upon by the late Mr. Houston, in the *Dublin Hospital Reports*. It was important that the sentence should be carried into effect with as little torture to the criminal as possible, that the transit from this state of existence should be made brief, instead of allowing the agony to be prolonged. With that object it was usual in Ireland to give a long rope; in England, on the contrary, the practice was to give a very short rope, as if the interest of the sight seeing were enhanced by the suffering the culprit undergoes. The question now arose—What constituted a long, and what a short rope? A gentleman in this city of considerable experience and skill in mathematics and applied mathematics, had taken this subject in hand, and had stated very minutely the circumstances which in a case of execution by hanging would cause a complete and instantaneous deprivation of life. He had constructed a formula, by the application of which, having ascertained the weight of the criminal, you found the length of the rope which would give a shock sufficient either to smash the second vertebræ or to separate the second from the third. Aware of this fact, and conscious of the responsibility that rested upon him by the late Act of Parliament, which required the surgeon of the prison to be present at every execution, he (Dr. Minchin) inquired into this theory; and being consulted on the matter a few days afterwards, he said: The man's weight is 158lbs., and he will require a fall of fourteen feet. A note was made of this, and fourteen feet of cord was arranged. This was not at all in excess of the length which was in the habit of being used, sixteen, seventeen, and upwards of eighteen feet having been used in the old prison in Green street, and yet no such accident as that in Carr's case had ever occurred. It could not, therefore, be said that the accident was due to the length of the cord. Mr. Houston said that one or other of two results always occurred in cases of instantaneous death by hanging, viz., fracture through the transverse process of the second vertebræ, or dislocation of the odontoid process. In this case there was no dislocation. The execution was attended by a frightfully startling circumstance. Although present, he did not see it; for he turned his back the moment the drop fell. The rope apparently broke, and recoiled back to the scaffold. He ran downstairs thinking the weight of the body had broken the cord, when he found that the man's head had been completely taken off. On examining the body, he saw two distinct injuries. The vertebræ was broken right across as they could see, yet the decapitation did not take place through the broken bone. It took place at a lower point, between the second and third vertebræ, and without injuring either. This led him to surmise that the accident was a consecutive one, and on examining the rope he was convinced that it was so. If it were caused by the first chuck the knot of the rope would have remained as it was, and the skin would have presented a ragged wound, whereas the skin was cut clean through, and on examining the rope he found the noose was obliterated. Therefore the process was a gradual one, exactly as if it were done by an *écraseur*. Dr. Minchin exhibited a piece of the cord used on the occasion, and also a piece of the cord by which Kilkenny was hung. That man was 3lbs. heavier than Carr, and he got a fall six inches longer, yet no such accident occurred. It was clear, therefore, that the separation of the man's head was not occasioned by the length of the fall, but was the result of some defective mismanagement, which was fully explained at the inquiry instituted by the Government. A curious phenomena attended this case. The amount of blood that was lost from the head was fully twice as much as was lost from the body. The executioner did his work unskilfully, and nearly strangled the man before he let him off. He (Dr. Minchin) heard the man say "You are choking me before my time;" and persons who stood below said he was black in the face before he got the fall. This might account for the great flow of blood from the head.

Dr. McDonnell wished to know whether the fourteen feet drop was marked from the level of the neck, or from the foot of the drop.

Dr. Minchin.—It was a fourteen feet drop—not fourteen feet *plus* the body. In the case of Kilkenny there were fourteen feet six inches from his feet to where they had stood before he fell.

Dr. Jacob should be glad if Dr. Minchin gave some information as to the process by which the calculation of the length of the rope was arrived at. He believed that in the communication to which Dr. Minchin alluded, it was stated that it took a shock of 2,240lbs. or exactly a ton weight to fracture the cervical vertebræ; but he could not find on what ground that datum was arrived at. It seemed to him to be a very excessive shock indeed for such a purpose. Tardieu, the well known medical jurist had taken the subject of the physiology of hanging into consideration. He recorded experiments on animals, and the experiment instituted by Herr Fleischmann who had himself hung in the presence of assistants, and cut down at a given time in order that he might be in a position to describe the sensations. The result of Tardieu's investigations was that in cases where there was no fracture of the cervical vertebræ, the period of death was longer than we should have supposed—seldom ending under ten minutes and frequently being longer; but that the period of consciousness was exceedingly small, varying from three minutes to thirty seconds. He had seen a case in which there had been apparent death from syncope before the rope had been put on at all. One person who attempted to commit suicide and had been cut down, perfectly remembered his sensation, and stated that the period of consciousness was infinitely small. This, of course, was in cases in which there was no fracture of the vertebræ, and he believed the object aimed at in the Irish system was to obtain fracture of the vertebræ. There had been some difficulty in effecting this. The position of the rope had, he thought, something to do with it; for in the case alluded to in which a rope six inches longer than that which hanged Carr was used, there was no fracture of the vertebræ; therefore, it did not appear that a long rope would cause fracture of the vertebræ. Of course, in the present case, death was instantaneous. He wished to ask if Dr. Minchin knew the process by which the sum of 2,240 lbs. was arrived at? was it by actual experiment on the dead body? and if so, had the condition of the muscles anything to do with it?

Mr. Richardson observed that, as Dr. Minchin has reminded us, the object of the Crown is to expedite the death of the culprit at the drop, instead of prolonging his agony, a useful hint might be taken from Boyer's "*Leçons sur les Maladies des Os*," by those who preside over the executions of criminals in the United Kingdom. Boyer, in his observations upon luxations of the vertebræ, where he describes displacement of the odontoid process, mentions that Louis, on making some researches upon the mechanism of the deaths of criminals by the rope, discovered that those who were despatched by the Lyons' executioner, perished from luxation of the first vertebræ upon the second, whereas those who were hanged in Paris were asphyxiated by strangulation. He found the cause of this difference to have been in a rotatory movement, which the Lyons executioner imparted to the body of the culprit on pushing him by the shoulders at the moment the feet abandoned the ladder. He (Mr. Richardson) need scarcely say, that under the hands of the Lyons' executioner the death of the victims must have been instantaneous, whereas in the Paris cases there were probably some moments of intense suffering.

Dr. H. Kennedy said there were some specimens in the museum of the College taken from individuals who had been hanged, and it was the *front of the tongue* which had been torn away, and there was no fracture at all.

Dr. Minchin, in reply, said he did not know how the formula had been arrived at. He had simply taken it from the book as he found it. Andrew Carr was thirty-nine years of age, five feet nine and a half inches in height, 158lbs. in weight, and in perfect health.

The meeting adjourned.

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MEDICAL SOCIETY OF LONDON.

January 30th, 1871.

John Gay, Esq., President.

VACCINE LYMPH FOR FRANCE.

The **President** read a letter he had received from the chief surgeon of the army of defence before Charenton, requesting a supply of vaccine lymph. The President had himself forwarded some lymph, and the letter having been forwarded to Lord Granville, had been acknowledged, and referred to Colonel Loyd Lindsay, that action might be taken in the matter.

IMPROVED METHOD OF INFLATING THE CAVITY OF THE TYMPANUM.

Dr. Peter Allen demonstrated to the Fellows the method of inflating the cavity of the tympanum. Dr. Allen's plan was an improvement on Politzer's most invaluable appliance, substituting a *nasal pad*, which is pressed *against* the opening into the nostrils, for the tube which he inserted *into one* of them. This plan was an excellent substitute for the use of the catheter in the Eustachian tube, and formed a very successful method of treating deafness, when the result of aural catarrh. The air was squeezed in from an elastic bag at the time when the patient swallowed a little water, and when, as the late Mr. Toynbee had shown, the Eustachian tube was opened by the act of swallowing. By this method, both tympanic cavities were necessarily inflated at the same time, if there chanced to be a perforation of the membrana tympani then air escaped with a rushing noise.

Mr. Pennefather said he still preferred to use the catheter with an elastic tube. By Dr. Allen's process much air was lost in the cavity of the mouth, and the bag prevents the possibility of regulating the quantity of air admitted, he did not regard it as certainly proved, that the act of swallowing opened the Eustachian tube, whereas the levator and tensor palati muscles arising from the Eustachian tube partly, and ending in an expansion which goes to form the velum, that the air inspired by the *mouth*, caused the velum to assume a horizontal position, when it passed through the nasal canals, the velum became vertical, consequently it did not require the act of deglutition to act on the opening into the tubes, as each act of inspiration altered the position of the velum, and therefore acted on the Eustachian opening.

Dr. Tilbury Fox said that he had been perfectly relieved by Dr. Allen's method, of an attack of catarrhal deafness.

Dr. Brunton had described a method of inflating the tympanum, in the *Glasgow Medical Journal*, by using a nasal tube, and a bag which could be compressed by the patient at the same time that he performed the act of swallowing. Dr. Brunton showed the Fellows this method.

APPARATUS FOR THE TRANSFUSION OF BLOOD.

Dr. Richardson showed an apparatus for the transfusion of blood. First, he alluded to the importance of attending to the details connected with this operation, especially the needle tube for introducing the fluid into the vein. The vein must not be laid bare, but incised with such a knife as the one shown to the Fellows, and then the tube introduced. For introducing the fluid, no force should be used, hence, all syringes were objectionable. Enough force could be obtained by simply elevating the vessel, as shown by Dr. Richardson. With respect to the agents to be used, the blood of a lamb was found to answer well, to keep it fluid cold should be used; a temperature of 45° F., being the right to maintain blood in a fluid state. Certain solutions added to blood will also maintain its fluidity, the best for this purpose being solution of ammonia, in the proportion of twenty drops of liquor ammonia, to an ounce of water and one pint of blood. Another solution that could be used, was of 100 grains of carbonate of soda, with 150 of phosphate of soda in two ounces of water, blood dried and powdered, seemed applicable when mixed in water, and might be used when recent fluid blood could not be obtained.

Mr. Brudenell Carter mentioned cases of the hæmorrhagic diathesis, where the blood seemed altered in composition, in one case it smelt very offensively. Might not transfusion of pure blood be used with benefit in these cases?

Dr. Routh thought that transfusion might be tried in cases of malignant fevers, and other kinds of blood disease. Also to restore cases moribund from asphyxia.

Mr. Jabez Hogg had examined carefully dried blood, and when mixed with water it was optically quite similar to recent blood.

The **President** thought highly of Dr. Richardson's apparatus, he asked if it was necessary to use an instrument solely for opening the vein. He had seen valuable time lost on one occasion, from the injecting tube being passed by the side of the vein, instead of *into* it.

Dr. Evans inquired as to Dr. Richardson's experience of injections in cases of cholera.

Dr. Richardson in reply, said that Hook had shown before the Royal Society long ago, how asphyxiated animals could be restored by the injection of arterial blood. He had used saline injections in sixteen cases of cholera, the effect was truly miraculous; one patient sat up and conversed, but as soon as this stage of reaction was established, the purging returned, and the patient died. Dr. Richardson wished he could find some medicinal substance that might be injected with the saline solution, as a cure for the disease. He disagreed entirely with those who said venous blood was to be regarded as an excrementitious matter. Venous blood is as necessary as arterial blood, and a certain amount of carbonic acid in the blood, is essential for its arterialization.

Mr. Henry Smith showed a small speculum, a fragment of which had broken off, and remained in a patient's rectum, the occurrence was quite recent, and Mr. Smith hoped to hear of the fragment having passed per anum.

The **President** narrated a case of strangulation of the intestine, relieved by mechanical treatment. A young man, aged twenty-seven, had symptoms of intestinal obstruction, with stercoraceous vomiting, and pain in right side of abdomen. Intestinal constriction by a band was diagnosed, and the patient being held for a time head downwards, had the abdomen well kneaded by Mr. Gay. After this procedure, the vomiting ceased, and in seven days more, the bowels acted in a natural way. The man died of phthisis six weeks later, but no persuasion would allow a *post-mortem* to be permitted. The President drew attention to intestinal constriction by means of bands in 1851, in a paper he had read before the Medical Society, where he had collected 120 cases, the band was usually found to be a loop of the mesentery, and generally on its right side. There was no external tumour, no tenesmus, or history of stricture.

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DUBLIN PATHOLOGICAL SOCIETY.

January 21st, 1871.

Dr. Bennett exhibited to the Society

THE ARTICULAR SURFACES OF SEVERAL OF THE JOINTS OF THE LOWER LIMBS OF A MALE SUBJECT, RECENTLY DISSECTED IN THE SCHOOL OF PHYSIC, TRINITY COLLEGE.

The joints of the toes, ankles, and knees were more or less covered with the deposit characteristic of true gout. The articular cartilage, the sheaths of the tendons of the great toes, and the ligaments of the joints contained considerable quantity of white crystalline deposit, which responded to the usual tests for lithic acid. The hip joints, and also one shoulder-joint, showed well marked signs of the existence of the disease so common in Dublin, chronic rheumatic arthritis. One hip-joint had suffered severely from this disease, and the articular cartilage was extensively destroyed. In neither of the joints affected by chronic rheumatic arthritis was there any gouty deposit whatsoever, nor did the former disease exist in any of those in which the gouty deposit occurred; at least it had not existed so long or to such a degree as to produce its well known effects. Dr. Bennett brought forward these specimens, not on account of any novelties attaching to the individual diseases, the pathology of which they illustrated, but on account of the association of the distinct diseases—gout and chronic rheumatic arthritis in the same subject. On a former occasion (November 28, 1863), he exhibited to the Society pathological specimens illustrating the same fact, that gout and chronic rheumatic arthritis may, though apparently quite distinct diseases, occur in the same body, and, as in the former case, even in the same joint, each disease preserving its essential characters without being in any way modified by the existence of the other. He regarded their association in this manner as evidence of their being essentially different diseases. The deposit of gout was but rarely seen in the bodies of subjects submitted to dissection in the medical schools of Dublin, or even in the dead rooms of Dublin hospitals. It was not surprising to find it associated with chronic rheumatic arthritis, when it accidentally occurred in bodies of this class, for it was rare to find any such of advanced age, which were entirely free from the latter disease.

The body of the man from which the specimens were taken differed from the general run of subjects in its excessive fatness. There were no gouty deposits in the cartilages of the ears nor in the kidneys.

January 28th.

Dr. J. S. **Hughes** in the Chair.

WOUND OF THE BLADDER.—COMMINUTED FRACTURE OF THE PELVIS.

Professor W. **Smith** laid before the members a specimen of fracture of the pelvis, and gave the following history of the case:—

A woman, æt. sixty, was admitted into Sir Patrick Dun's Hospital, April 12th, 1870, having a short time previously been knocked down by a dray, one of the wheels of which passed over her pelvis. When admitted she was much collapsed, and had evidently sustained some very serious injury. In the course of the evening she expressed herself as being unable to pass water, and before morning it was necessary to use the catheter more than once.

When I saw her early on the morning of the 13th all signs of collapse had passed away; her pulse was quick, but weak; she was feverish, and complained much of pain in the lower part of the right iliac fossa, near Poupart's ligament, where there was also extreme tenderness on pressure, and a slight degree of fulness. The least motion caused so much distress, that an accurate examination could not be made; but there was strong reason to believe that some part of the bony fabric of the pelvis was broken. The retention of urine continued, and for several days it was necessary to use the catheter at regular intervals. The urine drawn off was coloured with blood, leading to the supposition that the bladder had been wounded. On the 14th and 15th the fulness in the iliac region continued to increase, the tenderness on pressure became greater, and the skin assumed a dusky, livid hue; the swelling was tympanitic on percussion, and the crepitation of air could be felt throughout it. She had copious perspiration, which continued throughout the whole progress of the case.

On the 16th a puncture was cautiously made into the tumour, as its tympanitic condition rendered its exact nature somewhat obscure. There escaped from the opening a mixture of air and offensive purulent matter mixed with a fluid, which, upon examination, proved to be urine. She died in a state of great exhaustion on the 26th, having survived the receipt of the injury for fourteen days. She had no symptoms of peritonitis at any period of her illness. The diagnosis arrived at was, that the pelvis was fractured, and the bladder wounded. This opinion was founded upon the nature of the accident, the intolerable pain when any attempt was made to move the pelvis, and the presence of blood in the urine.

Autopsy.—The pelvis was found broken upon both sides. Upon the right side (that over which the wheel had directly passed), a fracture traversed the horizontal branch of the pubis, passed vertically through the centre of the acetabulum, and terminated just behind the tuber ischii; it was bisected by another, which terminated at the centre of the outer border of the articular cavity, which was broken into three portions. Another line of fracture, beginning at the spine of the pubis, traversed the entire of the descending ramus of the pubis vertically; its course was parallel, and less than half an inch external to the symphysis pubis.

Upon the left side there existed a comminuted fracture of the pubis, implicating the acetabulum, and also a simple fracture of the ramus of the ischium, close to its junction with the tuberosity of that bone.

There was a lacerated wound of the neck of the bladder, to the right of the orifice of the urethra. There were no signs of peritonitis, nor any urinary infiltration in the pelvis.

Mr. McGrath, Assistant-Surgeon, 8th Hussars, communicated a case of

OBSTRUCTION OF THE LEFT ORIFICES OF THE HEART BY WARTY GROWTHS.

The patient, a man, æt. thirty-six, and of about twenty years' service in the Army, was admitted into the Regimental Hospital on the 15th November, suffering from very severe injuries of the right foot, which he had received in consequence of his horse falling with him while he was carrying despatches in this city. On examination of the limb it was found that he had sustained a comminuted fracture of the lower end of the tibia, that the foot was dislocated backwards (the lower end of the upper fragment of the tibia resting on the dorsum of the foot) and that the fibula was also fractured about three inches above the external malleolus. The dislocation was reduced, and the limb placed in a very good position by my friend and colleague Dr. Chatres, and from that time until about the 4th January, the patient went on as well as could be expected, considering the very severe injury he had received. There was very little constitutional disturbance, and the local symptoms were favourable, with the exception of a small slough having formed over a projecting piece of bone which seemed to have become almost completely detached.

On the 4th January he was attacked with rigors; his pulse became rapid, and his tongue coated, while a dark erysipelatous blush appeared over the front of the ankle-joint, and extended up the leg. An abscess formed afterwards in front of the joint, which was freely incised, and exit given to a large quantity of healthy pus. Another abscess formed subsequently behind the external malleolus, which was also opened, and from which there was also a healthy purulent discharge. The local and constitutional symptoms became much improved after some days, but both feet afterwards became œdematous, and on examination of the urine it was found to be of a low specific gravity, and to contain albumen in abundance. His stomach soon became irritable, his general condition much changed for the worse, though the local symptoms were much improved. On the 18th January he was attacked with severe pains along the urethra and painful micturition, and his pulse became exceedingly small and weak. Under treatment this symptom subsided after a time, but he was then attacked with most severe pains in the abdomen, which was remarkably tympanitic and the pulse at the wrist was quite imperceptible. The extremities were cold, and there was a general want of circulation throughout the system. At this time he presented very much the appearance of a person suffering from perforation of one of the hollow abdominal viscera. He died on the morning of the 21st January, having become delirious a few hours before death, which took place suddenly after he had uttered a loud scream.

Sectio Cadaveris.—On opening the thorax, the cavities of both pleuræ were found filled with serous fluid, as was also the pericardium. The lungs were themselves congested, but in other respects healthy. The heart was somewhat enlarged, with a slight deposit of fat on its surface. The right auricle and right ventricle were filled with fibrinous clots, but were in other respects healthy. On the left side the auriculo-ventricular opening was blocked up by a large warty growth, which diminished the size of the opening to about the calibre of a goose quill. There was also a deposit of calcareous matter around the attached margin of the mitral valve. The aortic opening was occupied by a similar warty growth, and was also the seat of atheromatous deposition. The liver was in a state of cirrhosis, and the kidneys were in an advanced stage of albuminoid degeneration.

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MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

WEDNESDAY, DEC. 21ST, 1870.

DR. BENNETT, President.

DR. P. H. WATSON showed a small mulberry calculus removed from the urethra, an inch and a half from the orifice, which he had extracted by means of forceps. For two days the catheter was introduced to prevent any risk of extravasation of urine, a risk which was not imaginary. Dr. Watson narrated the case of a boy under his care, from whose urethra he had extracted a calculus, and in whom extensive extravasation had occurred.

DR. JOSEPH BELL showed, 1. A fibrous tumour which he had removed from the mamma; 2. A cyst which he had removed from the gluteal region of a gentleman; 3. A coin which he had passed eighty-four hours after having been swallowed.

MR. ANNANDALE showed, 1. A preparation of the arch of the aorta and its branches. He had been consulted six months before the patient's death, on account of a pulsating tumour over the region of the innominate artery, having all the symptoms of an aneurism. The dissection showed only a slight dilatation of the ascending aorta and innominate artery. The descending portion of the arch of the aorta was slightly contracted. Mr. Annandale read his paper entitled,

CASE IN WHICH AN INTERNAL INTESTINAL OBSTRUCTION WAS REMOVED BY THE OPERATION OF GASTROTOMY.

The patient, who was fifty-five years of age, and had led a dissipated life, was suddenly seized with intense pain in the abdomen, which was followed the next morning by vomiting of fæcal matter in large quantities. On the fourth day Mr. Annandale saw him for the first time, and having satisfied himself that the usual remedies had been employed [illegible], he determined, having obtained the consent [illegible] to open the abdominal cavity as the only [illegible] the patient. An incision was made from about an inch below the umbilicus, to about two inches above the pubes. On the peritoneal cavity being opened, a large mass of the small intestine protruded, and it was noticed, that while one portion of intestine was much dilated, another portion was contracted. The obstruction was easily discovered, and consisted of a fine band of lymph, which passed entirely round the intestine, tightly compressing it. The patient died the following day, apparently from exhaustion. Mr. Annandale having been called to the country immediately after the operation, and not returning until after the patient's death.

DR. BENNETT was of opinion that stimulation should be employed in such cases, even when peritonitis has supervened, together with opium to relieve pain.

DR. CHIENE stated that, in the absence of Mr. Annandale he had taken charge of the case. Milk had been given, but finding the patient becoming weak, he had ordered sherry and lemonade, but the man had sunk and died.

DR. J. BELL made remarks.

DR. P. H. WATSON related several interesting cases, illustrating the difficulty of diagnosing those conditions in which the operation by gastrotomy would be successful, and which would lead surgeons to be careful in employing it as a general rule in all cases of obstruction.

DR. ARGYLL ROBERTSON and DR. MCKENDRICK made remarks.

MR. ANNANDALE replied.

DR. MENZIES having taken the chair, the PRESIDENT proceeded to read his paper

ON THE INJURIOUS EFFECTS WHICH MAY FOLLOW THE USE OF MERCURY IN HEPATIC DISEASES.

A considerable portion of the paper was occupied with the history of a patient, a discharged soldier, not only while under Dr. Bennett's care in the Royal Infirmary, but with the patient's own account of the treatment he received in hospital in India, and subsequently when at Netley. From the patient's statement it appeared he had never had syphilis, but had gonorrhœa at the age of fifteen. When in India, he had suffered from ague, and in 1865, when in hospital for that disease, an abscess of the liver formed, and for which, among other remedies employed, he was treated with mercury, and that, on several occasions, his mouth had become sore. In 1867 he returned to England, and was admitted into the hospital at Netley, when he was again subjected to mercurial treatment in the form of inunction. On the man's admission into the Royal Infirmary, Dr. Bennett found him greatly emaciated, and presenting all the symptoms of incipient pulmonary phthisis. He was suffering also from an eruption of eczema and rupia, analogous to syphilitic rupia, but due, Dr. Bennett believed to the effects of mercury. Under the use of cod-oil and good food the man was cured. Dr. Bennett then proceeded to deprecate the continued use of mercury by medical men, the case he had related was not a solitary one, thousands of soldiers had been so treated. The report of the Edinburgh Mercurial Committee, an account of which he gave, had received very little attention.

DR. RUTHERFORD, C.B., thought the history of the patient as given by himself was a little too precise to be trustworthy, and he promised to procure the history of the patient from the "Army Medical Reports." He protested that army medical officers were not more likely to abuse the use of mercury, than medical men in civil practices.

DR. MACDONALD, G. H. BALFOUR, MENZIES, JOHNSTON, and J. DUNCAN, spoke of the value of mercury in disease.

DR. BENNETT in reply said, that the only argument in favour of mercury was, that common to every form of quackery, an argument which was irrational being founded on experience, and left us in the darkness of empiricism, which experiment could alone enlighten.

Scientific Inquiries in France.—A determination, says *Nature*, to take advantage of any opportunity for making scientific inquiries, is the principal feature of the present crisis among French scientific men. It is carried so far that the French Institute has appointed a committee to inquire into the effects of the shelling as well on the buildings as on the inhabitants. The specialities presented by the wounds have been reviewed in a very able essay, written by Baron Larey, in the *Revue des Cours Publiques*, published by Baillière, but which has not appeared regularly. Some other essays on the same subject have been written by different medical men in the same periodical, and in some political papers.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 15, 1871.

VACCINATION—RE-VACCINATION.

THE epidemic of small-pox in London continues to increase, and vaccination and re-vaccination occupy public attention. In the memory of the present generation, there has been no epidemic so wide-spread as this. It has been thought by the public that the immigration from Paris has had much to do with it, and though there can be no doubt that fresh centres of infection have been planted in our very midst by the refugees, but this circumstance alone will not account for the calamity.

Where are the vaccino-phobiacs now? Where are the fanatics who have been holding up their ignorance as preferable to the knowledge of professional men, and making rash statements that they neither understood nor cared to consider?

Some official documents have just appeared, which at such a crisis we ought to notice. The London College of Physicians has issued a temperate and authoritative statement, which we give in full in another column, as it lays down the chief points in an unexceptionable manner, and as briefly as possible recommending this to our readers, we may pass on to others. First of all, the Annual Report of the Small-pox Hospital has appeared, and from it we gather a few important facts. Small-pox was epidemic in London throughout the year 1870. During the year, 1,316 patients were admitted; of these, 1,285 had small-pox, the remaining 31 had other eruptive diseases, but not small-pox.

Nine hundred and sixty-two of the small-pox cases had been vaccinated, 322 not. One had had small-pox previously. Of the 962 vaccinated cases, 76 died, or 7·9 per cent. Of the 322 unvaccinated, 124 died, or 38·5 per cent. Six deaths—five vaccinated, and one unvaccinated, were due to some super-added disease.

The medical officers, Dr. Munk and Mr. Marson, say—

"Not a single fact has occurred within our experience at the hospital during the past year to shake our confidence in vaccination when properly performed, or to detract in any degree from that high estimate of its value which many years' experience in the wards of the hospital, and a close study of small-pox has led us to form. But vaccination is an operation of considerable delicacy, and requires much care in order to secure the advantageous results it is capable of imparting. The failures of vaccination to prevent *fatal* small-pox which have occurred are almost all of them due to the careless and imperfect manner in which it has been practised.

"In the present state of the population, re-vaccination is of scarcely less importance to the adult than is primary vaccination in the infant. A very large number of the adult population of this country are without adequate protection from vaccination, and are liable to take small-pox in its gravest and most deadly form. All persons who have not already had small-pox, and have been or are likely to be exposed to the infection of that disease, and all who have not several (at least four) good marks testifying to the character and efficiency of the primary vaccination, ought to be re-vaccinated. Re-vaccination has proved itself to be a most important and efficient means of preventing small-pox. For upwards of thirty years all the nurses and servants of the Small-pox Hospital who had not previously had small-pox, have been re-vaccinated before entering on their respective duties, and in no one instance has it failed to preserve them from small-pox."

The other document to which we have referred, is that issued by the Privy Council. The daily papers have already given such extensive publicity to this, that we need only briefly mention its recommendations, especially as these are in accord with those of the College of Physicians. The Privy Council's memorandum lays down the following rule:—

1. "All persons should undergo re-vaccination as they approach adult life."

2. That in "circumstances of special danger, everyone past childhood on whom re-vaccination has not been successfully performed, ought, without delay, to be re-vaccinated."

3. It notifies that "re-vaccination is now performed by all public vaccinators at their respective stations."

4. It states that "any person who ought to be re-vaccinated, may, on applying to the public station of the district in which he resides, obtain re-vaccination at the public expense."

Finally, the memorandum refers to the experience of the Small-pox Hospital, as a proof of the protective power of re-vaccination.

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MR. GLADSTONE ON THE PREVENTION OF PROSTITUTION.

A LETTER has been published, addressed by Mr. Stansfeld in the name of Mr. Gladstone to Sir Edward Crossley, in reference to the moral aspects of the Contagious Diseases Act. The letter contains the following important declaration:—

"Mr. Gladstone authorizes me to add the expression of his own personal opinion that it is by the ascertained moral tendency of this exceptional legislation that it ought ultimately to be judged. If the Acts can be shown to be, in the words of your resolution, 'immoral in their principles and tendency,' no supposed physical advantages consequent upon their operation can justify their continuance, and they must be repealed."

If Mr. Gladstone's dictum be taken, as it has usually, as the decision of Parliament, it appears to us that the decision of the Commission and its legislative result are a foregone conclusion, and any scientific evidence adduced will be waste of time and trouble.

Everyone admits that, adopting the Puritanical interpretation of the words, the Act is "immoral in its principle"—that is, it implies recognition of the fact that immorality exists and is practically unavoidable.

This is obviously what Sir Edward Crossley means by his charges of immorality, and if Mr. Gladstone accepts this definition, there is, of course, no use in defending the Act. The most earnest supporters of the Act maintain its continuance on the ground that a great sanitary advantage ought to overbear a supposed sentimental violation of morality; but if Mr. Gladstone tells us that no possible benefits should induce the nation to reveal its maiden blushes, it is plainly lost labour to attempt to show the value of these benefits.

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Notes on Current Topics.

Fever and Small-pox in London.

ADMISSION OF SMALL-POX PATIENTS FROM GENERAL HOSPITALS.

At the last meeting of the Metropolitan Sick Asylums Board Mr. Charrington stated that the secretary of one of the general hospitals of London had requested permission to send patients not of the pauper class to the hospitals under the care of this Board.

The Chairman said there was no question that, primarily, these hospitals were only intended for those who were chargeable to the poor-rate; but still, where it became necessary to isolate cases of epidemic disease, and beds could be spared in these hospitals, such accommodation might doubtless be afforded.

A letter from the Vestry of Shoreditch was read, which stated that the accommodation given by the Metropolitan Asylum Board was utterly inadequate, being but 20 beds for a parish containing a population of 129,000.

Mr. Wyatt said there was a very grave error in the statement that 20 beds only were placed at the command of Shoreditch at Hampstead, for no less than 40 beds had been occupied at one time by patients from that locality.

The report on the Hampstead Asylum stated that "the cases presenting themselves during the past week have not been of so extremely a malignant character as those in the preceding fortnight, and it is to be hoped that this abatement may continue. The death-rate since the opening of the hospital has been 17 per cent., which may seem high, but it must be borne in mind that the demand for beds from the several parishes has always been much in excess of the supply, and as a consequence the worst cases have been selected for sending here. The state in which many patients come to the hospital is shown by the fact that of the 99 deaths which have occurred 24, or one-fourth, occurred within 48 hours of their admission, and a considerable number died on the third day. Of the 582 patients who have passed through this hospital, 423 have been protected by vaccination, and 159 have been unprotected. Of the former 29 have died, of the latter 68, a fatality among the vaccinated of something under 7 per cent., and in the unvaccinated nearly 43 per cent. Further experience confirms the opinion formerly expressed that in nearly every case of small-pox proving fatal to vaccinated persons there has been some previous vitiation of the system, and in the majority of cases that vitiation has been caused by gin-drinking to excess. The vaccinated have another advantage, in suffering much less severely, as shown by the length of their detention in the hospital, and this detention among the vaccinated (discharged cured) averages 23 days, while among the unvaccinated it is 34."

Dr. Bridges said the returns for the week ending the 28th ult. showed that there was a decided increase in the numbers of persons smitten with small-pox over the previous week. These returns, he reminded the managers, were respecting patients who were recipients of Poor-law relief, and were without hospital accommodation; and while there were 832 on the 21st, there were 1,010 on the 28th. The increased number was chiefly in Westminster, Shoreditch, City of London, Whitechapel, and Marylebone.

Parasites and Sewage.

One of the most important papers ever submitted to the medical officers of health, was that by Dr. Cobbold, on the "Propagation of Parasites by Sewage Irrigation." The question is one of the highest importance in reference to the public health, and we ought to direct attention to the statements made on such high authority.

Dr. Cobbold tells us that the butchers and fleshers are quite ignorant on the matter, and have never acknowledged the existence of measles in the cow, calf, or ox, and are ignorant of their ever becoming larval parasites, which have been shown to occur in the muscles of the sheep. Dr. Cobbold says, that thousands of the cattle now living in this country are thoroughly measled. Until lately the only specimens of "beef measles" ever recognised in England were those which were removed from cattle subject to feeding experiments by himself at the Royal Veterinary College. Neither Professors Simonds, Pritchard, nor any other person had ever seen anything of the sort previously. The "measles" was artificially reared in the animals by the introduction of the eggs of tapeworms from the human body. The presence of measles in cattle does not necessarily give rise to any conspicuous suffering. One calf experimented upon was reduced to a dangerous state, but the health of the older animals was only slightly affected; though the number of six-hooked embryos was many thousands. Cattle fed on sewage ground fodder, need not infect themselves to such an extent as to cause conspicuous suffering; yet, the likelihood of their becoming "intermediate bearers" of the larvæ of human tapeworms is a thousandfold increased by the fact of their being fed on grass reared under the conditions referred to.

The amount of suffering caused by parasites depends, though not invariably, on the number introduced, the age of the bearer, and upon his sensibility. It is astonishing what an amount of infection old animals will bear. A cow, with fifteen or sixteen millions of trichinæ, had no pain nor did she lose her appetite. When slaughtered, the bystanders refused to believe that she was diseased. Three pigs fed by Dr. Thudichum suffered more; two became ill, and the third died. Rats and rabbits resist the action of the flesh-worms, and the same may be said of cats and dogs.

A single person affected with tapeworm discharges thousands of eggs daily, which pass into the sewers. The further dispersion of these germs over fields and market-gardens ensures a more than ordinary facility of excess into the bodies of cattle. If, indeed, it could be safely alleged that parasitic disorders have not increased in consequence of sewage distribution, that would not disprove the injuriousness of wholesale irrigation, but would show that the untiring exertions of our sanitary officers have more than counterbalanced the excess of evil. We are not in a position to afford absolute proof, either one way or other, as to the increase or decrease of parasitism. There is no definite evidence; nor is there any public record of deaths from entozooic disease, though several hundreds annually take place.

Dr. Cobbold also gave an account of the development of "Bilharzia hæmatobia," the African blood-fluke. He had succeeded in rearing and watching the habits of the larva in the condition of an actively swimming, cone-shaped, ciliated, infusorial animacule, furnished with a highly developed water-vascular system. These develop more rapidly in pure water than in fluids which contain impurities of any kind, in fact, the young Bilharzia cannot arrive at their ultimate destination in the bodies of mankind or monkeys, until the urine or sewage in which they occur shall have been considerably diluted with fresh or salt water, in either of which they are capable of development with extraordinary rapidity.

The subject had not, Dr. Cobbold observed, been treated exhaustively, but all that was proposed was to demonstrate the high probability, not to say certainty, of a large increase of parasitism amongst mankind and animals, as arising from the distribution of fresh sewage by the method of irrigation on any extended scale.

Who ought to Vaccinate?

At a late meeting of the Metropolitan Association of Medical Officers of Health, Dr. Barnes enquired :—" How far the present prevalence of small-pox is to be attributed to the plan recently introduced of limiting the number of public vaccinators." Assuming that the present epidemic is the result of the neglect of vaccination, the practical questions are—What are the causes of this neglect? and How is it to be remedied? After entering into statistics, Dr. Barnes recommended an increase in the number of public vaccinators, arguing that the most effective way of getting at the greatest number of the population was to increase the points of contact between the medical practitioners and the people. Several good results may be expected from this course. 1. It would be the most effective engine for conquering rebellion against the compulsory clauses of the Vaccination Act. The public look to the medical practitioner as their guide and friend in questions affecting health. They do not trust a stranger. It is important to enlist moral influence in the service of the State, particularly when persuasion is better than compulsion. 2. Multiplying the number of public vaccinators increases the facility of access. Parents naturally object to take delicate infants, in perhaps inclement weather, long distances, to wait an indefinite time, and at inconvenient stations. 3. It is not desirable to disturb the confidential relations between medical men and their patients. 4. It is not yet proved that the concentration of the vaccine stations had worked well. On the contrary, the evidence of the results at Islington showed that the number of vaccinations had considerably fallen. No doubt it was an advantage to vaccinate directly from arm to arm; it was also a satisfaction for the parents to see the source from which the lymph was taken. But these advantages might be purchased too dearly if they had the effect of restricting the number of children brought under their application. Dr. Barnes recommended that the registration of births should be compulsory, and that as large a number of medical men as possible should be enlisted in the work of vaccination. He sees no objection to the State recognising every medical man as such. We may add that in one instance in our own experience some years ago, a London Union did recognise every qualified practitioner and supply him with the necessary forms, and pay him for every case certified as successful. The plan worked very well. All the practitioners were satisfied. There was no interference with each other's patients; and in every instance in the practice we then saw it was looked upon as a matter of course to vaccinate the baby within three months of delivering the mother. The plan of concentration in London is not popular. Men do not like their private patients to be sent off to public vaccinators. The patients themselves, as a rule, do not like the plan, but as the fees are reduced to the lowest point, they some of them take advantage of it, and others conclude that all medical service should be paid on a similar scale. The general sense of the profession in London is with Dr. Barnes, and it would certainly conduce more to our dignity as a body, for every registered practitioner to be recognised as a vaccinator.

Amputation described by a Special Correspondent.

The Paris Special Correspondent of the *Daily Telegraph* favours us with the following sensation paragraph. The feat said to have been accomplished may have happened as stated, provided the American gentleman referred to was, at the time, in the act of *unhosing* a wooden leg—not otherwise as the merest medical tyro knows very well :—

> "Another incident of the bombardment that would make one smile, were it not for sympathy with the sufferer, and a feeling of the possibility of his case being any day one's own, is that of an American gentleman who, while in the act of taking off his left sock, had the trouble saved him, then and for the future, by a bomb entering the room and carrying off sock and foot. He assured the doctor who attended him that the pain he felt at the moment was absolutely nothing, so skilfully did the shell perform the amputation; indeed, he seemed to be so lost in admiration at the neatness of the operation that he was scarcely sensible of the loss which he had sustained."

Dr. Richardson on Chloral Hydrate.

At his lecture last week "On Experimental Medicine," Dr. Richardson gave a series of observations on recent fatal or assumed fatal cases from the use of the hydrate of chloral, and asked four questions in respect to the action and effects of chloral. To the first question whether the practice of taking the hydrate without medical advice or direction was becoming at all general amongst the public, he gave an affirmative answer. He held that, in professional hands, now that its action is better understood, and the novelty of its application has worn off, the employment of the hydrate is less than it was some months ago; while the practice of resorting to it by the public is on the increase. As showing this increase, Dr. Richardson said he had been able to estimate that nearly 50 tons of the agent had been used in England in the last eighteen months.

On the second question, what is a dangerous and what a fatal dose of the hydrate, the lecturer computed that 120 grains was a dangerous and 180 grains a fatal dose; he cited a case of recovery from a dose of 120 grains, but the symptoms were very prolonged and the risk great.

The third question related to the quantity of the hydrate that might be given in small and repeated doses during a limited time, say of twenty-four hours. The answer to this was, that an adult person could not decompose and eliminate more than 120 grains in the time suggested, viz., twenty-four hours.

On the fourth question, whether the frequent administration of hydrate of chloral lessened or increased the danger of administration, the argument ran to the effect that frequency of administration, while it might increase the confidence of those who took the drug, in respect to its safety, actually increased the danger. There was danger of "accumulation," while the power of the body to dispose of the agent by diffusion, decomposition, and elimination, became sensibly reduced. A contrast was here drawn between the actions of opium and hydrate of chloral, by which it was shown that the latter cannot, like the former, be gradually increased except in the most limited degree, without immediate danger. Some other questions were noticed, having reference to the symptoms and pathological conditions incident to the prolonged use of the hydrate; the chemical tests for it in the tissues in cases of poisoning by it, and the *post-mortem* appearances in cases where it proved fatal after administration in many successive doses.

Gifts to Liverpool Charities.

In continuance of a liberal series of gifts by Mr. Humphrey Nichols, he has presented £7,000 to the Treasurer of the Salford and Pendleton Royal Hospital and Dispensary. This, with former gifts to the same Institution, will make a total of £10,000. Mr. Nichols has also paid to the Rector of Warrington, for the purposes of the Institution for the Relief of Widows and Orphans of Clergymen, the sum of £7,500. In the case of this institution, too, the total amount of Mr. Nichols's benefactions within the last few years is £10,000.

Post-office Letters and Epidemic Diseases.

Can epidemic disease, such as fever and variola, be propagated through the post-office by letters? is a question asked us by a respected correspondent, and bearing somewhat upon our annotation last week on the subject of Secret Poisons. We cannot answer the query very accurately just at present, and until further inquiry can be made into the subject, we must content ourselves with the recital of the following case, which lately came under the notice of one of our staff. It gives an affirmation however, to the question asked us. A gentleman connected with a city hospital contracted typhus fever. His relations lived a hundred miles away in a country district, where the existence of fever was unknown for years. During his illness they had daily communication from the hospital by letters written by a friend, but not otherwise. These letters were written in the chamber occupied by the invalid, and the paper used had been in his writing case for some time. On the sixth day after the young gentleman had passed through a favourable crisis, or on the 20th from the time the hospital correspondence first commenced *two* (at the same time), members of the family became infected with a similar type of fever. These young ladies were the two who received and answered the letters concerning their sick brother, and the city correspondent was the affianced husband of one of them. No other cases of fever occurred in the district, and the infection was attributed to the paper used in writing, which was of a cheap description, and not the ordinary glossy note-paper in common use. We hope this is a mere coincidence, and that we shall nor require a disinfecting chamber at the post-office.

Small-pox in a London Club House.

A case of small-pox took place last week in one of the great London clubs. A message was sent to a large hospital asking that a vehicle might be sent to fetch the patient away. The answer was, they had no such vehicle. After three or four other unsuccessful attempts, a cab was called from the stand.

It is strange that none of the people—including the workhouse and two hospitals—should have told the messenger that there were special vehicles in London. The club would willingly have paid anything, and would, no doubt, subscribe to the society for supporting these vehicles.

Small-pox at Parties.

While the public are so fearful of catching small-pox, had they not better give up their parties? Young people brought together to chatter or dance, or otherwise kill time, are likely to have one at least of their number who has been exposed to contagion—perhaps one with the disease coming on—or worst of all, one who has had it and has only just got out again and has not had his clothes properly disinfected. We are not alarmists. What has once happened may occur again. If the people will not be vaccinated they may as well be told of the risks they run.

Small-pox in Public Vehicles.

Enough has been said about cabs, perhaps the omnibuses deserve a word. We rode the other day in one that was taking people to one of the small-pox hospitals. Perhaps they returned in another omnibus, and what are people to do? Small-pox is not so bad as other diseases, inasmuch as we have a preventive, but we may learn from this epidemic our need for hospital vehicles.

Small-pox in Railway Carriages.

Last week a servant in a respectable London family, was taken ill. The doctor pronounced the case to be small-pox and recommended her removal to the hospital. Her friends refused, and agreed to take her home. A cab was called, she was wrapped up in a blanket and brought to the door. The cabman declined to take her in that state. She was then dressed further by wrapping shawls over her, and the cabman drove her to the railway station, where she was placed in a train and travelled thirty miles. She reached her home in safety, and a day or two after the shawls, &c., were returned per rail.

Baron Liebig's recovery is now assured as he has recommenced his lectures.

The first indications of the presence of salt in Australia have recently been discovered near Scone, New South Wales. Dr. Creed has bought the land for the purpose of working the first native product of the kind.

Dr. Andrew Clark is nominated for the Presidency of the Medical Society of London.

Professor Flower will commence a Course of Lectures on the Teeth at the College of Surgeons next Friday.

The deaths from small-pox in Liverpool have risen to 90 per week. This equals 9 per 1,000 of population. In London it has not yet exceeded 3 per 1,000.

The Obstetrical Society of London has issued a series of rules for the general management of infants. They are in the form of a pamphlet, price one penny.

It is said that Liebreich, the Ophthalmologist, who last week joined the London College of Surgeons, is to be offered the ophthalmic department of St. Thomas's Hospital.

We rejoice to hear that the Mutual Medical Aid Society has been dissolved. It was unworthy of medical men to submit to such terms as were proposed, and its success would only have been the injury of the profession.

Mr. T. B. Crosby delivered the Annual Oration before the Hunterian Society last Wednesday evening, after which there was a *conversazione* and exhibition of interesting specimens by Mr. Hutchinson, Dr. Hughlings Jackson, and other eminent members.

The Royal Academy of Medicine at Brussels has resolved to compile a report with the view of inducing the population to be vaccinated or re-vaccinated. M. Warlomont said that at Metz twenty-six Jesuits occupied the post of infirmarians to small-pox patients; twenty had been re-vaccinated, some successfully, some unsuccessfully. The other six objected. The first twenty had not the smallest attack of the disease, the six others died. M. Sovet said that, finding one of his relations ill, and suspecting small-pox, he re-vaccinated him (at the age of twenty-three). The small-pox declared itself and the vaccination ran its course, but the small-pox died away.

Several cases of small-pox have occurred on board Her Majesty's ships at Portsmouth. On Monday week a case was sent from the *Asia*, the harbour guardship of the Steam Reserve, to the Navy Hospital at Haslar, and on the next day a second case was sent to the hospital from the same ship. Sickness has been and is rife on board the boys' training ship *St. Vincent*, in the apparent preliminary stages of measles and in mumps, but two of the supposed measle cases sent to Haslar Hospital have proved to be small-pox. All harbour ships, with large numbers of men and boys on board, have necessarily continuous and extensive communication with the shore, and also with other of Her Majesty's ships in harbour. The *Asia*, as the guardship of the Steam Reserve in the port, communicates through her officers and men with nearly every ship in the harbour, docks, and basins each day, and the number of those leaving her for the shore at night on leave until the following morning is also large. There is an order by the Admiralty in force that all naval cadets and boys in the navy shall be vaccinated, and this with the majority means, of course, re-vaccination.

We hear there is a talk of founding a new hospital at Birmingham—for women.

The Queen has awarded a pension of £100 a year on the Civil List to Dr. Stenhouse, "in consideration of his scientific attainments."

Dr. Farquharson, the Medical Officer to Rugby School, has sent in his resignation. This step will occasion general regret amongst the scholars with whom he is very popular.

The twenty-five chemists in Toronto, who were prosecuted for the illegal sale of poisons, have been convicted, and a fine of twenty-five dollars and costs imposed in each case. They have, however, appealed, and the legality of the decision will be determined in a higher court.

DR. GULL'S' ADDRESS.

Our contemporaries have all published in full the address of Dr. Gull, as President of the Clinical Society, and we may therefore, well devote a few paragraphs to it. The Society he said should do the work that no individual can, obviating thus the *vita brevis* that has weighed upon the profession from the time of Hippocrates, and the work should moreover be so prosecuted, that the counterpart "experience is fallacious" should no longer obtain. The Society should exhibit the most critical means of research, and improve those means—two objects which we acknowledge are worthy of the labour bestowed on them. To obtain true therapeutical experience, we have to measure the forces against which we operate.

What voluminous records are there of cures and means of cure which are as valueless as the rags upon which they are printed. "What pains and expense," says Herschel, "would not the alchemists have been spared by a knowledge of those simple laws of composition and decomposition which now preclude all idea of the attainment of their declared object! What an amount of ingenuity thrown away on the pursuit of the perpetual motion might have been turned to better use if the simplest laws of mechanics had been known and attended to by the inventors of innumerable contrivances destined to that end! What tortures inflicted on patients by imaginary cures of incurable diseases might have been dispensed with had a few simple principles of physiology been earlier recognised! But," he continues, "if the laws of Nature on the one hand are invincible opponents, on the other they are irresistible auxillaries; 1, in showing us how to avoid attempting impossibilities; 2, in securing us from important mistakes in attempting what is, in itself, possible, by means either inadequate or actually opposed to the end in view; 3, in enabling us to accomplish our ends in the easiest, shortest, most economical, and most effectual manner; 4, in inducing us to attempt, and enabling us to accomplish, objects which but for such knowledge we should never have thought of undertaking."

Dr. Gull then went on to say, I cannot forbear expressing our obligations to the sister science of surgery in all its departments. I assert that I have received as lively intellectual satisfaction, and have been as deeply impressed with the feeling that knowledge is power, whilst witnessing the effects of some surgical operation, as I have in contemplating the highest triumphs of physical or chemical science. It is perhaps, to be regretted that medicine and surgery have been in any way dissociated. Happily, in this Society they are united. What detriment surgery has received from the separation others must say; but medicine requires constantly quickening by the necessity of that exact anatomical observation which the problems of surgery amply supply.

The tendency in modern medicine to increasing perfection in diagnosis is daily lessening the *hiatus* which has existed between the two branches of study; and pathological anatomy is largely confirming their identity. Clinical medicine requires ever-increasing exactness in these researches.

He added, what unexplored regions are inviting our attention will be obvious to anyone who will look over the pages of any year-book of facts recording the labours in the different departments of medical knowledge. The perusal will leave upon the mind the sense how little has anywhere been accomplished, and how far the lines of inquiry radiate and diverge.

To take that commonest of all maladies, phthisis, it may be said to present a great chaotic field, distinct in nothing but its mortality, and all but unexplored by science in respect of those steps and processes whereby the fatal issue is reached. The Transactions of this Society already contain some contributions towards a better clinical history of some forms of this disease, and I trust that in each session more may be done towards tracking the earlier history of its different varieties, for if anywhere in physic the principle *principiis obsta* is valuable, it is probably here. I trust, however, I may not be understood as if our records of the coarser phenomena of phthisis were not more than enough. Under the generic term phthisis are included many different maladies; and, if the whole object of medicine were satisfied when these forms had been distinguished, and the popular remedies prescribed, there would be no more to say. But clinical science revolts against this conclusion, and requires a still finer discrimination of the morbid processes in question, with information as to how they begin and by what means are hindered. There is something very suggestive in seeing one member of a family left in health and strength to old age, whilst all the members of the same family, coming either before or after, fall victims to this disease or its alliances; or in seeing exceptions made to its ravages through the intervention of some diverse pathological state—insanity, epilepsy, or rheumatism. Our clinical knowledge ought to show how this is determined, as from such knowledge prevention might be expected to follow.

Or, to turn to another and equally extensive field of research, the large class of vascular degenerations occurring mainly between the ages of forty and sixty. If the processes, near or remote, which bring about these morbid states of the heart and vessels, were more fully elucidated, some part of the chapters which now treat of the diseases of the brain, of the chronic diseases of the lungs, of the liver, and especially of the kidneys, might have to be re-written.

After this, Dr. Gull pointed out the importance of studying the beginnings of disease, and here is to be seen encouragement for inquiring minds in private practice, for it is only here that trifling ailments are to be met with, and how can we know but in them we may yet detect the early traces of pathological change, which have escaped those diligent explorers who have been occupied with morbid anatomy? Many readers in their daily toil may take courage from this, and believe that in "routine practice" they may yet advance clinical medicine.

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CLINICAL EXAMINATION IN IRELAND.

We stated last week that the King and Queen's College of Physicians in Ireland had, on the motion of Dr. Lyons, adopted a resolution that candidates for their licence would be examined clinically. We learn that at a meeting of the College on Friday it was resolved on the motion of Sir Dominic Corrigan, seconded by Dr. Stokes,

"That it is the opinion of this College that a mode of combining Clinical Education with Clinical Examination of Students educated, wholly or in part, at the Dublin Hospitals, might, perhaps, be devised, that would secure the possession by Dublin Hospital Students of a superior knowledge of Practical Medicine in the following way,—viz.:—

"That the Physicians of the several recognised hospitals in Dublin should constitute themselves into an Examination Board.

"That such Board should institute periodical Clinical Examinations, at each Hospital, of the Students attending such Hospital who would desire to present themselves for examination.

"That the Examining Board at each Hospital should consist of at least one of the Physicians of the Hospital, with two or more Physicians from other Hospitals; and that a Certificate of having passed such Clinical Examinations should exempt Candidates for the License of this College educated, wholly or in part, in Dublin Hospitals, from the Clinical Examination required from Candidates for the License of this College at their final examination and that a copy of this resolution be forwarded to the Physicians of the recognised Hospitals for their observations and opinions."

The idea embodied in the resolution is, that it would combine "tutorial education and examination test," and its proposer argued that it would make hospital study continuous and steady and that, by leading to steady hospital attendance, it would create among the students emulation in practical hospital work and among the teachers a worthy rivalry, and would still leave to students the choice of the form of clinical examination and the option of the hospital periodical examinations here proposed or the one final clinical examination.

The motion was carried with a single dissentient vote.

We understand also that the Council of the Royal College of Surgeons has adopted at its last meeting a scheme for carrying out the Clinical Examinations for its diplomas as part of a general proposition for the revision of its examination.

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SCOTLAND.

Edinburgh University Court.—This Court has appointed Dr. W. Robertson, F.R.C.P, Mr. B. Bell, F.R.C.S., and Dr. Dumbreck, F.R.C.S, Examiners in Medicine for 1871.

Edinburgh New Town Dispensary.—The report states there is a large increase in the working of the Dispensary in all its departments, being nearly a sixth larger than that of last year. The expenditure, however, had somewat exceeded the income. A special appeal is to be made for funds.

Death of Dr. Keith, of Aberdeen.—By the sudden death of Dr. Keith, the north of Scotland has lost a distinguished surgeon, and a most popular and successful practitioner. Dr. Keith's name has long been known in connection with the Aberdeen Infirmary, of which institution he was one of the surgeons and clinical lecturer on surgery. After a service of thirty years he resigned in June last his appointments in the Infirmary; but the managers anxious to secure for that institution the benefits of his matured wisdom and experience, appointed him their consulting surgeon. Dr. Keith contributed largely to the medical journals, but his name will be best known as the author, in conjunction with his colleague, Professor Pirrie, of a work on "Acupressure," published some years ago. Dr. Keith died at Edinburgh on the morning of the 6th.

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THE VIEWS OF THE IRISH LICENSING BODIES ON MEDICAL LEGISLATION.

It will be remembered that a conference was held some weeks ago of Representatives appointed by the Board of Trinity College, Dublin, the Senate of the Queen's University, the King and Queen's College of Physicians, and the Royal College of Surgeons in Ireland; in accordance with a Resolution passed by the College of Physicians.

After several meetings, nine Suggestions, which we then published in the Medical Press, were agreed to at the Conference, to be submitted for the consideration of the respective Bodies:—

These suggestions were in favour of a State Examining Board, elected by the Licensing Bodies, and that every candidate should be obliged to take two of the existing qualifications in medicine and surgery before presenting himself.

These suggestions, having been agreed to by a majority of the Members of the Conference, were afterwards laid before the several Bodies represented, and were finally approved by the Board of Trinity College; the Senate of the Queen's University; and the King and Queen's College of Physicians.

The Council of the Royal College of Surgeons were of opinion that a Bill founded on these Suggestions would not be likely to prove satisfactory.

At a subsequent meeting, the Delegates of the Royal College of Surgeons laid before the Conference the basis of Medical Legislation and Principles of a Medical Bill, which we published recently, founded on the following Principles:—

1. That the General Medical Council should be remodelled by some plan which, whilst preserving to the Medical Authorities their due share of representation on the General Medical Council, should provide for a more extended representation thereon of the Registered Medical Practitioners.

2. That the privileges of the several Universities and Medical Corporations should remain as heretofore.

3. That there should be three Examining Boards, formed by the union of the Medical Authorities, in each division of the Kingdom, whose Certificate should be indispensable for Registration.

4. That the Universities and Medical Corporations should have power, if they see fit, to affiliate persons holding the Certificate of any of the Examining Boards, with liberty to such persons to register their additional titles.

5. That there should be a power of appeal, on the part of any of the Medical Authorities, to the Privy Council. The suggestions of the Royal College of Surgeons having been debated,

Principles 1, and 2, were agreed to by the Conference, with one dissentient voice.

Principles 3, 4, 5, were not agreed to by a majority of the Conference.

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Correspondence.

THE LAW OF SURGEON AND PATIENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—The charge of Judge Thayer, reported in your number for Feb. 8, on an American action for malpractice, though much more favourable towards our Profession than such charges usually are, nevertheless suggests the inquiry—"Is there any *contract* on the part of a medical man towards his patient as to the degree of skill which he shall bring to the patient's service?" It might plausibly enough be held that there was such a contract undertaken by the licensing body who admitted the practitioner to the profession; but, on the face of the matter, the amount of skill for which the practitioner gives any guarantee is *the minimum* amount held necessary by his College for granting their licence. And there is this farther consideration in addition, that, after obtaining his qualifications, the bent of a man's mind and tastes, and the direction of his studies and practice, may lie almost entirely towards one of the many departments of the Profession to the exclusion of others, or nearly so, and yet he may be called on, and absolutely required to treat a case belonging to some other department, and which he would much rather have nothing to say to, just because he distrusts his own skill. A man may be a first-rate physician, and yet a bad surgeon, and wholly ignorant of some other branch, say the oculist's specialty; and yet such a man may be found in a country district where, from want of anyone else to go to, he may have to undertake the most difficult operations and cases, regarding which he himself would be the first to say, "This is out of my line; I don't profess to be skilled in such a case, I had rather you would consult someone else." Yet, there may be no one else to consult; and he may fail, and be liable to an action for damages, having no better basis than the most unwarrantable assumption that every practitioner guarantees and *contracts* for the possession of the highest amount of skill in every individual branch of our many-sided Profession. Then, again, a man is liable to an action if he does not use reasonable diligence in attending to a case; and yet, if he does use such diligence, he may be coolly told, when he asks for his fees at the end of an attendance, "We never sent for you but once," as I have myself been told.

It is time that a new understanding should be entered into between surgeon and patient; that the principle of "caveat emptor" should hold in this as well as in other relations of life. A medical man will always do his best, for his own sake; but certainly no *contract* should be held or supposed to exist toward his patient on the part of any medical man: the penalties of failure are heavy enough without that addition. There is no contract implied or supposed to exist in any other profession; nor could there have arisen any such idea with regard to ours had it not been for our divided interests among our licensing bodies, and the overstocked condition of the Profession as regards its rank and file. We are helpless as individuals in the hands of an overweening and arrogant public, and they know it. We have not, as yet, even indifferently reformed this, though we ought long since to have reformed it altogether.

Yours truly,

Letterkenny, Feb., 1871. Isaac Ashe, M.B.

PUERPERAL MORTALITY IN DUBLIN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I observe in the Registrar-General's Returns for the week ended 31st December last, an unusually large mortality in the Dublin Registration District from puerperal fever and childbirth—ten from the former and three from the latter; and, in the previous week, three from puerperal fever. This is the largest mortality of puerperal women that has ever occurred in the district except in the week ended 27th April, 1866, when twelve died of puerperal fever, and two of childbirth. Perhaps you can inform your readers how many of these thirteen deaths from puerperal fever took took place in hospitals—without naming the hospital—how many outside. I observe that in each week fourteen died of scarlatina, with which, probably, puerperal fever is much connected.

Your obedient servant,

Jan. 14th, 1871. D. P.

We have been favoured with the following reply to our Correspondent's query:—

"General Register Office, Dublin,
"4th February, 1871.

"Sir,—In reply to your letter of the 23rd ult., I have to inform you that upon examination of the Returns it appears that the deaths from childbirth referred to in your Correspondent's letter were registered in the week ended December 31st. Eleven of them occurred in Lying-in Hospitals, and two in private houses. The respective dates of deaths were as follows:—October 13, November 4, November 6, November 12, November 17, November 20, November 26, November 30, December 6, December 19, December 26th. One of the foregoing deaths is stated to have resulted from unavoidable hæmorrhage. The dates of death of the two who died in private houses were, December 9 and 19. Dr. Phelan's letter is herewith returned.

"I am, sir, your obedient servant,
"William Donelly,
"Registrar-General."

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DEATH OF DR. JAMES SHERIDAN MUSPRATT.

At five o'clock a.m. on Friday week, Dr. Sheridan Muspratt, after a somewhat lingering illnes, died calmly, at his residence, near Liverpool, aged fifty. Few men, in so short a life, have contributed more to the great science of chemistry than Dr. Muspratt. He was born in Dublin, in 1821. His father's subsequently removed to Liverpool. Having at thirteen, travelled through France and part of Germany, he entered the Andersonian University of Glasgow, where for nine months he studied in the laboratory of Professor Graham, whom he afterwards followed to London. Proceeding to America, he there entered into a trading partnership, which proved so disastrous in its results, that he retired from a field for which nature had evidently not intended him; and having terminated his American experience by visiting the various states, he, in the year 1843 repaired to Giessen, and placed himself under the great Liebig, with whom he formed a close fellowship. Dr. Muspratt's scientific knowledge won him a competency, which he chiefly acquired as partner and scientific director of Messrs. Muspratt Brothers' extensive chemical works at Flint. The Liverpool College of Chemistry in Duke street, which he established, will always be associated, with his name.

In his "Dictionary of Chemistry," he successfully made difficult subjects very plain to what is called the commonest understanding, and there can be little doubt that amongst the youth who now read it with avidity it will, by awakening in them high scientific aspirations, dignify the science which Faraday sanctified, and which Liebig happily still lives to teach. Harrogate has erected a temple over the chalybeate water which his labours discovered.

On his return from Germany, in 1848, Dr. Muspratt, married the accomplished American actress, Miss Susan Cushman, whose companionship he enjoyed until her premature death in the spring of 1859.

USE OF BROMIDES.

Hays's *American Quarterly*, gives a full report of the *Transactions* of the College of Physicians of Philadelphia.

There is a very important paper on the "Ulceration of the Skin, as an Effect of the Use of the Bromides," by Dr. S. Weir Mitchell, who says:—Every physician is aware that these salts may cause an eruption of small boils or pimples, which appear in successive crops—sometimes between the shoulders only, and sometimes there and on the face—more rarely they are generally disseminated.

In the cases of women, this constitutes now and then a grave objection to the use of bromides, except in very serious disease, where the complexion is no longer an object of moment. In epilepsy, I have now and then had to lessen my doses or lay the drug aside for a few days, on account of this evil; but save in the two instances about to be reported, the skin disease caused by bromides, has never interfered practically with their continuous use.

A lad, at the age of ten, began by having the lesser epilepsy, caused apparently by gastric disorder. These attacks gradually increased in number, and after two years he began to have convulsions, which, now for several years retain the same character. At intervals of from nine to fifteen days he has, within forty-eight hours, two or three attacks. They resemble in all respects the typical fit, save that he does not bite his tongue. The lesser seizures are numerous, and the memory has been seriously impaired. Several years ago, I began to give this lad bromide of potassium, with an excellent effect in lessening the number and force of his fits, although it never fully held them in check.

After some nine months of its use, in twenty to thirty grain doses, thrice a day, the boils, which had begun very early to plague him, became larger and more abundant not only on the face, but also on the scalp and extremities. His parents shared my desire to get out of the bromide its full value, and it was therefore agreed to push it. This resulted in certain of the boils, enlarging and leaving a deep ulcer with everted edges, and with a strong tendency to accumulate pus and epithelia in the shape of a conical covering it to resemble closely rupia. At one time he had nine such ulcers, none less than an inch in diameter and one or two of double this size, while the boils were numbless and painful. At this time I succeeding in persuading the patient and his near relatives, that the medicine was the sole cause of this annoyance, and it was therefore lessened; but not until he got down to thirty grains a day did the ulcers begin to heal. Some months later, he being in the country, away from me, they were tempted to give the bromides once more in full doses. Precisely the same result occurred; but when he was brought in this pitiable state to me, I endeavoured to discover how the bromides could still be given without causing boils, for on this latter occasion the ulcers formed within two months, and under very moderate doses. It was clear enough that the boils were only the small beginnings of a mischief which ended in the ulcers, so that to save from one would enable us to escape the other, and in this point of view the appearance and enlarging of the boils became a sufficient and early test.

I should add that bromides were always of great use in this case, until under the influence of multiplying ulcers, the general health began to fail, and the fits to increase.

I began by making the functions of the skin more active with warm baths, flesh brushes, and other means, with always great attention to the bowels, and finally with various diuretics, both vegetable and mineral. Then I tried tonics such as bark and iron. The other means had merely failed, but the iron, especially its most efficient form, the tincture of the chloride, enormously increased the attacks, as it is very prone to do. Next I employed manganese, zinc, silver, bismuth, all alike in vain; nor was any local plan of treatment more fortunate. Finally, I rang all the changes upon the combinations of bromine, using them before or with or after meals. The bromides of potassium, sodium, and ammonium all alike occasioned these hideous boils and ulcers. All of the three salts acted favourably upon the fits, the ammonia salt requiring much larger doses, and being apparently not quite so sure in its effects. I then began to employ, with but faint hope of success, combinations which are not in common use, such as bromide of calcium, of magnesium, and even bromine itself in solution. None of the latter agents surely lessened the number or force of the fits, so that there was no reason to continue them long enough to tell whether or not they would increase or keep open the ulcers. So far as I can now recall, the bromide of lithium was the last used of the bromides. It caused new or increased the old ulcers, and had the usual happy influence upon the fits of the other bromides of fixed alkalies.

Until lately, I supposed that the above case, of which I have related enough to serve my purpose, stood alone as to the possible extent of the influence exerted by bromides upon the skin. Two months ago, however, I saw a young man from Northwestern Pennsylvania, who on account of an epilepsy of ten years' duration, took, without advice of any physician, a quack preparation, which I have found to contain about 25 grains of bromide of potassium to each dose. Finding that he obtained but slight relief and despite increasing boils, of the origin of which he knew nothing, he doubled the dose and took for at least a month, 50 grains thrice a day. When I saw him, he had above the right knee an ulcer two inches wide, and through neglect, covered with a conical cap of dried pus, so as to look like rupia. On the same leg were two ulcers, and on the left arm and back of neck were three. It may seem incredible that the only physician in his neighbourhood, to whom he showed these ulcers, and related his case and treatment, should have considered his case as one of syphilis. Upon withdrawing the bromide, these ulcers healed with the most astonishing rapidity.

Excepting these two cases, I have seen no instance of bromic ulcers, although, like others, I have met with many cases of such eruptions of small boils, as to make it advisable to lessen or stop the offending drug. On the other hand, in some epileptics the largest doses of bromides cause only slight acneous eruption between the shoulders, while in a very few no therapeutic device will lessen or prevent the most enormous outbreak of boils. So far, no advice has aided me to solve this problem. In France one observer at least has contended that the sodium bromide is less productive of boils than the others. I am positive, however, that this is not the case, and that we have no means as yet of giving bromides with a certainty of not causing eruptions.

Medical News.

Liverpool Lying-in Hospital.—The statistics of attendance and relief during the past year, as compared with those of the year preceding, show a marked increase in all departments, save that of training nurses, but the falling off in the numbers certificated is regarded as exceptional. There were 233 confinements last year, giving 234 births, out of which there were 11 still-born. Three mothers and three children died.

The Public Health.—During the past week, 5,214 births and 4,071 deaths were registered in London, and nineteen other large cities and towns of the United Kingdom; and the aggregate mortality of the week was in the ratio of twenty-nine deaths annually to every 1,000 of the present estimated population. The annual rates of mortality last week in the seventeen English cities and towns, stated in the order of their topographical arrangement, were as follows:—London, 26 per 1,000; Portsmouth, 21; Norwich, 20; Bristol, 30; Wolverhampton, 25; Birmingham, 26; Leicester, 32; Nottingham, 30; Liverpool, 46; Manchester, 29; Salford, 32; Bradford, 27; Leeds, 24; Sheffield, 27; Hull, 20; Sunderland, 31; and Newcastle-upon-Tyne, 20. The fatal cases of small-pox in these seventeen towns were 214 last week, of which 157 occurred in London, 51 in Liverpool, 2 each in Manchester and Leeds, and 1 each in Salford and Newcastle-upon-Tyne. In Edinburgh the annual rate of mortality from all causes last week was 31 per 1,000 persons living, in Glasgow 40 per 1,000, and in Dublin, 33.

Society for Relief of Widows and Orphans of Medical Men.—At the last quarterly Court of Directors of the Society, £1,078 10s. 0d. was voted in various sum to fifty-six widows, and £242 to fifty children for the half year, beginning the 1st of January. A sum of £22 was granted to one widow and two children, as extra grants from the Copeland Fund. In the absence of the President, Dr. Pitman, V.P. took the chair, the Court was well attended by the Directors, the usual business of such meetings was transacted, only two new members were proposed, there were none for election. The directors once again urge on the profession the necessity of increased assistance, to enable them to meet the very heavy and increasing demands on the Society. It is expected the balance sheets of 1870 will show but a few pounds to the credit of the Society. It having been decided that no anniversary festival be held this year, "The directors earnestly request the wealthier members of the profession, to make donations to the declining funds of this excellent charity." To this official appeal, we would impress upon our readers the claims the society has upon their interest, both pecuniary and otherwise.

Small-pox and Vaccination.—The Royal College of Physicians of London has issued a statement to the following effect:—Nothing in the history of vaccination, since its first introduction, has occurred to shake the confidence that has hitherto been placed by every well informed physician in the power of vaccination to diminish the susceptibility to small-pox, and in its efficacy as a protective against both the mortality and the disfigurement occasioned by that disease. Small-pox occasionally occurs a second time in the same individual; it is not, therefore, surprising that small-pox does sometimes occur in those who have been vaccinated, more especially in those in whom the operation has been imperfectly performed. These facts were admitted by Dr. Jenner himself, the discoverer of vaccination. The mortality from small-pox occurring in the non-vaccinated, amounts to thirty-five per cent. of those attacked, whereas the mortality in those who, having been *properly* vaccinated, subsequently take small-pox amounts to less than one per cent. Disfigurement, more or less serious, is in the non-vaccinated the rule; in the properly vaccinated it is the exception. Experience has amply proved that re-vaccination of adults who have been vaccinated in childhood will, to a very large extent, protect against an attack of small-pox. Thus, to take one of many illustrations that might be adduced. For more than thirty years all the nurses and servants at the small-pox hospital who had not previously had small-pox, have been re-vaccinated before entering on their duties; and not one case of small-pox has occurred among these persons, although living in an atmosphere of concentrated infection. The College therefore deem it right—1. That all persons who have not been vaccinated, or who have not already had small-pox, should at once be properly vaccinated by competent vaccinators. 2. That all persons who have passed the age of puberty, and have not been re-vaccinated since infancy, should be re-vaccinated. 3. That all persons of whatever age, who have not sufficient and characteristic marks, and are likely, as at the present time, to be exposed to the infection of small-pox, should be re-vaccinated. The advantages to be derived from re-vaccination may be best secured both for the community and for the individual, by a systematic performance of the operation on every person upon passing the age of puberty. For the community, because a well grounded confidence would replace the present recurring panics about small-pox; for the individual, because the operation performed as part of a system would be done in the manner most certain to be efficient, and not, as at present teo often happens under conditions little conducive to a protective result. The local effects produced by re-vaccination vary with a number of conditions. A re-vaccination with well chosen lymph (not taken from a re-vaccinated person), producing some indisputable local result, may be regarded as affording evidence of efficient protection from small-pox. But on the other hand, where no local effect whatever is produced, the person can only be regarded as being in the same position as if the re-vaccination had not been performed, The practice of repeated or periodic re-vaccination does not appear to be generally necessary. But in instances where a person, after re-vaccination, has been subjected to serious constitutional or climatic changes, and is subsequently more than ordinarily exposed to the infection of small-pox, a further re-vaccination may properly be advised.

Latest Paris Food Items.—All the horses in private hands were taken without distinction as fast as they were required for food, and the sacrifice of property under this necessary edict was terrible. In at least one instance a splendid pair of carriage horses which cost only a few months since £200, were sent to the abattoirs, the proprietor receiving just £48 for them; and it is said that a splendid English stallion which cost more than a thousand pounds was taken and for at the same rate. For the meat of a single horse this last case seems one of unnecessary waste of money. The Jardin des Plantes and the Jardin d'Acclimatation are empty. The animals have all been killed and sold at fancy prices. Two young elephants were sold at 27,000f. to a butcher, who has made a speciality of such game. The skin was at once sold for 4,000f.; the feet, trunk, and other parts sold enormously dear. The kangaroos and deer of all kinds, cassowary, wild geese, ducks, pheasants, etc., all passed away long since. The Parisians have had the opportunity of tasting bear hams, camel hump, seal flesh, eagle, parrot, and I know not how many other strange birds and beasts. "Camel eats like veal," says one, "seal like lamb, and bear like pig." "Why do you not eat monkey!" says another, "for monkeys imitate everything."—*Food Journal.*

London International Exhibition, 1871.—Comparatively few persons are aware, so completely has the war eclipsed every other subject, that a grand International Exhibition will take place in London this year. A very handsome range of buildings has been erected at South Kensington for the purpose, and the Exhibition will be opened on the 1st of next May. These buildings are capable of accommodating, in addition to the exhibits, 50,000 persons, and they are of a permanent character. Notwithstanding the war, France will be a large contributor, and the French Commission have built an annexe of their own at a cost of about £80,000. The buildings are now finished, and the Commissioners have begun to receive the various articles for exhibition which must all be delivered before the end of February. H.R.H. the Prince of Wales is the President of Her Majesty's Commissioners for the Exhibition; Messrs. Spiers and Pond are to be the refreshment contractors; Messrs. Chaplin and Horne the carriers; and Her Majesty's Commissioners have entered into arrangements for the printing and publication of the official catalogues by Messrs. J. M. Johnson and Sons, of Castle street, Holborn, London.

Fuel in Paris.—We read in *Nature* that the new fuel invented for Paris is more substantial than had been supposed. It is the asphalt used for coating the side-ways of the streets. The total length of *trottoirs* is about two million yards, the breadth two yards, and the thickness half an inch, so that the cubic measurement of asphalt ready for use is 555,550 cubic yards. It is mixed with about half of its weight of sand, which reduces the real weight of asphalt to 277,777 cubic yards. It is difficult to burn asphalt without being suffocated with smoke. But all these drawbacks can be met successfully by scientific skill and ability. M. Le Troost, director of the Grenelle Gas Works, has erected furnaces for using tar as fuel in the distillation of tar. Tar is sufficient without the help of any other fuel to prepare gas for ordinary purposes or for inflating balloons. These furnaces were working successfully from the beginning of November, and this success has probably led to the idea of using asphalt as fuel for ordinary purposes. The same authority says, that another rather singular invention for remedying the actual want of fuel in private houses became very popular in Paris during the seige. They prepared cylinders of clay impregnated with bituminous substances; these combustible cylinders were used like the ordinary charcoal which is necessary in Parisian cookery. The earthy matters, of which the proportion is not greater than necessary, remain in the furnaces like ashes left by the combustion of charcoal. It is stated that it is proposed to continue the use of this kind of artificial fuel.

London Surgical Home.—A Course of Clinical Lectures will commence to-morrow, the 16th, and be continued on Thursdays at 2 p.m., by Mr. Baker Brown. The first will be on "Ovariotomy, which operation will be performed by Mr. Brown, the case being used for clinical remarks."

Royal College of Physicians of London, February 7th, 1871.—The following gentleman passed his first professional examination:—Richard James Maitland Coffin.

Royal College Surgeons of England.—The following gentlemen having passed the required examinations were admitted members of the college under the old regulations, on the 8th inst., viz.:—William Chessall, M.D., St. Andrews, of Horsley, Sussex; Frederick R. Liebreich, M.D., Berlin.

New Hot Water Apparatus for Hospitals, &c.—A new system for a continuous supply of hot water and hot air has just been patented by Messrs. Comyn Ching and Co. of Long Acre, which consists of a small tubular boiler, eleven inches square, and two and a-half inches deep, fixed at the back of an ordinary stove communicating with a large conjunctive boiler placed at any convenient adjacent position. A pipe from the house cistern conveys cold water into the conjunctive boiler, whence it rapidly circulates through the tubular boiler, returning at once thoroughly heated to the conjunctive boiler at a higher level than that of the incoming cold water, the pressure of which forces the hot water all over the building by means of an ascending pipe that can be tapped at any part of its length. The unused hot water returns by a third pipe to the conjunctive boiler, whence it again passes through the tubular boiler and recovers the heat it has lost in its passage through the house. Its constant circulation is thus kept up by the pressure of the cold water contained in the house cistern. Should this become empty, the cessation of pressure prevents any water from leaving the conjunctive boiler which always remains full. All risks of explosions from which there have been so many fatalities of late is therefore avoided by this very simple arrangement.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Dr. McDowell's Paper "On the Duality of Venereal Sores," shall appear in our next.

Mr. Begbie, Walbrook.—Thanks. The journal shall be sent to your address regularly.

Pruritis.—Try acetate of lead and opium in the form of lotion. Consult Dr. Churchill's book "On Diseases of Women."

L. J.—You promised us particulars of your supposed case of poisoning by chloral hydrate.

Ll.B.—Thanks. We shall be glad of your "Medico-legal Annotations" if suitable for publication.

Dr. Josephs.—We have added your name to our list of subscribers The last number was sent you.

A Doctor's Wife.—1. We regret being unable to recommend any particular insurance office for an obvious reason. 2. Sir Thomas Watson. 3. His address will be found at foot of the communication.

Mr. G.—Yes, it is one of the hobby horses ridden by *Brit. Med. Journ.* We prefer not opening the subject up in our columns, but we thank you all the same.

Medicus.—Our contemporary *The Rock*, address the Editor, 120 Aldersgate street, London.

SECRET POISONS.

To the Editor of "The Medical Press and Circular."

A correspondent writes to us as follows: In the *Daily News* for Feb. 8th, I read an extract from your paper inviting readers to throw what light they can upon the secret poison which is communicated by letters.

I may be unable to furnish you with such particulars as you are anxious to obtain, but I can narrate to you a similar case for the truth of which I can vouch.

A few years ago, the Governor of Poland, Statthalter Count Berg, during the time the province of Poland was, for a lengthened time, in a state of siege, received a very closely written letter conveying to him information which, at that time, was to him of great importance, as it disclosed to him certain matters respecting the then going on revolution. Count Berg was only able to read a very short part of the letter, when he dropped down in a state of semi-unconsciousness which very soon, however, showed all the appearances of poisoning. The cause being guessed very soon, restoratives were applied, and he was restored to health, not, however, if I know rightly, until after a considerable lapse of time.

Possibly, some of your readers may be able to throw further light upon this occurrence, which was kept secret for some time, but became known after the Count was out of danger.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Rules for the General Management of Infants, recommended by the Obstetrical Society of London.

Michel's Process for removing External Tumours. By W. A. Bell, M.A.

Pain, its Alleviation, Suspension, and Cure. By Dr. Ellis. London Tweedie.

The Practitioner; Science Gossip; The Intellectual Repository; Pacific Medical Journal; Woodhull's Weekly; Nature; The Doctor; Pharmaceutical Journal; The Chemist, &c., &c.

Urinary Calculi in the Lower Animals. By Edward Crisp, M.D.

◆

VACANCIES.

Devon and Exeter Hospital.—House-Surgeon. Salary £150, with board and residence. Election March 10th.

Lancaster Dispensary.—House-Surgeon. Salary £100, without board.

Ormesby Cottage Hospital.—House-Surgeon. Salary £75.

East London Hospital for Children.—House-Surgeon. Salary £60 per annum, with residence.

Bristol General Hospital.—House-Surgeon. Salary £100, with board and residence.

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APPOINTMENTS.

Brewster, E., M.R.C.S., Medical Officer and Public Vaccinator for the Waltham District of the Melton Mowbray Union.

Cowell, G., F.R.C.S., of the Westminster Hospital, has been elected Assistant-Surgeon to the Royal Westminster Ophthalmic Hospital.

Edoington, Mr. R. W., Resident Physicians' Assistant at the Queen's Hospital. Birmingham.

Gore, W. H., L.K.Q.C.P.I., L.R.C.S.I., Admiralty Surgeon and Agent for Tramore, Co. Waterford.

Hunt, J., M.R.C.S., Resident Surgeon to the General Dispensary, Birmingham.

L'Estrange, R., L.K.Q.C.P.I., L.R.C.S.I., Surgeon to the County of Wicklow Infirmary.

Little, F., M.R.C.S., Medical Officer for District No. 4 of the Aylsham Union, Norfolk.

Lyle, T., M.B., C.M., Assistant Medical Officer to the Borough Lunatic Asylum, Newcastle-on-Tyne.

Marriner, H. M.B., C.M., House-Surgeon to the Clayton Hospital and Wakefield General Dispensary.

O'Doherty, J., L.R.C.P.Ed., Medical Officer for the Cushendall Dispensary District of the Ballycastle Union, Co. Antrim.

Pollock, A. J., M.D., F.R.C.P.L., M.R.C.S.E., Physician to Charing Cross Hospital.

Powell, R. D., M.D., M.R.C.P.L., Assistant-Physician to Charing Cross Hospital.

Smith, E., M.D., M.R.C.P., Assistant-Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

Smith, R. S., M.D., House-Surgeon to the Bristol Royal Infirmary.

Todhunter, J., M.B., M.C., L.K.Q.C.P.I., Temporary Physician to the Fever Hospital, Cork street, Dublin.

The following appointments in H.M. Indian Medical Service have been gazetted:—

Bengal Army.—To be Surgeons Major: Surgeons J. Fayrer, M.D.C.S.I., W. H. Adley.

To be Surgeons: Assistant Surgeons, D. Wright, M.D., H. C. Cutcliffe, T. E. B. Brown, M.D., H. Potter, M.D., A. M. Verchere, C. Hatchell, J. C. Whishaw, F. W. A. De Fabeck, J. B. White, R. Brown, A. F. Richmond, J. J. M'Dermott, M.D., W. P. Harris, M.D.

Madras Army.—To be Surgeons Major: Surgeons J. Miller, H. R. Oswald. M.D.

To be Surgeons: Assistant Surgeons J. M. Miller, M.D., W. Farquhar, M.D.. J. Law, M.D., G. H. Alexander, M.D., W. Fry, W. J. Busteed, W. F. Davies, M.D., J. M'D. Houston, M.D., W. H. Roberts, M.D., J. Murray, M D.

Bombay Army.—To be Surgeons: Assistant Surgeons H. R. L. M'Dougall, N. Hopkins, E. Morton. J. T. Mackenzie, M.B., H. T. Dann, B.A., E. H. R. Langley, P. W. Cockell. G. Y. Hunter, H. F. M'Grath, E. A. Lawrance, R. Boustead, F. H. Smith, M.D.

Marriages.

Anderson—Garrett.—On the 9th February, at the Presbyterian Church, Marylebone, London, J. G. Skelton Anderson, son of the Rev. Alex. Anderson, of Aberdeen, to Elizabeth Garrett, M.D., daughter of Newson Garrett, Esq., of Aldborough, Suffolk.

Hilliard—Nicholls.—On the 9th February, at All Saints' Church, Dalston, Robert Harvey Hilliard, M.D., to Elizabeth Isabella, eldest daughter of Thos. W. Nicholls, Esq., of Kingsland road, London.

Mason—Slater.—On the 8th February, at St. Mary's, Chislet, Kent, Thomas Edward Mason, M.D., of Deal, to Caroline, youngest daughter of Edward Slater, Esq., of Chislet.

Tylecote—Hall.—On the 8th February, at St. James Episcopa Church, Edinburgh, E. T. Tylecote, M.D., of Great Haywood Staffordshire, to Rebecca, daughter of J. Lewis Hall, Esq., of Edinburgh.

Deaths.

Buck.—On the 5th February, in London, Henry Buck, M.R.C.S., aged 56.

Berncastle.—On July 30, 1870, at Melbourne, Julius Berncastle, M.R.C.P. Lond., &c., aged 51.

Cameron.—At Leeds, Robert Cameron, House-Surgeon at the Dispensary.

Hare.—On Nov. 3, 1870, at Springbok, South Africa, Matthias Everard Hare, M.D., T.C.D, aged 28.

Keith.—On the 5th February, at Aberdeen, Wm. Keith, M.D.

Kidd.—On the 7th February, at Armagh, Laura Isabella, wife of A Napier Kidd, M.D., F.R.C.S, aged 26 years.

Michell.—On the 4th February, suddenly, Thomas Michell, M.D. and M.S. Lond, of Redruth, Cornwall, aged 36.

Morison.—On the 31st January, at Wingate, John Morison, M.D., aged 54.

Muspratt.—On February 3, at the Hollies, West Derby, Liverpool, Dr. Muspratt, aged 50.

Richmond.—On the 5th February, R. K. Richmond, M.R.C.S.E., of Bermondsey square, London, aged 58.

Werner.—On the 4th February, at Camberwell, Ernst Werner, Esq., son of Dr. Ernst Werner, of Darmstadt, aged 24.

Whitfield.—On the 5th February, at Brighton, C. T. Whitfield, F.R.C.S E., late Surgeon Royal Artillery, aged 81.

Advertisements.

COMPANION TO A LADY.—A Lady, the Widow of a Physician, who has been companion to a lady for the last four years, wishes for a similar situation. She has had considerable experience in cases of sickness and delicacy, and would be desirous of making herself generally useful. The highest references can be given—Address, XX, Companion, Office of The Medical Press, 6 D'Olier street, Dublin.

CARLOW UNION.—MIDWIFE WANTED for the BAGENALSTOWN DISPENSARY DISTRICT.—The Committee of Management of the above Dispensary District will, at a meeting to be held at the Dispensary, at Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, noon, proceed to appoint a properly-qualified person to fill the office of Midwife for the above district at a salary of £20 per annum, with apartments. Sealed applications. enclosing diplomas and testimonials, to be sent to Mr. JOHN MAGRATH, Hon. Sec. to the Dispensary Committee, Bagenalstown, on or before the 28th February instant.

Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON.
Workhouse. Carlow, 2nd February, 1871. Clerk of the Union.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Osnaburgh place, Regent's Park, N.W.—Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

Fee for Three Months, One Guinea.

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24 College Green, November 1st, 1870.

MR. J. M. ATKINSON (for many years sole Manager of the Jewellery Department in Messrs. WEST and SONS'), begs to draw the attention of intending Purchasers of Wedding, Birth-day, and other Presents to his Stock of Jewellery, Watches, &c.. suitable for any of the foregoing purposes, and to the fact that Articles of the Finest Quality and most Choice Design can be had from him Twenty-five to Fifty per Cent. Cheaper than from any Shop in Dublin. A single inspection—which is respectfully solicited—will prove this.

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PRACTICES AND PARTNERSHIPS NOW OPEN for negotiation (in addition to those advertised in Dr. Langley's List, which is sent post free on receipt of two stamps) as below :—

Y 120. GUARANTEED INCOME. A professional gentleman, desiring to retire from practice in a fashionable sea-side watering place in the south of England wishes to meet with a SUCCESSOR, to whom he will guarantee at least £800 a year to commence with. The house is well situate, and arrangements might be made for the reception of patients. The introduction would afford scope for very large practice of the best class.

Y 119. A GOOD COUNTRY PRACTICE, receipts upwards of £500 a year. There is an agricultural population of 4,000 in the immediate arc of the practice. The patients consist of rich resident farmers and tradespeople. The usual midwifery fee is one guinea mileage. One medical firm competes. There is no other opposition in the district. The incumbent holds several easily-worked appointments, demanding little trouble or expense, and realising £160 a year. The residence is very commodious, containing large dining and drawing-rooms, with garden, stabling, coach-house, &c.; rent £40. The surgery and waiting-room are detached. Family reasons for retirement. Terms, one year's purchase.

Y 121. LONDON. In consequence of severe illness, an old-established practitioner desires to make an immediate arrangement for the transfer of his practice, which is situate in an improving district within easy access of four railway stations. The practice has been estimated to be about £800 a year, but the books can be open to the fullest investigation. Patients are chiefly middle class, and the whole connexion is easily transferable to a suitable gentleman, to whom every guarantee of *bonâ fide* will be given.

Y 118. IN a pleasant midland county town, a well-established NUCLEUS which has been realising in cash about £350 a year. The connexion is transferable, and could be largely increased as the population of the town is upwards of 10,000, and the competition is not severe. The residence is pleasantly situate, contains 14 rooms, with garden and orchard; rent £32. Satisfactory reasons for retiring. An efficient introduction would afford to a suitable gentleman an opening to a very lucrative practice.

Y 117. FIRST-CLASS COUNTRY PRACTICE, realising upwards of £700 a year. Appointments produce £100 a year. There is no opposition, and the locality is within easy access of the best railway communication, and the district is an improving one. Patients are of a very good class. The residence is a convenient mansion, standing in its own grounds of 4½ acres, with suitable out-buildings; rent £59 a year. The best field sports are to be had in the locality, and the best society is included in the practice.

Y 114.—Death vacancy in LONDON SUBURBS. The succession to a well established PRACTICE is open for negotiation upon reasonable terms. The connexion, which was recently £1,000 a year, had declined during the illness of the incumbent, during the last year, to about £700, but it is believed that an active doubly qualified gentleman could, with the Widow's co-operation, secure that income with a prospect of large increase. Midwifery fee £1 1s. and upwards. House contains 10 rooms, and small garden, it is situate in a leading thoroughfare. A portion of the premium might be made dependent upon future receipts.

Y 115.—LONDON, N. PRIVATE PRACTICE, Receipts £400 a year, with Appointments; the connexion was formerly much larger and would form the basis of a Practice of £1,000 a year in the hands of a suitable man. The house is in a very desirable situation and held at a very moderate rent. Terms moderate.

Y 116.—LONDON, with OPEN SURGERY, very old established. Excellent opening for commencing practice. Present Receipts £2[illegible], capable of unlimited increase. House conveniently situate, rent £45. (Several eligible investments of the same nature on hand, from £100 to £2,000).

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 22, 1871.

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Licentiate of the Royal College of Surgeons in Ireland, Licentiate of the King and Queen's College of Physicians, Member of the Surgical, Obstetrical and Pathological Societies, Surgeon to Mercer's Hospital, and Senior Surgeon to the Lock Hospital, and Professor of Materia Medica in the Ledwich School of Surgery, &c.

(*Continued from page* 85.)

IN the closing observations of my last paper I referred to the Venereal Commission of 1864, and intimated my intention to make use of its Report to assist us in generalising facts with a view to simplify the investigation of this subject—for, as in the animal and vegetable kingdoms the naturalist finds the necessity of a standard as typical or representative of varieties of species, so here, in the domain of pathology, we require, as far as Nature will allow us, to raise them up landmarks, so to speak, to map out and separate for clinical purposes, special forms of disease, according to their distinctive characteristics.

In the third paragraph of this report, we find the following:—

"Venereal disease presents itself in two forms—gonorrhœa and sores or ulcers."

The consideration of the disease known as gonorrhœa may be eliminated as it does not enter properly into the question.

With regard to sores the Report goes on to say:—"Of venereal sores there are two species, one of which *affects the constitution* while *the other does not.* They may be termed the '*syphilitic*' and '*simple.*'"

The distinctive nature of these two species of sore, has been described by the Commission under these terms, has been recognised, we must believe, from their writings, by [illegible] authors, and from the earliest times.

[illegible] remarked that certain ulcers of the genitals were accompanied by buboes; and Celsus divides ulcers of the genitals into *dry* and *clean, moist* and *purulent.* So also the physicians of the Middle Ages appear to have recognised their special characters.

After the great Neapolitan outbreak of syphilis in the Fifteenth Century, and up to almost the middle of the present century, the two diseases were confounded. This might be called the "Dark Ages of Syphilis"—a period marked by the most opprobrious horrors of medicine.

In the books they are described by the following synonyms:—

The syphilitic sore,	*The simple sore,*
	or
or	The primary suppurating syphilitic sore.
The chancre, or indurated sore.	The chancroid, or non-indurated sore.
The "hard" sore.	The "soft" sore.
The infecting sore.	The non-infecting sore.
The non-suppurating sore.	The suppurating sore.

In future we shall speak of them in the one case as "the syphilitic sore," and in the other "the simple sore," as recommended by the Commissioners. These two species of sore present very remarkable distinctive characteristics in their typical forms—characteristics which are so palpable, under such a condition, as to leave little doubt as to their separate origin and nature; but unfortunately for exact science the "syphilitic sore," as has been already observed, often condescends to deport itself in some measure like a "simple" sore, and *vice versâ,* and so difficulty creeps into their diagnosis. There are, I believe, in the vast majority of cases, other positive and negative points for inference in regard to accompaniments, or the absence of these, which will inform the surgeon which form of affection he has presented to him. As for example, the incubative period, the manner in which it was treated, if it is a simple ulcer, the period of invasion of induration, the state of the glands, the nature of the secretion, &c.

Now, what are the characteristics of this "simple sore?" They must be now known to every surgeon. It commences, as I believe I have seen it, in the first instance as a vesicle, which rapidly changes to a pustule, and this on losing its covering leaves a sharply cut circular pus-secreting ulcer, with a greyish jagged base. *It has no period of incubation*, but, in fact, commences to do its local destructive work from the very moment of the application of its contagious source to its site, so that sometimes so early as the *second*, but more commonly the fourth or fifth, day after an impure coitus it will have developed itself into a distinct ulcer. As it is highly contagious there are generally several of these at the same time. I have frequently seen three or four, often two, more rarely one in the first instance. Sometimes there is a suppurating gland in the groin; sometimes this accompaniment is absent; the pus from this is eminently contagious also. Sometimes this simple sore takes on induration, and is tedious in healing; but even in such cases it is generally healed up in the course of a month, leaving a cicatrix entirely devoid of the induration which is characteristic of true syphilitic infection. In the milder cases it will often get well under proper treatment in the course of a week, ten days, or a fortnight.

This is the species of sore which I say does not carry infection to the system, and is an independent disease in every sense to the species of sore to be hereafter described. It is the most frequent form of primary venereal lesion; it predominates over the *syphilitic* sore in the proportion of about six to one. In the Lock Hospital it is generally, certainly not always, the most frequent form of sore; but I would premise that *its* increased frequency and the comparative infrequency of the syphilitic sore is a lame argument, upon which to base the dictum that in the great majority of cases this soft sore is the source of the constitutional phenomena.

This sore is thus described by the Venereal Commission. "The 'simple local sore,' the influence of which never extends beyond the inguinal glands, is eminently contagious, producing several sores, but is incapable of infecting the constitution; like gonorrhœa, it is often the product of irritating and contagious secretions. This is the most common form of venereal sore, and prevails over all other varieties in the ratio of about four to one. With the exception of this purely 'local sore' all venereal sores are liable to contaminate the constitution by the development of syphilitic disease or syphilis. The local sore has generally well-defined characters. It first appears as a pustule, from three to four days after intercourse. Its ulcerative stage occupies from fifteen to eighteen days, during which the sore continues to spread. This stage often terminates in the growth of exuberant granulations. When its progress is more than usually slow it throws up a well marked elevated edge around the margin of the sore, unless when seated on the glands." The following are the characters of this sore as given by Lancereaux, viz.:—

"It develops itself generally in a very short time—at the end of two or three days; first a vesico-pustule appears, and, finally, a pustule analogous to that of ecthyma. To this first condition succeeds an ulcer, more or less deep. It is most commonly round in shape; its extent varies from several millimetres to a few centimetres; its edges are clearly cut, perpendicularly, as if with a punch, and sometimes everted. Examined with a magnifying glass, they present several indurations, which surround a red inflamed circle. The floor of the ulcer is uneven, covered with a yellowish or greyish matter, which is dirty and more or less thick, and composed to a great extent of pus. This fluid, secreted abundantly, *is virulent and contagious in the highest degree, to the moment at which the sore becomes modified and cicatrisation takes place*. The base of a soft chancre generally presents the same suppleness as the neighbouring tissues; and if it is sometimes the seat of a puffiness, more or less resistant to the touch, it never, at least, presents the elastic, indolent, chancroid induration of infecting chancre. Certain topical applications to the surface of this ulcer may nevertheless modify the characters of induration of the base, and become a source of error with which it is well to be acquainted. The consistence, form, and extent of soft chancre are, moreover, susceptible of variation, either according to the seat of the evil, or by virtue of conditions peculiar to the individual, and then, one pathognomonic sign persists—*i.e.*, the inoculability, in the same subject, of the product of secretion.

"This form of chancre does not necessarily react upon the glands, and the absence of glandular complications is to be regarded as one of its most important characteristics; and if, sometimes, the lymphatic glands do not escape its influence a single gland is usually affected, which becomes painful from the first, and presents all the characters of a suppurative phlegmasia."

My experience of this species of sore is, as I have already stated, that in the male it has, nearly always, a great predominance over the syphilitic sore. I speak of the number of individual cases, as well as of the number of sores on each person. This predominance, however, varies. Speaking from an experience of about ten years, I should think that sometimes it amounts to four, or six, or even eight persons attacked with it to one who is affected with the syphilitic sore; at other times I believe I have seen almost as many persons attacked with the one as with the other. Each species of sore appears to have a period of epidemic, if I may be allowed the term; but I have been unable to discover any *relation* between these epidemics, so far as the sores are concerned. The causes of these epidemics are well worthy the consideration of those interested in the public health. Of one fact I believe I am certain, namely,—that I have observed an increased proportion of syphilitic sores in men, when moist papules or mucous tubercles were most frequent in women; and I am induced to look, therefore, upon mucous tubercles as an important element in the propagation of syphilis. This is an important branch of the subject, which I shall discuss as I proceed.

In the male we frequently see this sore appear a few days after impure coitus, and heal as a simple ulcer in the course of a fortnight or three weeks. Sometimes they extend to so long a period as two months, but without being in any case followed by the constitutional phenomena of the infecting disease. But it sometimes is even more obstinate. For example, I was consulted in reference to a case of this species of sore, which was of *three months'* standing. It was a sharply-cut, extensive sore, with very considerable typical non-syphilitic induration. Under proper treatment it got quite well in three weeks, having no trace of induration, and it has not been, up to this time, followed by secondaries. I could quote many cases like this. I am sure every surgeon in his practice meets instances of this species of "simple" sore over and over again, where no mischief follows to the constitution; until, it may be, after he is attacked by two or more such harmless sores, at intervals, the patient is caught in the bull-dog grip of the true syphilitic sore, which *will* run its course in spite of surgeon or physic with unerring and relentless certainty. *Why* those who do not believe in the duality of venereal sores do not account for this, I am at a loss to know. I have never received a satisfactory explanation of it.

In the female the case is always different. The difficulties here are:—1st. To find these sores free from doubt in their early stages as to their exact character. 2nd. To find them free from complication. 3rd. To define their incubative period, a point of great practical value, by which I mean the period which elapses from the application of the virus until the sore appears; but who could determine this diagnostic mark with any reliable accuracy when there is continued exposure to every form of contagion day by day. The discovery of this unmistakably is one of the cardinal points in such cases before an approach to accuracy of diagnosis can be ensured in the early stages. It is well known that in women the typical indurated sore is *rare* and often difficult to discover. All distinguished writers agree on this point, and it is my experience. But we are not to infer from this that *all* other sores are "simple" or "soft," as Mr. Morgan appears to have done. Nevertheless, even in this class of patients there are the usual accompanying signs which disclose the sore to be "syphilitic" or not. The auto-inoculative test is, in certain cases, valuable; but in women, and particularly in prostitutes, it must be received with the greatest caution; it is a mode of diagnosis which Mr. Morgan has extensively drawn upon, however, and we must only take it for what it is worth under these special circumstances. *How* many sources of error may there not be in it? I have seen two or three typical simple sores at the vulva with a pleiad of indurated glands in either groin, the unmistakable evidence of blood-poisoning; but on clearer examination, I have found, which resisted inoculation, a syphilitic abrasion on the os uteri, or the indurated cicatrix of a syphilitic sore on either labium, or a papule on the walls of the vagina the true cause of the indurated glands. Moreover, I have over and over again in women known constitutional infection to follow without any history, or sign, of any species of sore, having existed at all.

Mr. Morgan, in the commencement of his argument, says—"In the Lock Hospital, nearly all the patients were affected by soft sores, and they had been invariably followed by secondary symptoms; and over and over again he had inoculated from these sores. These results were directly at variance with the opinions expressed by many eminent writers on this subject. They were all aware that a vast difference of opinion existed in reference to it. In America Gross differed from Bumstead; and in England we had such men as Syme and Sir William Fergusson holding that there was no such thing as dual poison, while others of equal authority held the reverse. The question was whether this dual sore existed? Was there one sore capable of infecting and another that was not? All the patients who were affected with sores in the hospital under his charge had secondaries, yet the hard sores were very rare indeed.

In reply, I say, *there are* two sores, one of which is capable of infecting the system, and *does* do so under *all* circumstances; the other, which does *not* do so, except in exceptional cases.

Again, Mr. Morgan has separated twenty-two cases of "soft sores," all of which, save three, were succeed by secondaries, and in all of which the sores were auto-inoculable; I can quite undersand this, but it may be a natural obliquity of mine, still, I must confess I don't think that it weighs one straw in the argument. Twenty-two women came under Mr. Morgan's care suffering from what he calls "soft sores," all their sores are auto-inoculable, they are all, save three, followed by secondary manifestations. Well, how does this affect the point at issue? With great respect, considering the history and nature of the cases, I say not in the smallest degree. In the first place I should like to know what he calls a "soft sore?" It appears to me that Mr. Morgan has not realised, or forgets it if he has, that there is a syphilitic sore in women, and in my experience, it is by far the most common variety which possesses very little hardness, but which is, nevertheless, truly syphilitic. This sore, with which I am well acquainted, is thus described by Dr. Vintras, in his evidence before the Venereal Commission (see question 5,217):—

"Do you think you can invariably determine, by the character of a sore which a female has, what kind of sore will appear in a male?—Not always by the appearance of the sore in the female, for very often *a syphilitic chancre in a female has no perceptible induration, and yet that primary sore, without perceptible induration, is followed by secondary disease in the female; but I should look for induration in the glands*, *or some other symptoms, that would lead me to find out what the character of the sore was.*"

[illegible] Mr. Morgan is beginning to learn something [illegible]; I may remind him of several cases (five [illegible] of mine last month, when Dr. Robert McDonnell was present, but I will describe it more fully when treating of the syphilitic sore and its varieties.

As I write I have, under my care, six cases of sores which do not possess the typical characters of either "soft" or "indurated" sores. I trust Mr. Morgan will forgive me when I say I believe he would call them "soft" and blame them wrongfully as being the cause of the secondaries, but the characteristic and pleiad of glands, in either groin, are there to declare, if there be difficulty in diagnosis of the sore itself, their true infecting nature. This I believe to be one of the most reliable guides in determining the real nature of sores, and one which never should be overlooked in doubtful cases, namely, the infiltration, and persistent induration of the glands in the groin. Out of many thousand infected cases which I have examined closely, I have, in very few instances, indeed, seen this almost invariable sign of blood-poisoning absent. Secondary manifestations are as sure to follow in such cases as they are in the true Hunterian sore, at least, I have always looked for them with the same certainty when this accompaniment was present, no matter what the apparent character of the sore. This is a test in my judgment far before that by inoculation which is open, in women particularly, to many doubts and objections. They are all interesting young women of eighteen, but they are all prostitutes, and all the more likely in consequence of the attractions of youth to be exposed nightly to every form of contagion. It should be borne in mind, therefore, that "softness" or "hardness" is not a constant characteristic of syphilitic sores in either men or women, but particularly is this test fallacious in the female.

It is remarkable, however, in regard to this farrago of twenty-two cases of soft auto-inoculable sores quoted by Mr. Morgan, all of which, save three, were followed by secondaries—that *one* of them, in which I took great interest in as being a suitable case for scientific observation and inquiry, and which proved to be auto-inoculable, was *not* followed by secondaries, in any form, for nine months that she was under my observation! I remember distinctly often saying that if that case was followed by constitutional infection, I would be inclined to waver in my belief in the duality of sores. Mr. Morgan said, "wait;" but I waited in vain for the secondaries, for they never appeared! This girl was not a prostitute, and she was kept as an assistant nurse in the hospital for many months; and, viewed in every sense, her case seemed to me to be one which appeared to answer the requirements of science. *And no secondaries followed.*

This one case, to my mind, possessed of so many reliable particulars, is worth all the others put together; but Mr. Morgan admits another case in which no secondaries followed. Under these circumstances, considering the nature of the cases upon which he builds his argument, I believe I may make him a present of the other twenty cases—for, how does he get over the unanswerable fact that *in all the cases in which* individuals were inoculated with the syphilitic poison by Wallace, and others, *and that a sore appeared at all*, secondary symptoms inevitably followed? If, then, the poison was the same, why were not *all* the cases followed by secondaries? Why is there any exception?

(To be continued.)

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ON A MODIFICATION OF JARVIS'S LUXATION ADJUSTOR.*

By William Stokes, M.D.,

Junior Surgeon to Richmond Surgical Hospital.

Having had an opportunity of seeing some cases of dislocation successfully treated by Jarvis's Adjustor in the clinique of Professor Nélaton during the Winter Session of 1865-66, I formed from the results obtained, a high

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* Read before the Surgical Society of Ireland; The discussion will be found on page 159.

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opinion of the surgical value of the appliance. The apparatus, however, which I wish to bring under the notice of the Surgical Society this evening, is a modification, and in many respects, an improvement on the original adjustor of Jarvis, and has been devised by the eminent surgical mechanicians of Paris, Messrs. Robert and Collin.

The apparatus consists of a steel case of the dimensions of an ordinary gun-barrel, open at the upper surface and containing a rack-bar. At one extremity of the steel case the pinion wheel is fixed. The rack-bar constitutes the extending bar. The counter-extending bar is fixed not at the extremity of the rack-bar case as in Jarvis's Adjustor, but to the thigh fork, the shoulder collar, or the elbow-fork. The shaft of the pinion-wheel terminates in a square heel which fits into a corresponding square opening at the extremity of the lever, and which passes through the centre of a ratchet wheel which is fixed to one extremity of the lever. The rack-bar case is so adapted as to fit into the end of the counter-extending bar and the two bars, the extending bar to the counter-extending bar are united by the dynamometer which is fixed by two hooks and which are close to the extremities of the two bars. The effect of turning the pinion wheel by the lever is to increase the distance between the extending or rack-bar and the counter-extending bar. This latter is attached, for luxations of the upper extremity of the humerus, to the shoulder-collar: for those of the elbow, to the elbow-fork; and for luxations of the femur, to the thigh-fork. These appliances can also be adapted to luxations occurring at the knee and other articulations.

As a rule, in the reduction of dislocations, the application of two equal forces one extending and the other counter-extending and operating from *fixed* points is the method adopted, and it must be admitted, generally with success, by surgeons in the treatment of most luxations. Now, as Jarvis remarks, "if the line of extension happens to be the correct one he (the surgeon) does not desire it to be changed; but if it happens to be incorrect the force must first be relaxed before he can change it."

The principal object of Jarvis's apparatus and this modification of it, is to get rid of the effect of being confined to *fixed points* in the reduction of dislocations. The indications which this instrument is intended to fulfil are:—

1.—To establish a line of extension and counter-extension between any two described points, and to be enabled to change the direction of the force without any previous relaxation of it.
2.—To furnish an extending force which is unlimited in principle yet easily calculated, and which is perfectly subject to the will of the operator.
3.—To be enabled to estimate with mathematical accuracy the amount of force used.
4.—To enable the operator to apply the force whether direct or transverse, either rapidly or slowly, and to retain it on the limb during his pleasure.

There can be little doubt that in many cases in attempting the reduction of dislocations when the forces, whether physical or mechanical, or both, are confined to two fixed points there must be, to a greater or less extent, a violation of mechanical laws. This, as the original deviser of the adjustor remarked, is self evident in all cases when the luxated extremity of the bone is driven into soft tissues which, to a greater or less extent, envelope it. In such cases the surgeon would be made more likely to disengage the head of the bone by being able to give free motion to the limb in various directions, while applying extension, than he would by applying that force in one given line.

I may now give, as briefly as possible, the particulars of four cases of dislocation which were treated by this modification of Jarvis's Adjustor:—

Case I.—Nora B., aged fifty-two, by occupation a housekeeper, was admitted into the Richmond Surgical Hospital under my care on the 6th of last June, suffering from a dislocation of the right humerus into the axilla, the result of a fall on her shoulder. The patient had previously suffered from a luxation in the same shoulder. On the occasion when she came under my care the displacement had occurred only three hours before her admission, and all the usual characteristic signs of dislocation into the axilla were present. I applied the adjustor, and without putting the patient under the influence of chloroform, I reduced the luxation in less than a minute, the force used not exceeding 100 pounds. The patient then returned home. This was, so far as I am aware, the first case in which this apparatus was used.

Case II.—*Dislocation into the Axilla treated by Robert and Collin's Adjustor. Luxation reduced in less than a minute—the force used being* 180 *pounds.*

Richard L., aged fifty-eight, a very strong muscular man, was admitted into the Richmond Hospital into my ward, on the 4th of last August. He stated that, on the previous day he fell off a car and came on the left shoulder, which injury was immediately attended with great pain and inability to raise the arm. At the time of his admission, all the ordinary symptoms of the injury were well marked, as, for example, the slight lengthening of the arm, the prominent acromion, the inability to raise the arm, the pain in the joint, numbness in the fingers, etc., etc. The luxation had occurred twenty-five hours previous to his admission into hospital. At 4 p.m., on the 4th of August, I applied the adjustor and at once reduced the luxation, the force used being equal to 180 pounds. Before, however, success attended our efforts, I had twice to alter the direction of the force by rotating the instrument, keeping up, at the same time, the extending force. On the 6th of August the patient left the hospital.

Case III.—*Dislocation of both bones of the Elbow backwards. Reduction by Robert and Collin's Apparatus. Force used* 101¼ *pounds.*

Thomas C., aged eleven years, was admitted into the Richmond Hospital on Aug. 7, 1870. The patient stated that a few minutes previous to his admission into hospital, he slipped off a curb-stone and fell on his right hand. The prominent signs of the injured arm were great projection of the olecranon, a hollow at each side of the triceps, the head of the radius could be felt distinctly projecting backwards and outwards, arm was almost at a right angle with the forearm; inability to flex beyond a right angle or pronate the arm, absence of crepitus. At 7-30 p.m., I applied the adjustor, the hand and forearm being previously lightly bandaged as in the former cases. In less than two minutes the reduction was effected, the force used being 101¼ pounds. For some days the patient suffered from acute inflammation of the joint which, however, under the influence of local depletion, fomenting and poulticing, quickly subsided, and on the 16th of August the patient returned home.

Case IV.—*Dislocation of both bones of the Forearm backwards of one three weeks' standing. Reduction after two attempts.*

Thomas Kerr, aged twenty-three, by occupation a school-teacher, was admitted into the Richmond Hospital under Mr. Stokes' care on September 17th, 1870. He stated that three weeks and three days previous to his admission, while he was out shooting he tripped and fell on his elbow. There was not much pain at the time, but the elbow swelled rapidly. On examination, after his admission into hospital, the right forearm was found to be extended. As in the cases described by Mr. Stapleton, there was complete inability to flex it, and a considerable degree of lateral motion existed. Both bones could be felt posteriorly. Hand slightly pronated, cannot be supinated. Complains of great pain on making any examination of the joint. The first time (Sept. 20) that an attempt at reduction was made, only a partial success attended our efforts—viz., the forearm was got into a better position being partially flexed on the arm. But it was evident that the luxation was still unreduced. Four days subsequently, a second and more successful attempt was made, the force necessary for the reduction being 189 pounds. This was followed by very violent inflammation in the joint. It however soon subsided under the influence of suitable antiphlogistic measures, and although a good deal of stiffness remained in the joint at the time of the patient leaving hospital, yet, when he was brought under the influence of chloroform, perfect flexion and extension, as well as pronation and supination could be produced.

The next cases I shall allude to were those in which I did not succeed in effecting reduction by means of this instrument. They were three in number and all luxations of the head of the humerus. Two of them being of the head forward and one into the axilla. The displacement in two of these was of long standing, one being of seven weeks and the other of nearly four months' duration. In the latter case in which attempted reduction by ropes and pulleys was also tried without success, I used a force of over 200 pounds and without producing the slightest effect. The patients were strong muscular men, and the injury in both cases was the result of a fall on the shoulder. These cases were under my care in the Richmond Surgical Hospital in the early part of last December. The seventh and last case in which I used this instrument was also a luxation of the head of the humerus forwards, and was in the Richmond Hospital last week. The patient was a strong powerfully built man of exceptionally great muscular development, aged forty-four years, a cooper by occupation, and was admitted into the Richmond Hospital under my care on the 22nd of last January. The luxation was of three days' duration. On the 23rd of January I applied this instrument, and though the force used was only 220 pounds, I did not succeed in effecting a reduction. I believe the failure in this case was owing to the great development of fat and muscle which the patient exhibited. The shoulders and arms were exceptionally large, and I experienced considerable difficulty in getting the collar to which the counter-extending bar is attached round the shoulder. In getting it round and above the joint the integuments and muscular tissues about the articulation were pushed before the collar, and of course a vast deal of the force applied was expended on these structures and not on the head of the displaced bone. This would not have been the case had the collar been larger and a reduction would then, I have not the slightest doubt, have been easily accomplished It must be remembered that this collar was manufactured with special reference to the French *physique* and not for those exceptionally large and muscular persons that are occasionally the subject of observation in this country. On the 27th of January, I succeeded in reducing this luxation by means of the ropes and pulleys.

Looking, therefore, at my experience of this modification of Jarvis's Adjustor which I have hitherto used in seven cases of dislocation, I could not say that it should supersede altogether the older methods of reduction, but it is certainly of very great value in being a "means the more" in the treatment of this all important class of injuries. The results too, obtained by Nélaton, Hamilton the eminent American surgeon, and others, have shown that Jarvis's Adjustor, of which this is a modification, and in many respects an improvement, is practically, as well as theoretically, superior in certain cases to the appliances ordinarily made use of, and there can be no doubt that it certainly enables the surgeon to get rid of the effect of being confined to *fixed points* while applying the most powerful extension and counter-extension in the reductions of luxations. Objections may, perhaps, be raised to this instrument from its being so complicated and necessarily so costly, but such objection deserves not even a passing notice, when we reflect that it enables the surgeon to get rid of a great difficulty which he has always experienced in the treatment of some varieties of luxation, one which has often become quite insuperable and forced him to abandon the attempt at reduction as wholly impracticable, and condemn the sufferer to be a hopeless cripple for life.

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ON THE CONNECTION BETWEEN CERTAIN DEFECTIVE SANITARY CONDITIONS AND DISEASE.*

Mr. President and Gentlemen,—Cases of illness, such as are now generally supposed to be of a preventible nature, are frequently met with, in which it is a matter of very great difficulty to ascertain the cause. It is, however, a well established fact that certain conditions favour the development of disease; this observation applies to what are called zymotic diseases, and is also true of several other disorders.

A child experienced an attack of cold, accompanied with febrile symptoms, indicating a gastric tendency, the weather was warm, and the atmosphere of the large bedchamber, in which the little patient lay, was somewhat close, an improvement in the ventilation of the room at once produced a marked fall in the number of the child's respirations, and appeared to contribute materially to recovery.

Since writing the above, I notice that Dr. Leyden† has recently shown by experiment, that respiration is augmented in febrile diseases generally, and that the excretion of carbonic acid is also rather increased in those disorders. We may now, I think, account for the fact that the augmented respiration was, to some extent, diminished by the simple act of allowing a freer access of air to the chamber of the child just mentioned, inasmuch as the air, previously respired, of course contained a larger percentage of carbonic acid from having already been used in respiration to a greater extent, at least, than the fresh air, and was, therefore, less able to fulfil the functions required of it than the latter. Dr. Leyden has therefore explained the principle on which experience has long guided treatment in this particular. In addition to an increase in the amount of carbonic acid found in a sick room, as stated by Dr. Leyden, it is not necessary here to advert to the exhalations, &c., from the sick, which, also, necessitate due ventilation.

Escape of ordinary coal gas is a serious source of contamination of the air of dwelling houses, workshops, &c., and should be carefully guarded against. Due provision for permitting the free escape of the results of combustion of coal, wood, coke, gas, &c., into the outer air should always be made. Where this has not been attended to, I have known, no doubt, in common with most, if not all of my hearers, serious consequences arise. Injurious, and even fatal pollution of the air of dwelling houses often arise from defects in the drainage, as is now generally so well known. It would be an error, as far as my observations go, to expect any one defined form of illness as a constant result of exposure to sewer gases; from what I have seen, the malady so arising, varies with the season, climate and soil of the locality, and with the age and other conditions of the patient. I am led to make this remark from experience in different climates.

The system pursued by some workmen, of what is called Scamping, leads to many evil consequences, the following may serve as an example:—Owing to loss of health of the inmates, and the appearance of rats in the basement, it was conjectured that some serious defect existed in a house in the west district of London; on raising the flooring, it was discovered that the joints of the sewer pipes were uncemented, and where an inclination was required to pass through the front wall of the house, the pipes were not even in proper apposition, a considerable portion of the upper part of the junction being unclosed, whereby rats had free ingress and egress between the pipes at that part. Moreover, it was found the pipes did not reach the main sewer, but ended in a cellar in front of the house. Nor was this the only source of evil to the inmates of the house in question which three families in succession had vacated, owing to the ill health of one or more members of each, it was found, when the sewers of the house itself were set to rights, that imperfections in those of the adjoining houses freely admitted all the evils, rats included, from which it had been hoped to have escaped. Many localities possess a porous, sandy, or gravelly soil, whose powers of absorption are frequently overtaxed by the arrangements for the disposal of house-sewage, in some parts of the East, the cesspool for the house is constructed under the centre of the dwelling house, in other cases, the site for this receptacle, is in the central court. Round the four sides of the latter, the dwelling house or block of dwelling houses extends. It is not, however, necessary to go so far from home to find a somewhat similar arrangement with dangers varying in degree.

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* Read before the Surgical Society of Ireland.

† See *Lancet*, January 7th, 1871, and "German Archives," 1870.

Typhus, of a malignant and fatal type, occurred in a small house, in the South-Eastern district of Dublin; a latrine, of very rude construction existed against the wall of the house, and was resorted to by several families; there was direct evidence that the flooring and wall of the house were permeated by the contents of the latrine.

Gastric fever occurred in a family dwelling in a house, in a recess in the outer wall of which a latrine was constructed, several cases of illness, sometimes in the form of fever, at other times in that of pulmonary as well as scrofulous affections had been an almost constant occurrence in the same house for years.

Four cases of measles, fatal in the course of the disease, or in that of the *sequelæ*, occurred in a house in Upper Kevin street, within about six weeks last autumn, and since that time, at least two other deaths have occurred in the same house. It appears the several families inhabiting the house in question, number more than ninety persons, each room being generally overcrowded, other causes of insalubrity also aid overcrowding in producing the fatal results; one is the close proximity of a rag store, the attic floor of which is opened in the same floor of the house in question; the ventilation is thus, to a considerable degree interfered with, while the hall and staircase, used by so many persons, are found each morning in a disgraceful state of filth; opposite the hall door, of this overcrowded house, is an untrapped sewer opening, the premises are moreover blocked up by high buildings in the rear, and on either side of the small back yard; while the ground on which the buildings on the west stand, is much higher than that on which the house itself is built, and an adjoining building projects several yards in advance of the front of this house, also on the west side. With all these disadvantages, it is not surprising that the rents of the tenements in the house, under consideration, should be small, and the tenants generally of the class most likely to engender sickness. It may be observed, that illness is hardly, if ever, wholly absent from this house; in fact, it is one of those dwellings which, but too often, form a centre, from which disease in various forms radiates, if the term may be used, and which it would be for the public good to have entirely pulled down, unless very material improvements were effected in it.

I have alluded to the disadvantage of having a dwelling-house built on ground standing lower than that adjoining. I have so constantly found evil arise from such arrangement that it appears to me well to advert to it.

Different agencies appear to operate in rendering sites of houses, that are lower than adjoining land, unwholesome. Of these, the following may be mentioned:—Obstruction to ventilation, drainage from the higher ground into the basement of buildings standing on lower; this latter is especially injurious, if the higher ground is occupied by masses of organic matter in a state of decay, as manure heaps, by stables, byres, piggeries, tan-yards, factories of a nature prejudicial to health, or by highly manured or wet lands, &c. That elevation is, in itself, a considerable security against several zymotic diseases, unless other very unfavourable circumstances are in operation, is well known from the observations of several writers.

I have found defects of sewerage regarded as the cause of illness in cases of fever of various forms, in diarrhœa, dysentery, glandular affections, in furmiculi, exanthematous, febrile, and erysipelatous, and other disorders pointing to a depraved state of the blood. Dr. Corner, Medical Officer of Health for Mile End Old Town, attributes scarlatina, and relapsing fever to like causes.

Towards the close of 1869, the Chemical Section of the Glasgow Philosophical Society had under notice a serious sanitary defect in the ordinary water closet arrangement of that city, and which, until very lately, had remained unobserved as a cause of disease. "After ten to sixteen years' use the leaden soil pipe, in the first bend from the water 'trap,' becomes riddled with holes in the upper part." It was thought due to the use of Loch Katrine water. Mr. Stanford recommends the substitution of earthenware or cast-iron for the lead now in use. Dr. Fergus, who is stated to have been the first who drew attention to the connection between the existence of the deterioration in the pipes, and the liability to gastric fever and diphtheria, urged that the soil pipes should be ventilated. A case, somewhat similar to the foregoing, was recorded by Mr. S. J. Barber in the *Builder* (January, 1870). In his case part of the trap and the bend beyond were eaten away—the soldered seam was the part most affected. This gentleman put in a cast-lead trap and large air pipe.

A gentleman having reason to fear some such injury to exist in his house in this city, as gastric febrile affections, dysenteric diarrhœa, and glandular complications had annoyed the children of the family for sometime, I mentioned the cases above named; and, on his having the closet in the upper part of the house taken down, the leaden trap was found corroded in its upper surface, especially near the soldering at the angles of junction with the sides. I am enabled to exhibit the specimen to the Society. I found the powder, resulting from the decay of the lead of a whitish grey colour, with some brownish substance, evidently chiefly organic matter adhering to it, and some pupæ. I treated the powder with acetic acid, diluted with three times its bulk of distilled water; a considerable amount of gas was given off. After twenty-four hours I found 75 per cent. of the powder dissolved—the solution answered the usual tests for lead—and the undissolved portion of the powder left on combustion under the blowpipe only a small button of metallic lead. Another portion of the powder yielded traces of sulphuretted hydrogen on being treated with hydrochloric acid and water.

Mr. Chas. R. C. Tichborne most kindly analysed a sample of the same powder, and favoured me with the following report:—"The powder, on being treated with dilute acetic acid, evolved carbonic anhydride. The solution, when poured off, gave a copious white precipitate with sulphuric acid, and a black one with sulphide of ammonium. The residue consisted of metallic lead, a trace of sulphide of lead, oxide of lead, and animal matter. The white powder, therefore, is evidently a basic carbonate of lead.

Mr. President, I will not trespass longer on the indulgence of the Society with cases bearing on the foregoing subjects, but will merely observe, in conclusion, that it is difficult to say, with certainty, what is the cause of a given disease, while experience authorises us to pronounce certain conditions as favouring the development of disease generally.

That febrile action, as seen in hurried respiration, can be moderated by fresh air is capable of demonstration. Inhalation of sewer gases, as generally experienced, produces disease in different forms, according to the condition of the sufferer as to age, sex, strength, as well as the climate, locality, season of the year, &c. The nature of the soil and of the surface of the ground on which dwellings are built materially influences the sanitary condition of the inhabitants.

In the modern system of drainage, most in use, it is highly necessary to guard against certain defects of original construction, as well as those liable to arise through decay from the materials used therein.

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ON SKIN-GRAFTING.[*]

By Mr. Edward Hamilton.

The favourable reports which have reached us both from the Continent and England respecting a novel addition to surgical science, termed Skin-grafting, have induced me to put the matter to the test of clinical experiment. It was first tried at Steevens' hospital by Mr. Colles, in the case of an indolent ulcer, consequent on loss of substance from a burn, but without success.

The second case was that of a man under my own care who received an extensive contused and lacerated wound at the back of the ankle-joint, caused by the wheel of a railway engine. After some time it degenerated into an indolent sore, with little reparative action. A small piece of the integument was now snipped from the inside of the arm—the piece when spread out would about cover the surface of a split pea—care was taken not to penetrate completely through the entire depth of the skin. The small portion was then divided into four parts and laid at equal distances on the surface of the granulations, on which they were secured with a broad strap of isinglass plaster. They were left undisturbed for three days when, on removing the plaster, they were found to be still on the surface, and to have undergone no apparent alteration. They were next examined a week after they were laid down. They seemed at this time to have completely disappeared, nothing remaining but an unhealthy albuminous exudation, such as could be seen in depressions on various parts of the granulating surface. After another week they were carefully sought for, but no trace of their existence could be discoverd, nor was any attempt at cuticle formation to be detected.

The third experiment was attended with happier results. It was that of a man, aged about thirty, who was admitted for a chronic ulcer of the leg of some duration. The sore presented the usual characteristics of those ulcers in a person obliged to be constantly walking. I need not trepass on the time of the Society with details which are sufficiently familiar to every member. By rest and poulticing, the surface was cleansed and reduced to a more healthy appearance.

On Jan. 7th, a portion of skin from the inside of the patient's arm was removed, spread out on a bit of soft splintwood and divided into three parts. These were not laid on the surface as in the first two experiments, but were inserted into little nicks with the point of a Syme's knife, so as to be buried a little distance into the granulations, they were then covered with a strip of isinglass plaster and the ulcer dressed with dry lint and a bandage. I may here mention that the patient was indiscreet enough to walk about on the following day. The sore was dressed daily, but the strip of isinglass plaster was not disturbed until the end of a week; it was found at that time that the little piece of skin had almost disappeared—they were probably covered by the granulations, but it was impossible, except from previous knowledge, to recognise their position. Great care was taken in the dressing of the ulcer, from day to day, to disturb the surface as little as possible.

On the fourteenth day an appearance presented itself which gave us hopes of success. At two points of the grafting there was to be seen a little red ring contrasting in its florid colour with the surrounding granulation. In the centre of each little ring there could be detected, with the aid of a lens, a minute white spot not larger than a small pin's head, bearing no proportion to the size of the original piece of skin, but having the peculiar bluish-white tint so characteristic of nascent cuticle. Day after day these little islands extended.

The members will see in this drawing their appearance on the 20th day, they will also have an opportunity of seeing the sore, as I have brought the man for their inspection. The sore is rapidly healing, both by the extension of the cuticle from the grafted points, but also from the circumference.

It may be observed that the mode of proceeding in the first two cases which failed was different from that which was adopted in this: the pieces of skin were only laid on, not inserted into the granulations, and were thus more liable to be disturbed and washed from their position by the discharge.

Two theories have been broached to explain the physiological effect produced by skin-grafting:—

1st. That the minute particles of skin become disintegrated and completely melt away, but that it impresses the part on which it has been placed with a disposition or tendency to the formation of cuticle, or as it has been termed by Dr. Dobson, of Bristol, whose little pamphlet has been in all our hands, "a skin forming impression." I am not aware of any physiological data on which this theory rests.

I accordingly think the second explanation more practical and more in accordance with the actual facts of surgical pathology, that the cells of the cuticle absolutely retain their vitality, increase and multiply, and thus extend over the surface as they do from the edge.

What we see every day in surgery teaches us that for the formation of cuticle pre-existing cuticle-cells are necessary, and hence the ordinary healing of sores at their margins by the extension of cuticle from the sound skin, the pale blue line of cicatrisation. The exception to this mode of healing proves the rule, as in cases of extensive burn, where islands of skin escape destruction, and become the nidus for the developement of cuticle on various parts of the surface. So also in the rupial ulcer of syphilis where, from the ulceration spreading in its peculiar semi-circular course, a part of the skin is left in the centre which escapes the surrounding destruction, nourishes and retains the vitality of the cuticle-cells on its surface. I think we must regard the deeper layer of the cuticle, the *rete mucosum* of anatomists, as the potent agent in the formation of the cuticle rather than the lifeless layer of epidermis. These nascent cuticle-cells will retain their vitality for a considerable time if left undisturbed on this natural bed, the surface of the true skin, and if nutritious fluids are supplied to them and reach them before the molecular death of the little graft is complete, they will utilise and assimilate the fluid for their own vitality, growth and development. We must recognise skin-grafting as an established fact in surgical pathology, and it now remains to see how far the process may be utilised, for there can be little doubt that it contains the germ of more important realizations, and may open up a wide field of surgical physiology.

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Hospital Reports.

LONDON HOSPITAL.

Strangulated Femoral Hernia in a Woman of Seventy-eight Years of Age.—Operation without Opening Sac.—Death from Exhaustion.

(Reported from Notes by Mr. Edis, the Dresser.)

(Under Mr. Rivington.)

Esther Ann B., aged seventy-eight, was admitted into the London Hospital at 5 p.m. on January 19, 1871, with a swelling of moderate size in the right femoral region. She never had a hernia before. According to her own account the swelling came down on the previous day. She had taken a draught at six o'clock in the evening, and was seized with severe vomiting, and while vomiting, "felt something dart away" at the lower part of the abdomen, on the right side. She then experienced severe pain, and noticed a lump at the upper part of her thigh. She continued vomiting, and brought up everything she took till three hours before she came to the hospital. On examination it was found that the hernia was very tightly strangulated. The patient, therefore, was at once taken up to the operating theatre, and placed under chloroform. Mr. Rivington tried the taxis for a short time, but without making any impression. He therefore proceeded at once to operate, observing that it was not advisable to use force, and run the risk of further damaging the intestines. The danger was, that at the patient's age the shock of the accident, combined with the want of reparative power, would prove fatal, and this danger would not be increased by the small external incision which was all, probably, that would be required to effect reduction. The incision was made to the inner side of the neck of the sac, which was at once disclosed, covered over by the fascia propria. The latter tissue was slit up, and the femoral ligament (Hey's) was divided with a blunt-pointed bistoury, guided by the end of the left fore-finger. The hernia at once became flaccid, and the contents of the sac (intestine) slipped into the abdomen. There was no bleeding. The wound was closed with three or four sutures, and a pad of lint and spica bandage applied. The whole operation did not last five minutes.

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[*] Read before the Surgical Society of Ireland Discussion will be found at page 000.

10.30 *p.m.*—Has not been sick since operation; bowels open once freely; feels thirsty; tongue dry in centre, moist and slightly furred at top and edge. Temperature, 100·2; respiration, 28; pulse, 100, weak.

January 20*th.*—Has been sick during the night, the matter brought up being like muddy beef-tea; did not sleep very well; is not in pain; abdomen not tender; tongue is dry and brown in the centre, and moist at the edges; very thirsty. Temperature, 101·2; pulse, 100, weak; respiration, 20.

8 *p.m.*—Has taken some beef-tea and wine during the day; no sickness, no pain. Temperature, 102·6; pulse, 108, weak.

January 21*st.*—Severe pain came on during the night. There is great tenderness of abdomen on pressure, and the knees are slightly drawn up. The patient is partially comatose, and does not recognise anyone. When the abdomen is pressed she opens her eyes, and there is an expression of pain in the face.

5 *p.m.*—Condition worse than in the morning, but does not seem to feel pain on pressure of abdomen. Temperature, 104·8; pulse, 112, feeble; respiration, 22. The patient sank gradually, and died about twelve at night.

Autopsy—January 23*rd.*—On opening the abdomen, no trace of peritonitis could be discovered. There was no lymph, and no loss of polish on any part of the peritoneal covering. The knuckle of intestine which had been strangulated, included less than the entire circumference. It was adherent by recent lymph to the upper end of the femoral canal; evidently it had not recovered itself, for it was deeply congested, and on the mucous lining there was an ulcer of the size of a sixpence. The stricture had been quite divided. The external wound had nearly healed.

The apices of the lungs were contracted and atrophied. The kidneys were granular on the exterior, and contained cysts.

Remarks.—Had the taxis been successful in the present case, the patient would have succumbed precisely in the same manner. The immediate operation afforded her the best chance of recovery, but the bowel had been so tightly nipped, and the powers of Nature were so feeble at her advanced age, that a favourable result was not to be expected.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

February 13th, 1871.

John Gay, Esq., President.

The **President** announced that he had received a grateful letter from Dr. Orchon, of the army of defence, before Charenton, announcing the safe arrival of vaccine points, which he had sent in answer to his appeal to the Medical Society for its aid, as also the arrival of some vaccine lymph through the National Society.

THE TREATMENT OF FIBROID TUMOURS.

Mr. Barnes showed a fibrous tumour, that he had removed from the body of a woman, forty years old, and who died very suddenly from profuse uterine hæmorrhage. The tumour seemed originally to have been within the uterus, but had protruded into the vagina; the presence of the tumour was ascertained before death, but the extreme prostration of the patient, prevented any plan of removal being attempted. Mr. Barnes had seen a similar case, when a practitioner had mistaken the tumour for a fœtal head, in this case the tumour became putrescent, and the patient died.

Dr. Crisp briefly related a case where labour was complicated by a large fibroid of the uterus, and where the patient died of hæmorrhage.

Dr. Wynn Williams thought from the smooth surface of the tumour, it must have been originally intra-uterine, the sudden and fatal hæmorrhage took place on its being extruded from the uterine cavity. Dr. Williams thought highly of the injection of perchloride of iron solution, as a means of arresting hæmorrhage. He had cured one case of hæmorrhage, by removing a large tumour with the écraseur.

Mr. Peter Marshall thought the case remarkable from the rapidity with which the patient died, he would have suggested plugging the vagina.

Mr. Weedon Cooke preferred injecting the perchloride of iron to plugging.

Mr. Barnes in reply, said that he had stopped one attack of hæmorrhage; and the second, in which the patient died, recurred seven hours after so suddenly, that she was just dying as he arrived.

The **President** spoke of the value of a saturated solution of bichromate of potash as an application for the destruction of mucous polypi.

Mr. Spencer Watson exhibited two patients, subjects of "ptosis." In one case, that of a man, aged sixty years, the ptosis had existed in both eyes, from the age of ten years, when he received a severe blow on the head. The patient had been perfectly relieved by the removal of a portion of the skin of the eyelids of sufficient size to bring the edge of the eyelid within the reach of the occipito-frontalis muscle; a photograph was handed round, showing the state of the patient before the operation. The second case was one of congenital ptosis of the right eye, which had been operated upon in a similar way, and with equal success. In a third case shown, the ptosis had improved under large doses of iodide of potassium. The patient had been a great drinker and smoker.

Mr. John Daniel Hill showed a

BOY ON WHOM HE HAD PERFORMED EXCISION OF THE KNEE-JOINT TWO YEARS AGO, THE DISEASE WAS EXTENSIVE CARIES AND HAD EXISTED FOR SIX YEARS.

The leg was somewhat bowed but was strong and useful, there was a shortening of two and a-half inches.

Mr. Hill also gave an account of a case where he had successfully performed Pirogoff's operation, for the removal of a portion of foot injured by a railway accident.

DIPHTHERIA AND ITS ALLIED DISEASES.

Dr. Semple then read a paper on diphtheria and the diseases allied to it, or may be mistaken for it. He gave a sketch of the history of diphtheria from the early part of the present century, showing that our knowledge of it up to the year 1858 was derived from French sources. The first well recorded epidemic of the disease was observed by Bretonneau, of Tours, in 1818. About 1857 the disease began to attract attention in this country. Dr. Semple believed it was comparatively a rare disease, at times epidemic. It seemed to attack the rich quite as often as the poor. Dr. Semple believed croup and laryngeal diphtheria to be the same affection, agreeing here with Trousseau, Bretonneau, Guersant, Rilliet, and Barthy. Commonly, under the head of croup was comprised laryngitis stridulosa, a disease in which there is never any false membrane formed, also laryngismus stridulus, which is a spasmodic disease with no visible lesion anywhere. By recognising these distinctions among diseases called generally croup, practical errors would be avoided. In treatment, removal of the false membrane was important, while, at the same time, the patient's strength must be supported.

Dr. Crisp said, that he could not think that diphtheria and croup to be the same disease, croup was never epidemic as diphtheria was. Genuine croup was rare after seven years of age, not so diphtheria.

Mr. Jabez Hogg described the microscopic character of the diphtheritic membrane, but said these did not much advance our pathology. He had seen the membrane on the conjunctiva.

Dr. Stocker treated diphtheria differently to croup, the symptoms were different in the two diseases.

Dr. Rogers had studied diphtheria as it first appeared in France, and had read a paper before this Society on the subject, he did not think diphtheria to be an inflammatory affection.

Dr. Semple in reply, said, that much change in the type of disease had taken place within the last thirty years. Croup might not now be of such an inflammatory type as formerly.

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THE SURGICAL SOCIETY OF IRELAND.

This Society met on the evening of February 3rd, at the Royal College of Surgeons, the President of the College, Mr. Albert Walsh, in the chair.

Mr. W. Stokes read a paper

ON A MODIFICATION OF JARVIS'S LUXATION ADJUSTOR,

which will be found at page 153.

Dr. B. F. McDowell said the apparatus appeared to him to be more suitable for chronic cases of luxation than for the acute cases Mr. Stokes had described as having been reduced in less than a minute. Now, he had never found any difficulty in reducing an acute dislocation of the humerus in less than a minute by the ordinary method. In a surgical hospital, cases of dislocation of the humerus were often met with, the injury generally arising from the person being thrown off an outside car while tipsy, and when the muscles were in a state of relaxation; and in these cases by the simple method of putting the heel into the axilla the bone slipped into its place with ease. The apparatus exhibited, had been successfully applied in a case of dislocation of both bones of the arm backwards, but it appeared that they were followed by acute inflammation. He was glad to hear Mr. Stokes say that he did not claim for it any great advantage over the ordinary method. He also said it was very expensive. He should like to know what was the amount of force used? The great practical point was, whether they should use the amount of force they were capable of applying with this apparatus?

Mr. Stapleton thought with regard to the dislocations treated three hours after the occurrence, it was a loss of time to put on the apparatus; the ordinary methods would, in his opinion, reduce them much quicker. With regard to the last case, where the joint was three days out, the apparatus did not reduce the dislocation, and when it was taken off, the man's shoulder was reduced by putting the heel into the axilla. He saw a similar case some years ago; it was an old case of dislocation, and the pulleys having failed, Mr. Adams said—"You had now better try your heel in the axilla"; and this being done, the bone went in. He confessed he should not like to use this apparatus, for he had read that within the last two or three years an unfortunate old woman in Paris had her shoulder torn off by it. With regard to dislocations of the shoulder-joint being caused, as was stated, by the individual falling on his shoulder, his experience was that they were not so produced. If a man had a fall on his shoulder he generally had fractured clavicle, and dislocations of the shoulder-joint were generally produced by a man being pitched out of a car for instance, and coming on his hand. The instrument exhibited by Mr. Stokes, seemed to want an action, which was the greatest power necessary for reducing dislocations of the shoulder-joint, viz., the power of elevating it. He believed that in all recent cases the reduction was effected by surprise, and not by force. A few years ago a gentleman was playing rackets at the United Service Club, his foot slipped, and he put his hand out to save himself from coming against the wall, and dislocated both bones backwards. He was sent for, and went to the gentleman's lodgings, where he found him very weak, and asking to have brandy and water to sustain him. He (Mr. Stapleton) drew him back suddenly, took him by surprise, and said, "Your elbow is in." The gentleman replied, "No sir, it is not, for I have seen several dislocations of the elbow-joint, and I know they cannot be so quickly reduced as that." He assured him that it was, but the gentleman continued incredulous, and six months afterwards, he went to Sir W. Fergusson, who said, "The only doubt I have on the subject is, you have so much power in your arm now that one would think it had never been injured." He did not think anything was gained by the snap action in these cases. In the greater number of cases he had seen reduced by pulleys, the bone had reached its place before the snap action of letting go the pulleys was used. In acute cases the best course was to take the patient unawares.

Mr. Richardson observed, that he considered Mathieu's modification of Jarvis' apparatus, had many advantages over Roberts, the one described so clearly by Mr. Stokes. The great advantage however, of Mathieu's modification is, that it can be manœuvred in all directions, for instance, the arm can be extended by it in the position, which was the favourite with White, of Manchester.

Dr. Fleming said, that while attached to the Richmond Hospital he had seen a very large number of dislocations of the shoulder-joint, and also dislocations, simple and complicated, of the elbow. He had also an opportunity of witnessing through the kindness of Mr. Stokes the use of the instrument, which he had exhibited that evening. Mr. Stokes managed the instrument with great ease and facility, but any of them, if undertaking to put the instrument *in situ* would experience no small difficulty. It required a good deal of experience and careful manipulation. As regards the successful application of the instrument or its proposed application, he (Dr. Fleming) thought, that in cases of recent dislocations of the shoulder-joint and the elbow-joint they required no such instrument. In the vast majority of those cases where the dislocation was recent the reduction was effected with ease. He did not say there were no dislocations of the shoulder and of the elbow-joint that would puzzle the surgeon, but they were rather the exception than the rule. If he were not mistaken the instrument had been used in cases of dislocation of the hip-joint but without success.

Dr. Hargrave—Mr. Stapleton said that luxation of the humerus scarcely ever occurred through a fall on the shoulder, but he (Dr. Hargrave) had seen many cases where it occurred in that way, and they were reduced with great facility.

Dr. F. T. Porter asked whether the use of the apparatus gave less pain than other methods of dealing with these dislocations.

Mr. Stokes replied. Dr. McDowell in his classification of luxations into acute and chronic, seemed to object to this instrument as being only good for chronic cases; but he (Mr. Stokes) was sorry to say that it was only in acute cases that the instrument succeeded. Dr. McDowell's other objection, he did not think a valid one—namely, that the force used was too great. Now by this instrument the force might be as slight or as great as the surgeon wished; he had the power of regulating as he pleased the amount of force, and in fact there could not be greater force applied by this instrument than by the ordinary pulleys. He had not heard of the remarkable case mentioned by Mr. Stapleton, of the shoulder being torn off by an instrument like this. The shoulder could be torn off by the ropes and pulleys as well; but the occurrence showed not any defect in the instrument but great carelessness on the part of the surgeon. With regard to the case in which the joint had been out three days, they could not object to the instrument because it failed in that case, for the development of the muscles in the man were something astonishing, and it was with difficulty that the instrument was put round the shoulder; when put on, it pushed the muscles forward, and that was the only reason he failed to effect the reduction by the instrument. As regards the cause of this luxation of the shoulder-joint, whether produced by falls on the shoulder or falls on the hand he could not offer any opinion as he had never seen a person receive the injury. Unless the surgeon saw the actual fall he could not say with certainty how the joint was put out. He could only take what the patient said, and in all the cases that had come under his notice the person stated that they had fallen on their shoulders. As regards the snap action he must differ with Mr. Stapleton. In two cases the value of the snap action was most clearly manifested. Before the snap action took place it was quite evident the bone was not reduced, and it was only when the snap action took place that the bone slipped back. Mr. Fleming was mistaken in thinking the instrument had ever been used by him in dislocations of the hip-joint. Had he applied the apparatus in such a case he would have mentioned it in his paper. Nearly all the speakers had gone away from the point he wished to dwell upon. He never said that this instrument was to supersede the ancient methods, but that in certain luxations the being confined to two fixed points was a great difficulty, and that the advantage of this instrument was, that it got rid of that difficulty, the surgeon being able to alter the effect of the instrument without any relaxation of it. As to the pain, he had not observed that there was more pain in the application of this instrument than after using the old methods, but in all, except one case, the patients were put under chloroform during the operation. In the first case he did not give chloroform, and the reduction was effected almost instantaneously and the patient suffered no pain.

A paper was then read

ON THE CONNECTION BETWEEN CERTAIN DEFECTIVE SANITARY CONDITIONS AND DISEASE,

which will be found at page 155.

Mr. E. Hamilton then read a paper

ON SKIN GRAFTING,

which will be found at page 156.

Mr. E. Hamilton added, with respect to the second of the cases mentioned, in which skin-grafting had failed, he again tried the experiment, adopting the precaution of sinking the pieces of skin into the granulations, and on examining the foot that day, he found two of the little skin grafts had taken. He had brought the man there that evening so that the members of the Society might examine the case.

Dr. Fleming having had an opportunity of witnessing the progress of some of the cases mentioned, bore testimony to the accuracy both of the statement made by Mr. Hamilton and of the drawing which he had exhibited.

Mr. Stokes said, that in the Richmond Hospital they had been giving this method of treating ulcers a very considerable trial. His colleague Mr. Hamilton began it and it was being followed up, but sufficient time had not elapsed to enable them to form an accurate opinion as to its surgical value. There was one case of a very chronic ulcer now under treatment. The man had for many years past been living in workhouses, and he had recently come into the Richmond Hospital, where this skin-grafting operation was tried upon him. Although only a few weeks had elapsed, the large ulceration which completely surrounded the leg was covered with these little islands which were increasing in size, and there was every prospect of the ulcer healing up. Whether the effect would be permanent or not he could not say. They all knew that they often succeeded in getting these chronic ulcers to heal, but that they broke out again. So, far however, their experience in skin-grafting had been encouraging.

The **Chairman**.—Can you say whether Mr. Hamilton inserted the little bits of skin?

Mr. Stokes could not say positively, but thought they were only laid on. He should like to know whether Mr. Hamilton took merely the cuticle or the true skin. Reverdan, the originator of this plan, operated with the lancet, and laid great stress on taking only a portion of the cuticle.

Mr. Hamilton said he himself attached considerable importance to the use of the layer of *rete mucosum*. He removed a portion of the true skin, but did not go through the entire depth of the skin. What they wanted to obtain was the living nascent cuticle, the *rete mucosum* cells resting on their natural bed, and transfer them thus living into a position where they would receive a supply of nutriment from the ulcer. In this way they sowed as it were, living or growing cuticle cells, and their growth continued.

The Society adjourned.

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The Medical Society of the Kings' and Queens' College of Physicians in Ireland was held on Wednesday evening, the 15th,

Dr. Beatty, Ex-President of the College, in the Chair.

Dr. William Moore read a communication

ON STIMULATION IN FEVER.

Dr. Grimshaw was of opinion that statistics such as brought forward by Dr. Moore were not only valueless, but injurious as regards treatment. He did not consider that a rigid arithmetical line could be laid down in such matters. He regretted that Dr. Moore had not distinguished in his calculations the relative quantities of stimulant in each case instead of aggregating the entire number. He, Dr. Grimshaw, had had on one occasion in Cork Hospital a very remarkable succession of successful cases, many of which he had treated by tea, nevertheless he did not consider it advisable to deduce any assumption from that experience either as regards the success of the treatment or the advantage of tea as an agent. He referred to the writings of Dr. Russell of Glasgow, and considered that his cases were the most valuable yet contributed to the literature of the Profession.

Dr. M'Swiney expressed his satisfaction at hearing Dr. Moore's paper.

Dr. Cameron, Public Analyst, observed on the communication from a physical-chemical point of view: He thought the amount of alcohol ingested must have exceeded two ounces. He pointed out that although alcohol was not a food it was actually converted into motive power in the animal system. Dr. Thudichum had conclusively proved the fact by actual experiment.

Dr. Henry Kennedy said that the very worst cases of fever were not attended with wasting at all. On the contrary some waste was a favourable sign. He considered that every case should be treated on its own merits, and not on a simple stimulant plan, because it happened to be fever. He was in the frequent habit of treating cases absolutely without stimulant at all, and he was guided in such cases in some respect by the condition of the pulse, which, he regretted, Dr. Moore had not recorded before the Society. He considered that the record of average daily administration of stimulants was not only useless, but dangerous.

Dr. Darby, of Bray, would have been glad to have heard a clear distinction laid down in matters of treatment by Dr. Moore between typhus and typhoid. He had found opium very unmanageable, and had found in certain cases the exhibition of calomel equally unsatisfactory.

Dr. Moore, in reply, pointed out that his communication contained a complete detail of the salient points of the cases, and that he had not given the stimulants at haphazard, as Dr. Kennedy had represented. Dr. Russell's cases, as quoted by Dr. Grimshaw, were really almost identical, as regards stimulation, with his own. It was impossible in matters of stimulation to draw any uniform distinction between typhus and entric fever, inasmuch as frequent cases of typhoid occurred requiring as much stimulation as any case of typhus.

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ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

On Saturday last, a general meeting of this Association of Officers of Health took place. Dr. Druitt, the president, occupied the chair. The subjects brought forward were, "How far is the present prevalence of small-pox to be attributed to the plan recently introduced of limiting the number of public vaccinators," and a short paper on "Re-vaccination." The paper on re-vaccination proceeded to show its importance and advantages as a protection against small-pox, but at the same time it expressed a very strong opinion that re-vaccination was an operation which was required to be performed with more care and circumspection than the original vaccination. Vaccination under the best circumstances is liable to occasional failures in quality. Scrofulous, ricketty, and ill-developed children of our large towns often give an unstable, premature, and hastily developed vesicle into an imperfect cicatrix, and it is possible that a change for the better in such children might be attended with increased susceptibility of small-pox. Dr. Letheby, Dr. Stallard, Dr. Liddle, and other gentleman addressed the meeting, and a general opinion was expressed that the plan introduced at the instigation of the Privy Council of restricting the number of vaccinators had contributed largely to the increase of small-pox, and a committee was appointed to watch the proceedings of the committee of Parliament appointed as to the Vaccination Act, and to be prepared to give evidence before such parliamentary committee. An adjourned discussion then took place upon Dr. Spencer Cobbold's paper, "Entozoa," in relation to the public health, especially as regards sewage irrigation; and on a paper by Dr. Letheby, on "Sewage Parasites, especially in Relation to the Dispersion and Vitality of the Germs of Entozoa." The proceedings then terminated.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 22, 1871.

PROSPECTS OF MEDICAL REFORM.

THE Government declines to introduce a Bill this session. That is the most important fact in reference to Medical Reform; and, in the present condition of public affairs, we are not surprised at the resolution. In face of the many differences of opinion that prevail in the Profession, it is no more than might have been expected. Still, the question is not to be allowed to rest. We have, with an impartiality that has excited the compliments of opposing parties, laid all the proposed schemes before our readers, and offered our unbiassed criticisms upon them. Our only object is the well-being of the Profession; and anything calculated to promote it has our best wishes—come whence it may.

The *Lancet* issues, in its last number, a revised edition of its Bill. This we have already examined at such length, that we have nothing to add to our former criticism, as the revision relates to points of detail, and does not affect its principle. The reform committee of the British Medical Association has had a deputation received by Mr. Forster, who, however, only complacently chaffed them for preferring no bread to half-a-loaf. The Royal College of Surgeons in Ireland has not relinquished its liberal programme, and it is possible its exertions may lead to considerable changes. Its influence and liberality are alike in its favour.

The English corporations have, to a certain extent, adopted the suggestions we some months since put forth as to voluntary amalgamation. If the Government do nothing, and the amalgamation scheme be inaugurated by mutual concession, there is little doubt that the Universities would, eventually, come into the arrangement, and make it complete. There is too much nervousness on this point. The Universities have always been in the front rank, and if they are at first shy of uncompleted schemes, we have little doubt but that they would co-operate as soon as they saw any successful plan at work. Let them be treated generously, or rather let confidence be evinced towards them, and their own prestige will require them to act for the general good. It would be a mere trifle to them to accept the examination of the Conjoint board as a part of their examinations—especially if they were invited to send assessors to those examinations.

The schemes of individual reformers are more various than those above mentioned; but still there may be a hope that all would unite to support a broad and statesmanlike settlement that had any chance of finding favour with the legislature. We do not anticipate that such will be the case this year; but as all the questions involved must be discussed, we may hope that some good will result from the debates to which we are evidently doomed.

Is there no medical member of the House of Commons who will take the trouble to sift all the proposals, and who will grasp the whole question of medical reform as it affects the public and the Profession? Much hope of this was evident last year, but the great events that have shaken Europe since then seem to have absorbed the energies of all.

Still, we must look these questions in the face. The fact of the *Times* devoting a leader to Medical Reform last week shows the undercurrent that flows, and the Profession needs to throw off its accustomed apathy when the great daily paper speaks so distinctly in favour of increasing the powers of the Privy Council. We fear that article was too much in accord with the views of the medical officer of the Privy Council—who, whatever his merits in his position, has no claim whatever to regulate our great Profession. His views are far too subservient to the authority he serves. It is time to speak out. Long has there been a sort of undefined dread of the influence of the Privy Council. That dread went a long way towards defeating last year's Bill, and not a few medical men rejoiced when they heard that Lord de Grey would not be at the head of the Privy Council this year.

Mr. Forster has hardly had time to master the question; but we certainly hope he never will be a party to subject a great profession to the petty tyranny of Privy Council officials. Any scheme, or no scheme at all, would be better than that.

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Notes on Current Topics.

Syphilis of the Nervous System.

DR. E. L. KEYES, Physician to the Bureau of Out-door Relief, Bellevue Hospital, class of genito-urinary diseases has published a careful clinical study of this subject, chiefly in regard to diagnosis and treatment, founded on thirty-four cases under his care and that of Professor Wm. H. Van Buren, M.D.

Dr. Keyes thus sums up his conclusions:—

1. That nervous symptoms depending upon syphilis may arise within the first few weeks after an infecting chancre, or at any period later during the life of the individual.
2. That it is presumable, from the study of published autopsies, that the earlier a nervous symptom (paralytic or

otherwise) occurs, the less likely is there to be any material lesion which an autopsy can reveal; and that in a given case there exists no constancy of relation between the nature, the situation, and the severity of the lesion, and the nature, situation, and severity of the nervous symptom, to which that lesion may give rise.

3. That cerebral congestion is probably the pathology of many of the earlier nervous syphilitic symptoms.

4. That syphilitic hemiplegia occurs, as a rule, without loss of consciousness, even when the attack is sudden; but that the paralysis usually comes on gradually, the patient being under forty years of age, and having had fixed constant headache for some time before the attack.

5. That mydriasis, existing alone, or with other nervous symptoms, without positive disease of the eye, is presumptive evidence of syphilis.

6. That paralyses of single muscles, or sets of muscles, are frequently syphilitic.

7. That syphilitic paraplegia generally comes on gradually, often without any local symptom to call the patient's attention to the injured portion of the cord, and that it is rarely complete. That the bladder almost always suffers more or less, and calls for special local treatment. That paraplegia may be developed as a symptom of inherited syphilis.

8. That syphilitic epilepsy usually occurs after thirty, in patients who have not had epilepsy in early life. That headache is liable to precede the attacks. That the convulsions occur often, many in quick succession, the intermission between the series of attacks being comparatively long, but that, during this period, headache or other nervous symptoms exist and become aggravated, contrary to what obtains in idiopathic epilepsy. That syphilitic epilepsy is liable to be associated with, or followed by, some form of paralysis.

9. That aphasia is often associated with the intellectual disturbances caused by syphilis.

10. That loss of memory is a common nervous symptom of syphilis, as are also all forms of mental disturbance—from mild hallucinations and illusions up to actual insanity, and all these without any necessary accompanying paralysis.

11. That inordinate emotional expressions are often associated with the mental weakness caused by syphilis.

12. That care must be taken to distinguish certain symptoms caused by gout, from the same symptoms owing their origin to syphilis.

13. That the prognosis is better as a rule for nervous symptoms caused by syphilis than for the same symptoms depending on a lesion equal in extent, caused by another malady of the nervous centres; but that, after the arrest of the disease, an indelible impression is often left upon the nerve-tissue, which manifests itself by impaired function, and which treatment cannot overcome.

14. That the iodide of potassium pushed rapidly to toleration, unless the symptoms subside before that point is reached, is the main outline of treatment. That mercury, used at the same time, or alternated with the iodide of potassium, is often of great value in protracted or inveterate cases; and that tonics, change of air and surroundings, frequently influence the effect of treatment in a marked degree, and may become essentials to success.

Paris during the Armistice.

A VALUED contributor to our pages, and who was one of the very first to enter the city, by Prussian permit, after the promulgation of the armistice, writes us a most deplorable account of the state of the city and its surroundings. Few, he says, can imagine the suffering and privations which the inhabitants have gone through, and how plainly visible it is upon the faces and gait of all but a few favoured ones. Even now, to quote his remarks literary, though characteristically expressed, Paris is anything but a desirable place to be in, notwithstanding all that has been and is still being done. He says,—"I am pretty well tired of the present state of things; the hospitals are full—disease very rife; there is, as yet, hardly anything to eat, no gas, no amusements of any kind; the streets are almost without a vehicle, as there are no horses to draw them. In the country, travelling has gone back to the old diligence, and neither red-legged soldiers nor gensd'armes, formerly so numerous, are to be seen. In their place, you have Germany let loose, *and very loose she is in some cases.* Believe me, the Creator of the Universe was never more magnificent than when he devised that narrow passage for the waters, commonly known as the English Channel, for which I hope soon to again show my affection."

Dr. Murphy.

ILL-HEALTH and misfortune have weighed so heavily on the former Professor of Midwifery at University College, that an attempt is being made to raise a sum of money sufficient to place him, at his present age of sixty-eight, beyond the reach of want. We trust the fund may speedily be raised. Prof. Erasmus Wilson, and Dr. Russell Reynolds, Dr. Arthur Farre, and others, having contributed will, no doubt, be glad to receive further donations.

Vaccination with Diluted Lymph.

AT the London Hospital some cases have been vaccinated with lymph, diluted by adding, on a piece of glass, forty drops of Price's pure glycerine to the contents of two capillary tubes of vaccine, and stirring them up well with the point of a lancet to ensure their being thoroughly mixed. In each case the operation was performed in two places on the same arm by a series of superficial scratches with a lancet. On the eighth day the results were as follows:—

1. Age, seventeen years. Advanced phthisis. Vaccinated in infancy, and having one good scar on her arm. Two good vesicles, no inflammation.

2. Age, seventeen years. Advanced phthisis; greatly emaciated. Vaccinated in infancy; one not very good scar. One imperfect vesicle.

3. Age, eighteen years. Extensive heart disease after rheumatic fever. Vaccinated in infancy; three good scars. Two good vesicles, accompanied by some little inflammation.

4. Age, eighteen years. Acute rheumatism. Stated to have been vaccinated three times, but there were no scars on the arm. Two very imperfect vesicles, which had shrivelled up.

5. Age, twenty years. Heart disease; very anæmic. Vaccinated in infancy; one scar. Two not very good vesicles.

6. Age, twenty-two years. Acute rheumatism, with endocarditis. Vaccinated in infancy; three good scars. Two very good vesicles, no inflammation.

7. Age, twenty-seven years. Subacute rheumatism. Vaccinated in infancy; two small scars. Two good vesicles, no inflammation.

8. Aged forty four years. Heart-disease and sciatica. Vaccinated in infancy; three good scars. Two good vesicles, some little inflammation.

9. Age, fifty-seven years. Phthisis; very ill. Stated to have had small-pox when very young; no scars of small-pox or vaccination. Two good vesicles, no inflammation.

10. Age, seventy-one years. Gastric disease, probably cancer. No scars. Two good vesicles, no inflammation.

11. A complicated case of cardiac and renal disease. Patient died on the fifth day, It was beginning to take. Some other cases have since been tried.

The Female Medical Students.

It will be in the recollection of our readers that the resolution carried at the meeting of the Infirmary contributors, and the carrying of which has since been confirmed by the scrutiny of votes, left the question of admitting students, whether male or female, to clinical instruction in the wards of the Infirmary entirely to the discretion of the managers. The question being thus left open, so far as the reconstituted board of management is concerned, another attenpt is being made to obtain for the lady students the facilities which they require. Last week a deputation waited on the managers for the purpose of pressing the matter on their attention. Mr. Cowan presented a petition urging upon the managers, as a new Board, the desirableness of their considering, *de novo*, the question of admitting lady students to their wards. The managers resolved to take the question into consideration at their next ordinary meeting.

Fever in London.

Last week the annual meeting of the London Fever Hospital Governors was held. From the report of Dr. Broadbent, it appeared that not less than 3,878 patients came under treatment; 3,198 had been discharged, cured; 26 had been sent to other hospitals, and 451 had died. Typhus fever had shown a marked decline, and the majority of the sufferers came from certain well-known districts in the eastern, southern, and central parts of London. The prolonged prevalence of the disease had apparently, to some extent, exhausted the susceptible and exposed portion of the population, and the medical officer indicated that relapsing fever had to some extent taken its place. There were 631 typhus cases last year, against 1,260 in 1869, and this was a decline on the three previous years, the height of the disease being in 1864, when 2,497 patients were treated, and this number had gradually increased on 1861, when there were but 25 cases. The history of relapsing fever was entered into, and it was stated that this disease, now nearly stamped out in London, is still greatly prevalent in the country, especially Liverpool where it shows a very high mortality. Enteric fever, the disease of bad drainage, and of bad drinking water, had been the cause of 581 cases, 16 per cent. of whom died. Scarlet fever was shown to have prevailed among all classes, especially in the autumn, and it was thought now to be on the decline. Those who administered to the sick had not been free from contagion, for not less than thirty-four officers had been smitten with the disease treated in the hospital, and of these five had succumbed, including two medical officers.

Hints to Economists.

The Director-General of the Army Medical Department is only paid £1,500 a year. But the Solicitor to the War Office gets as much and £1,000 a year for an assistant besides. What does he do for it? At Netley there is a sinecure office of Governor costing £366 per annum, in addition to half-pay of the incumbent, and this superfluous officer is further aided by an assistant-governor, a commandant who gets £803 a year.

It is simply ridiculous to provide non-medical governors or commandants to hospitals. We hope some member will move the omission of these sums.

German Military Surgery.

A medical correspondent of the *Nation*, of New York, forwards to that paper an interesting description of the medical branch of the Prussian service. The total number of surgeons employed in the army approaches 3,000, while it is ordinarily less than 2,500. An army corps of 40,000 men has sixty surgeons, and provision for twelve field hospitals, each accommodating 200 men, and supplied with five surgeons, about thirty *krankenträger*, or bearers of wounded, and a proportionate number of nurses, assistants, ambulances, and carriages of supplies. Each field hospital moves with the army, and is charged with the care of the wounded as they come directly from the field. One half of the surgical force station themselves in action, directly in the rear of the army, and do for the wounded whatever immediate emergency may require before they can be sent to the second station, which is more permanent, and where large operations are performed. The remainder of the surgical force of each field hospital is here employed, and here the wounded are retained until their removal is dictated by prudence, or demanded by necessity.

The Causation of Typhoid Fever.

The Registrar of the city of Providence, in America, remarked in his report for November, 1870:—"The result of extended investigation in this city and State during the last twenty years seems to indicate that typhoid fever is caused by certain conditions of decaying vegetable matter, while typhus or ship fever results from causes connected solely with animal matter. Hence, perhaps, we have an explanation of the fact that typhoid fever prevails much more in the country than in the city, while typhus is found more where human beings are crowded."

Factory Disease.

We believe *the* disease to which mill operators are most liable may be pronounced to be bronchitis. Upon making inquiry into the subject through correspondents practising in manufacturing districts, we understand the majority of mill hands, when indisposed, suffer from bronchitis of a very severe and aggravated nature, and that at the present season the disease is only too general amongst them. This is not the less surprising when we consider that the workers must get out of bed by four or five o'clock in the morning, hastily dress, and make for their mill, some having to walk considerable distances before arriving at their destination, in order to begin work at six; then working all the day with "*cotton waste*" *particles* floating in the atmosphere of the room. This dust finds its way only too readily into the lungs of the poor factory operative, acting as an irritant, and thus predisposing to disease. The number who annually die of pulmonary disease is, we know, very great; but it is a harder truth which experience teaches that the man or woman, however robust and strong in constitution, who leads for a term of years a factory life is sure to succumb, if not to bronchitis, at least to asthma or emphysema. Even in silk mills this state of things exists. It is, then, we conceive, full time that factory employers, whether they be "cotton lords" or silk spinners, should introduce into their establishments some preventive measure whereby this hard truth might be remedied, and that, failing to do so, it should fall to the lot of factory inspectors and factory doctors to enforce such means. If all mill hands—"half-timers" included—were, by factory regulation and law, not only expected, but forced to wear an ordinary cotton wool respirator, when going to work, whilst at work, and upon returning from it, disease might be warded off, and the employer saved the loss which must, from frequent change of hands, result to him. Younger hands might be saved from suffering or an early grave, and kept at the loom with greater advantage to the employer, as well as to themselves; and the older hands, who have made a profession of the mill, and look upon it as a home, be spared many an additional year of usefulness to their families and friends. The adage that "prevention is better than cure" holds good here, and we trust, in recommending the introduction of cotton wool respirators, which cost only a few pence, to factory employes, we do as much as the notorious individual who introduced clogs into Lancashire.

Hunterian Society.

Mr. Crosby, last Wednesday evening, delivered the Annual Oration of this Society at the London Institution in Finsbury Circus. His subject was "Modern Treatment of Disease by Drugs."

In the course of it he spoke up for mercury in a manner that, while so hot a contest is raging about it, will interest not a few. We, therefore, select that passage for our readers as a sample of the oration :—

"Those of us who in the frequent call of our duties have to prescribe an efficient course of mercury, must have been familiar with the horror and dread of it which prevails; the fear which the patient attaches to the drug leads to the oft-repeated question—How will you get it out of my system again? This dislike to mercury is not confined to the public, but there are some members of the Profession, a very limited number however, who have spoken not a little against his employment, especially in syphilis, and would even stamp it out of the *Pharmacopœia* atltogether. The evil results following its profuse administration in former times, and an over estimation of its curative powers, have led to much of the present dread of its employment, and scepticism of its utility. Let us inquire whether mercury deserves such a proscription—utilised as it is in modern days. I will venture to say that it is the best known remedy for the removal of the symptoms of syphilitic infection; and, by the selection of proper cases, and by the modern mode of its administration, it is stripped of its evil consequences and no longer deserves either opprobrium or dread.

"Firstly, as to the selection of proper cases: in all syphilitic lesions which show, either in their early stage or subsequent progress, signs of induration, either at their base or in a neighbouring lymphatic or its gland, mercury is a most valuable remedy. Experience has proved that the boundary line between infecting and non-infecting sores is not so easily defined at first sight as it was supposed to be by M. Ricord and other modern authors, and that there is a form of soft suppurating and apparently non-infecting sore, which is liable to assume, during its progress, the character of induration, requiring a guarded prognosis; on this point, during the early days of the new and important method of diagnosis, I witnessed many errors made by others, and made many myself. There is a typical unmistakeable form called Hunterian, which is certain to be followed by secondary symptoms; also that there is a typical soft, suppurating, mucous sore, which will as certainly escape such consequences, there is no doubt. I do not believe in the duality of the poison; I regard the difference of the character of lesion as due to modified intensity of one, rather than to plurality of poisons. I have noticed that whenever the poison is sufficiently strong, either to destroy tissue and produce phagedæna, no matter whatever be the situation of the sore, or to produce any lesion on true skin surface, constitutional symptoms most frequently follow, although induration may not appear for two or three weeks.

"In these cases, where induration is late in appearance, the constitutional effects are generally mild in direct proportion, leading me to conclude that the early appearance of adhesiveness is the test of the severity of the poison, and its non-appearance at any period little or no proof of its plurality.

"The curative properties of mercury may be and are by modern practice obtained without any ill results to the constitution; gastric irritations may be avoided by its external employment; its tendency to blood-blanching guarded against by the simultaneous administration of quinine or iron. The bugbear of its cumulation and retention in the system may be satisfactorily disposed of by the action of its copartner, iodide of potassium, forming with the mercurial albuminate a soluble salt, which is readily eliminated by the various secretions. To the non-mercurialist believer in the treatment of syphilis, I must say that the only cases of syphilitic epilepsy which I have seen, occurred in patients who had not been treated by mercury."

The Effect of Exercise upon the Bodily Temperature.

Dr. Clifford Allbutt, who curiously styles himself Member of the Alpine Club, &c., has read a paper on this subject before the Royal Society. His object in carrying out the experiments recorded in the paper was to inquire whether the regulating power of the organisms held good under great variations of muscular exertion. For this purpose he made frequent daily examinations of his own temperatures during a short walking tour in Switzerland, and found that the effect of continuous muscular exertion upon himself was to sharpen the curve of daily variation, the culmination being one-tenth or two-tenths higher than usual, and the evening fall coming on more rapidly and somewhat earlier. Six parts of the daily temperatures were handed in with the paper. The author made reference also to some observations of M. Lortet, which differed from his own. These observations, which did not come into Dr. Clifford Allbutt's hands until his own experiments were partially completed, were adduced by M. Lortet to prove that the human body was very defective in regulating power under the demands of the combustion needed to supply the force expended in muscular exertion. Dr. Clifford Allbutt's results were very decidedly opposed to those of M. Lortet, for only on two occasions did he note the depressions of temperature which M. Lortet regards as constant. It would seem, however, that the body is more or less liable to such depressions when engaged in muscular exertion, but the cause of them is very obscure. Of the two low temperatures noted by the author, one occurred during a very easy ascent of lower slopes, and the second was observed during a descent. The author thinks that they may be due to some accidental deficiency in combustion, and inquires whether the capacity of the chest in different individuals may account for the varying influen of muscular effort upon them, and perhaps for the earlier or later sense of fatigue.

The sphygmographic tracings added by M. Lortet to his temperature-charts seemed to show a great inadequacy of circulation.

Naval Assistant-Surgeons are, we hear, to have the privilege of attending Netley.

The Medical Vote for the Army, is increased by £800, not very much, certainly, considering the state of the political world.

The Netley Medical School appears in the estimates for £8,854. There is one estimated additional outlay of £18,838 for the Netley Lunatic Asylum. Military lunatics in private asylums now cost the county about £5,000 a year.

The current number of the *Journal of Mental Science* opens with a paper by Dr. Lockhart Robertson "On the Alleged Increase of Insanity," and contains besides other valuable matter a continuation of Dr. Tuke's paper "On the Influence of the Mind on the Body."

We have received the February number of the *Glasgow Medical Journal*, which contains several practical and interesting papers, besides some very smart criticism on books, and an account of the proceedings of the Glasgow Societies.

An American exchange states that Mormon physicians are forbidden, under severe penalties, to prescribe any of the more powerful drugs without first explaining to the patient and his friends their medical properties, and procuring the unqualified consent of all concerned.

We are gratified to learn that Dr. Bodkin, son of our valued contributor, Dr. Bodkin, F.R.C.S., of Tuam, has been elected medical officer of the Glenamaddy Dispensary and Workhouse. He has had previously large experience as Assistant-Surgeon to the Halifax Infirmary, and while studying his profession at the College of Surgeons, Dublin.

The following regulations were promulgated to the Army on the 1st inst., by direction of the Secretary of State for War:—

Pay of Medical and Veterinary Officers.—Cl. 22.—On and after April 1, 1871, the pay of medical officers not attached to regiments, and staff veterinary surgeons, will be issued at home stations by the control paymasters of the districts in which they are serving, instead of by the general agent as heretofore.

A small-pox home has been established in the north of London, under the patronage of some very eminent names, including the Princess of Wales, to which patients of the better class can be immediately taken and treated medically by the resident physician, Dr. Smith, receiving such other accommodation and attention as the circumstances of each case and condition of the patient warrant, on payment of one guinea per week. The voluntary subscriptions to this Home have already reached to several hundred pounds.

The Sanitary Commissioner of the Punjab, traces the prevalence of heat apoplexy among European soldiers in India in great measure to three causes. These are:—Crowding in canteens, sleeping within doors in the dry, hot weather, and crowding in church in the heat of the day. These objections he would remove by serving out the grog and beer to the men in the open air, given them the option of sleeping in the open air, and changing the hour of morning service to sunrise. The first two of these suggestions have been made and carried into effect before now, and, Dr. de Renzy says, with very successful results.

On Thursday last Mr. Baker Brown commenced, at the Surgical Home, Osnaburgh place, a course of clinical lectures on Obstetric Surgery, embracing all plastic operations on the perineum, operations for vesico-vaginal fistula, &c., &c. The Course promises to be thoroughly practical, of the greatest importance to the profession, and will extend over a period of three months. On alternate Thursdays, and sometimes more frequently, operations will be performed. The fee for the entire course is one guinea.

The Course was inaugurated by ovariotomy being performed on a patient, aged thirty-seven years, from whom thirty pounds weight of fluid and both ovaries were removed in our presence.

In the House of Commons on Friday last, the following members were nominated to form the Select Committee on the Vaccination Act (1867):—Mr. William Edward Forster, Mr. Stephen Cave, Mr. Candlish, Mr. William Henry Smith, Mr. Muntz, Lord Robert Montague, Mr. Jacob Bright, Sir Smith Child, Dr. Lyon Playfair, Mr. Holt, Mr. Taylor, Sir Dominic Corrigan, Dr. Brewer, Mr. Alderman Carter, and Mr. Hibbert, with power to send for persons, papers, and records.

At the same sitting, Mr. Goschen, the President of the Poor-law Board, said the number of cases of small-pox reported in the metropolis amounted to upwards of 1,200. The beds provided were 520, and the guardians had provided 300 more; but in the course of a fortnight 500 additional beds would be ready. The beds supplied equalled the number of cases now in existence. The majority of the cases occurred in Bethnal-green, Shoreditch, and Whitechapel,

On Monday, the 6th inst., the Board of the Limerick Lunatic Asylum granted the increase in the doctor's salary, by a majority of seven to three. Our readers will recollect that at a previous meeting it was decided to ask the authorities whether the granting of the increase was compulsory. On that occasion five voted against the resolution, and five in favour of it, reminding one strongly of the parable of the ten virgins. But even when a Castle mandate proved beyond all doubt that the Board had no option but to vote the increase, some of them at least kicked against the pricks. Mr. Michael Robert Ryan in particular was energetic on behalf of the ratepayers. He almost wept tears at having to record his vote against Dr. Fitzgerald, but stifled his agony, nevertheless, and did it. The Mayor actually went into the matter of the doctor's meat and drink in order to prove something or other, but at anyrate the champions of the ratepayers were in a minority, and despite Mr. Ryan's tribulation, the Board very properly granted the increase.

Now, what are the facts? Dr. Fitzgerald, who, by all accounts is a most deserving officer, and a gentleman specially distinguished in his branch of the curative art, applies for an increase of salary. He has been in his present position for twenty years, and receives less than a stranger would, should one step into his place to-morrow. The friends of the ratepayers cannot see the base equity of recompensing their long-tried servant, but content themselves with shedding crocodile tears. They show themselves unable to appreciate justice, utterly incapable of understanding generosity. We congratulate Dr. Fitzgerald, and can only advise him to beware of his friends for the future.

Two gentleman, having been summoned to appear before the Bridgwater magistrates with their children as directed by sec. 31 of the Vaccination Act, their solicitors, said that their clients had conscientious objections to vaccination, and with all due respect to the bench they were determined to resist the order to the utmost. They had not, it was contended, the custody of the children, the mothers alone having the control over them till they were seven years old, and the bench had no power to compel the fathers to produce them. On the clerk of the board of guardians intimating an intention of summoning the mothers, it was urged that no such proceedings could be taken against married women. The *Pall Mall Gazette* says, that without discussing the truth of this latter proposition, in itself very questionable, it is sufficient to say that the learned gentlemen are completely mistaken in their view of the law upon the first point. The mother has no legal power whatever over the child in the father's lifetime, at least as against the father. An order against the father for the production of the child is a perfectly good one, and obedience to it may be enforced against him in the usual way. The notion about the mother having the custody of the child during seven years—the legal age of nuture—must have originated in some indistinct recollections of the 2 and 3 Vic., c. 54, which enables the mother, under an order of a judge in equity, to have a child under seven years transferred from the father's custody to her own.

SCOTLAND.

Death of David H. Paterson, Esq., F.R.C.S.E.—Mr. Paterson, whose unexpected death took place on Tuesday, the 14th, returned to Scotland in July last, in impaired health, after fourteen years of successful labour as a medical missionary at Madras. In October he was appointed Medical Superintendent of the Edinburgh Medical Missionary Society, and during the short period he occupied that position, he more than realized the high opinion which the Directors of that Institution had formed of his pre-eminent ability for discharging the duties of that important office. His extensive personal knowledge and experience admirably qualified him for the duties of a teacher, and his manly, honest, consistent character was calculated to exercise a most beneficial influence on those students who were privileged to be his pupils. By his premature death the Medical Missionary Society has been deprived of one of its most able and experienced officers.

Sir Simon M. Lockhart, Bart, proposes to erect at Lanark, at his own expense, a Cottage Hospital containing twenty beds, provided a sufficient endowment is raised for its maintenance, which is estimated at £600 per annum. Donations to the amount of £3,000 for the Endowment Fund have been obtained, and annual subscriptions to the amount of about £180.

THE HUNTERIAN ORATION FOR 1871.

The Hunterian Oration was delivered by Sir William Fergusson on "Hunter's Day," when the theatre of the College of Surgeons was crowded by a distinguished audience. The Orator commenced with an account of the preservation of the invaluable relics of Hunter's work, and the manner in which they were secured for the nation and committed to the care of the College of Surgeons; after which he went on to say:—

"It has been rare among physicians and surgeons, considering the numbers of eminence who have flourished, to leave long-standing memorials of their greatness. Their works of skill and art have perished with themselves in a generation. Great statesmen, architects, engineers, and painters have left enduring, palpable proofs of their qualities, and they are known to fame almost solely by such proofs. No writings remain to attest their scientific skill, or to diffuse their individual knowledge to mankind.

"It would be too much to expect at this date palpable memorials, such as I refer to, of Hippocrates or Galen; but to come to more recent times, since the study of anatomy has been zealously pursued, how small is the number of great men in our profession whose fame can be traced otherwise than in association with written works. History is quiet regarding any preparations left by Mundinus, the founder of systematic anatomical teaching. No evidence remains of the hand-labour of Vesalius, Albinus, Cheselden, Cowper, and a host of the bygone great. Only a few proofs of William Harvey's dealings in anatomy are preserved in the College of Physicians of London. Happily, the greater part of Ruysch's celebrated first collection is still, I believe, in good condition in St. Petersburgh.

"The industry of Ruysch as anatomist and writer was marvellous; but our English anatomist had a shorter life by a quarter of a century; and, all things considered, there has probably been no such combination of work in one man as that centred in John Hunter. There may have been more voluminous writers in so far as printed works attest, but the untoward fate of his manuscripts must be borne in mind. In respect of work, in the development of a great museum, it may be fairly said that he stands unequalled; and in the combined qualities of writer and practical anatomist, he is alone in the field where a competitor cannot be named.

"It is not, however, in mere industry that Hunter's position is to be estimated. There was an originality of thought and action in all that he did which put him far above the rank of ordinary men in his own department of science. His museum was not a rambling collection of curiosities in natural history, anatomy, and pathology. It was specially designed to illustrate his own favourite pursuits: the study of life in all its phases; its causes, nature, and development, from the lowest stage of organisation up to the complex structure of man—from the seeds of vegetables to the eggs of animals—from vegetable sap up to human blood and its products.

"An anecdote related by Sir Benjamin Brodie in the Hunterian Oration for 1837 is indicative of Hunter's originality and scope of observation. Sir Benjamin says: 'When I was formerly giving lectures as Professor of this College, I found in a drawer in the Museum what appeared to be some pieces of dried sticks. Mr. Clift said that he did not know what they meant, but he was sure that they did mean something, and therefore he had preserved them. When I examined them, I found that they were the result of some interesting experiments in vegetable physiology. It appeared from one of them that he had made the first and most important of the experiments made many years afterwards by Mr. Andrew Knight, proving the descent of the sap through the vessels of the bark. Yet these specimens had no ostensible place in the Museum, and they would have been swept away as rubbish but for the care of Mr. Clift.' "

The Orator next referred in graceful terms to the successive curators who have bestowed so much labour on the Hunterian Museum and to William Hunter's magnificent collection in the University of Glasgow. He then continued :—

"Without discussing minutely whether Hunter's future fame will depend chiefly on his museum or on his printed works, it may be admitted that he is most extensively known by the latter. It is the lot of few, comparatively, to have it in their power to visit the museum, but his writings extend over the earth, and his doctrines may be said to constitute a large portion of the science of the best practical surgery of the day.

"There are mysteries in nature which Hunter did not pretend to explain ; and it might be well if some modern philosophers held in mind that the result of life-long study should not be disturbed by the passing idea of a moment, or by the reckless ambition of upsetting or ignoring doctrines emanating from a brain wherein thought had, for more than forty years, assumed a favourite place.

"Of all Hunter's printed works, the treatise on the Blood and Inflammation is generally admitted to be the most profound. To my mind, there are no parts so replete with interest as those devoted to Development and Absorption. Yet these, if not forgotten, have been well-nigh smothered in modern verbiage. Separate centres of life, new formations and growths, arrestments and changes of action, irrespective of blood and circulation, are among the fashionable doctrines of the day. 'Molecular disintegration' now takes the place of Hunter's 'disjunctive absorption.' Crude statements about veins doing what Hunter described as being done by absorbents—doing what he positively showed by experiment that they could not ; about pus circulating in the blood ; about secondary deposits (as they are called) being the direct result of primary deposits,—ignoring the power of nature to make another, and yet another, deposit when she has already made one ; rough experiments which have no semblance to nature's actions ; modern methods of accounting for malignant disease in various distant parts of the body, as being secondary deposits ; are among the recent ways of tampering with the beautiful and philosophic views of Hunter.

"A great living phliosopher, one who is specially great in facts, has suggested that when the microscope fails to detect the elementary particle, imagination may legitimately be permitted to bridge the gap, and mentally extend our vision. But such philosophy is, after all, far from being new. Shakespeare speculated with imaginary histology. He makes Hamlet, at a prior date, deal with it, as thus :—'Why may not imagination trace the noble dust of Alexander till he find it stopping a bunghole ?' Or, again,—

'Imperial Cæsar, dead and turned to clay,
Might stop a hole to keep the wind away.'

If imagination is to be a future legitimate course in this direction, let *us* imagine something more noble for the 'dust' of our hero than the 'base uses' to which that of Alexander, or of Cæsar, was consigned by Hamlet.

"If I have thus, in good humour, and, I hope, without offence, ventured to question the superiority of certain modern doctrines over those of Hunter, yet I do not fail to bear in mind how little will occasionally arrest or turn aside the tide of events in our profession. The current is naturally slow and easily obstructed. More than half a century elapsed ere Davy's suggestion regarding anæsthesia in surgical operations was carried into effect. The progress of ovariotomy was retarded for full thirty years by a simple song of local and personal humour. Who can say what may have been the influence of the sarcastic wit of Rabelais, of Butler, and of John Bell on the doctrines of Taliacotius ? Du Hamel and John Hunter were the great animal transplanters (if I may so call them) of their days. Here are the celebrated preparations, from Hunter's own hands, of cockspurs and human teeth, taken from their natural locality, flourishing in the cockscomb. Death abruptly cut short Hunter's surgical career ; but may we not claim for him, with all deference and honour to Reverdin, Pollock, and others of the day, that he anticipated, by a hundred years, the scientific data on which the present system of human grafting or transplanting is conducted ? Here [pointing to a picture] is a representation of portions of skin, each, originally, not bigger than a pin's-head, taken from what Butler would have called the 'brawny' part of a boy's arm, flourishing on an ulcer of the leg of an old lady above sixty ! What would John Bell, were he now alive, say to this ?"

In accordance with the usual custom, Sir William proceeded to speak of worthies who have died during the year. He spoke in words of feeling, that were appreciated by the audience, of James Wardrop, Sir William Lawrence, Joseph Hodgson, Sir James Young Simpson, and James Syme, remarking that it has seldom happened that so many distinguished men have had claims for notice on occasions similar to this.

Regretting that want of space precludes our giving all the Orator's well-weighed words of eulogy on these worthies, we must content ourselves for the moment by adding his peroration :—

"Before making my bow of conclusion I shall revert to the memory of the great man in whose honour we are assembled. In as far as we can make out, his life was happy as it was brilliant, and peculiarly so in that he was enabled, without hindrance, to indulge, to a greater extent than most men ever did, in a natural, useful bias of mind. His professional gains were estimated by himself chiefly in proportion as they enabled him to pursue his studies and increase his accumulations in natural history ; and he gratified his desires in this way to an extent as fabulous as history records. Men have given thousands for single pictures, or objects of art ; but who, excepting John Hunter, enthusiast above all other anatomists, ever paid five hundred pounds for a human skeleton ? That his pursuits were more pleasurable to him than any other work in the world must be undoubted. Look at the results. He, in the course of years, and at the age of sixty-five, accumulated a treasury of facts in his museum and writings, which, from the time of his death to the present day, may be said to have been the fountain-head of modern science in our profession. The streams from thence have flowed in largely varied directions, and no man yet can span the course they may take ! Truly, his example may excite to emulation. Even the length we may lag behind should induce us to think more highly of the lofty pinnacle where he stands, alone among surgeons ! The question between genius and industry is not worth discussion in his case. That he had industry no one can dispute ; he has left evidence of it unparalleled among surgeons. I am a firm believer in his genius, but am of opinion that it was so tempered, so overspread with the spirit of industry, that there was the just balance, so rarely combined in one man, which gives him a pre-eminence among mortals, and a rank in place with the greatest of human beings. He was born, the tenth child of his parents, in a modest country house in Scotland. He seems to have led the idle life of a wayward, petted boy, until twenty years of age, when his action changed, and the dawn of his future greatness appeared. He had neither wealth nor influential friends to further his worldly prospects, yet he rose to be the foremost surgeon and physiologist of his day. He read nature more closely than most other men, and thereby came nearer in communion with the Divine Author of all. Parts of the proof of his physical labour are treasured within these walls; portions of his mental labour are, in printed form, the property of the world at large; his mortal remains rest beside those of many of England's greatest sons within the hallowed shrine of Westminster Abbey.

"Such is, in brief, the story of John Hunter!"

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ENTOZOA AND SEWAGE IRRIGATION.

At the meeting of the Association of Medical Officers of Health on Saturday last, the adjourned discussion of Dr. Cobbold's paper on "Entozoa in Relation to the Public Health, especially as regards Sewage Irrigation," was resumed by Dr. Letheby, after Dr. Cobbold had read a supplementary paper of great practical interest, on "Sewage and Parasites, in Reference to the Dispersion and Vitality of the Germs of Entozoa," in which he described the effects of water and of decomposing organic matter on the ova of these parasites. In some cases, as in that of Bilharzia, he found that the ova, or rather the young animals which quickly escaped therefrom, remained alive for many days in clean water, whether fresh or salt, but that they were soon killed by putrefying organic substances. In other cases, as in that of tape-worms and ascarides, the ova retained their vitality for many weeks, or even months in sewage water. Dr. Letheby alluded in strong terms to the flippancy and want of knowledge of many of those who had discussed the subject. Mr. Holland, for example, had confused the question of the rot in sheep with the parasitic infection of sewage; and Mr. Michael, who was the first to enter on the discussion of the paper at a former meeting of the Society, had shown entire ignorance of the natural history of the subject. Not less puerile were the recent remarks in the *Lancet*, wherein the present aspect of the question was thought to be the worst of it. Mr. Bailey Dentin, and Mr. W. Hope, had also recently disposed of the matter in a very curt and flippant way, by saying there was no proof of the apprehended danger. In reviewing the broad facts of the question, Dr. Letheby said: 1st. That parasitic diseases of man are not by any means rare, as is proved by observations in practice, in the dead-house, and in our pathological museums, and that many of these diseases are of a formidable character—to wit, trichiniasis, the Bilharzia infection, and hydatids. 2nd. That in every case of parasitic disease, the source of it is in the food we eat, or the water we drink, or the air we breathe, there being no other origin of it. 3rd. That the infection of such matters is at present entirely accidental, it being dependent on the relation of excremental matters with the food or drink of man and animals; to take a case of tape-worm, in man, for example, it must have been caused by his eating the measly meat of an animal which had accidentally partaken of food or drink tainted with human ordure, having in it the ova of tape-worm. 4th. That when this relation of food and excremental matter is brought nearer, as often happens in the sister country, where the habits of the pig and his master are closely associated, the disease of both man and animal becomes more frequent. 5th. That if sewage be upon the land, where the grass used for the fodder of cattle is growing, it cannot but be, that the relation in question will be still more intimate, and the consequences more serious. In illustration of this, he remarked that thousands of pages of blue-books have been written by Mr. Chadwick and his followers, to prove that the best way of distributing sewage is by means of the hose and jet over the very pasture upon which the sheep and cattle are feeding; and Mr. Mechi and others have described, in very graphic language, how greedily the animals will feed upon the grass still wet with sewage. 6th. That as thousands of parasitic ova are daily discharged into the sewers by every large population, it must be that the danger of infecting the food of animals, when such sewage is distributed upon the land, is exceedingly great; and it would be folly to disregard the experimental teachings of helminthologists, or to wait for the required proof of danger. 7th. That if it be necessary to use the sewage of towns for agricultural purposes, it should be done with proper precautions, and above all, by means of precipitating agents, which would not only render harmless the defæcated water of sewage, but would also give it a manurial value, which it does not now possess, besides which, it would so purify the water, as to make it admissible into a running stream when the land is not in a condition to receive it. Dr. Letheby concluded by paying a well-merited compliment to the labours of Dr. Cobbold, whose researches had rendered him a high authority on the subject, and whose emphatic warning ought not to be disregarded.

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Summary of Science.

(*Prepared specially for the Medical Press and Circular.*)

By Chas. R. C. TICHBORNE, F.C.S., &c.,

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PHARMACY.

MALT EXTRACT.

Mr. Ebert, in the *Pharmacist*, draws attention to the fact that ordinary malt extract is simply good porter sold at an exorbitant price, and gives the following process as one really calculated to produce a valuable article:—

Take of barley malt, kiln dried, 10lbs., av.
Water q.s.

The malt is reduced by the drug mill so that it will pass through a No. 20 sieve; and to the meal is added a sufficient quantity of cold water to form with it a soft dough. Two gallons of hot water are then added, and heat applied until the temperature is raised to 150°, or not to exceed 158°. This temperature is maintained with occasional stirring for several hours, until the whole of the starch is converted into dextrine and glucose by the diastase of the malt. The absence of the starch can be ascertained by the application of a solution of iodine. When the whole of the starch has gone there is no more blue colouration with iodine. The liquor is to be expressed rapidly and passed through a strainer. This it would seem is a difficulty, and it speedily clogs up the strainer. Mr. Ebert suggests, however, an ingenious mode of remedy, which is, of course, applicable to many processes. It is to make a pulp of unsized or filtering paper, and mixing this pulp with the expressed fluid previous to straining, the perfectly clear liquor is to be evaporated by means of a water bath to the consistency of a thick syrup, having the sp. gravity 1·500, or approximately one pint, and weighing one and a-half pounds.

The extract has an agreeable syrup taste, and contains, besides the sugar of the malt, dextrine, albumen, and the phosphates of the grain. In very hot summer weather, says Mr. Ebert, it is liable to fermentation, but this can be prevented by the addition of a small quantity of glycerine.

PREPARATIONS OF CALABAR BEAN.

Mr. Ebert, in his "Pharmaceutical Notes," published in the *Chicago Journal*, gives the following formula for the preparation of the tincture. The tincture consisting of one part of the bean to ten of the liquid, or ten per cent. The bean ground in a coffee mill is macerated several days with water; the alcohol is then added, and the whole is allowed to macerate eight days; finally, the mixture is thrown upon a filter, and when the liquid has ceased to pass, a sufficiency of the alcoholic menstruum is also allowed to pass, to make up the proper bulk. One part of water is used to three of alcohol.

In speaking of the extract of Calabar bean, the writer says:—Extract of Calabar bean is quoted by manufacturers at one and a-quarter dollar per ounce. On preparing this article, he found that after thoroughly exhausting the bean, and upon evaporation, the yield of the extract to be a trifle over one troy ounce from sixteen ounces of the bean. We find that other manipulators have obtained even smaller results. The query naturally arises how can any manufacturer find it profitable to furnish the extract at the price named, when it requires one pound of material, costing four dollars, to obtain that quantity—to say nothing of cost of menstruum, labour, &c.

The dose of the tincture, as usually prescribed, is fifteen drops; that would indicate the dose of the extract to be about one-twentieth of a grain.

OINTMENT OF IODIDE OF SULPHUR.

The same author recommends that the iodide of sulphur, in making this ointment, should be rubbed up with a little oil of lavender as a solvent, as it is very difficult to reduce the iodide to a fine state of division.

ON THE PRODUCTION OF THE SULPHATES OF THE ALCOHOL RADICALS.

Mr. Chapman has observed that when sulphurous acid, or a sulphite, is made to act upon nitrite of amyl, the nitrate changes in colour from yellow to green, and from green to blue, and then begins to effervesce; at the same time it becomes very hot and boils violently. Nitric oxide is evolved in abundance, and a yellow liquid product remains. This liquid cannot be distilled without decomposition. Mr. Chapman comes to the conclusion that the resulting compound is neutral sulphate of amyl, and proposes the like process as one calculated to form synthetically many of the sulphates of the alcohol radicals. The amylic sulphate may be heated up to 110° C., without showing any signs of alteration, but, if kept for any length of time at a temperature somewhere above this, it begins to blacken, and soon decomposes with an appearance of ebullition. If boiled with water for a few hours, it is completely resolved into amylic alcohol, and sulphuric acid; long standing in water seems to produce the same results.

Sulphurous acid and nitrite of butyl react upon each other in a manner precisely analogous; but the resulting sulphate of butyl seems even more unstable than the amyl compound.

Nitrite of ethyle and sulphurous acid do not very readily react upon each other, at least, at the common temperature. There are numerous practical difficulties chiefly connected with the extreme volatility of the nitrite in operating at a high temperature, which the writer had not time to overcome.

The writer then gives some theoretical opinions upon the question, whether these compounds so got, are sulphates of the alcohol radicals, or are they only isomeric compounds.

YLANG YLANG.

Mr. Rimmel, the well known perfumer, gives, in answer to a query in the *Pharmaceutical Journal*, the following account of this fragrant oil. It seems that it should be properly spelt Ihlang-Ihlang. and is the essential oil obtained on distilling the flowers of the *Unona Odoratissima*, a large tree which grows in the Philippine Islands. It is called the Tagal tree in that country. The Malays call it Kanonga; and it is found described under that name in the works of Rumphius, an eminent botanist of the XVIIth century, who says that the smell of the flowers is so powerful that it scents the air for miles. The flowers are flocculent and drooping, and of a greenish yellow colour. They were first distilled by a chemist at Manilla. The essence is of an exquisite odour, partaking of the jasmine and lilac, but still having an odour *sui generis*. It is now largely manufactured at the last named place, and at Singapore, and costs about 2*l.* per ounce.

In this country it has become one of the most fashionable perfumes, and it is said that it is used medicinally abroad, but in what form it is not known.

GLYCERINE CREAM.

Mr. Ebert gives the following as a good recipe for the preparation :—

Take of—Spermaceti, four drachms ;
White wax, one drachm ;
Oil of almonds, two ounces ;
Glycerine, one ounce.

Melt the spermaceti, wax, and oil together, and when cooking add the glycerine by stirring—it may be perfumed if required. It is hardly necessary to state that the glycerine for this preparation should be quite pure. Price's is universally used in this country for skin preparations.

TOOTH WASH.

Take of—Soap tree bark in powder, two ounces ;
Orris root in powder, one ounce ;
Canada snake root, and
Cloves in powder, of each half an ounce ;
Alcohol, ten fluid ounces ;
Water, five fluid ounces ;
Honey, two ounces.

Mix the alcohol and water, and exhaust the powders by the process of percolation, and add the honey to the pericolate and filter through paper.

CHLORALUM.

The composition of this substance is, we believe, $Al_2 Cl_3$. It is, in fact, simply a solution of sesquichloride of alumina, with an average specific gravity of 1·008. It has been patented under this name by a Professor J. Gamgee, as a disinfectant. In many of its chemical, if not physical, properties sesquichloride of alumina resembles the corresponding salt of iron, except that it is not an energetic oxidizer. It is too premature to express any opinions upon its efficacy at present.

◆

SPONTANEOUS COMBUSTION.

UNDER the term spontaneous combustion, two very different theories are usually treated: one asserting the possibility of the human body, in certain conditions, igniting spontaneously, and burning till it is wholly or partly consumed ; the other asserting only increased combustibility in certain states.

However, even so late as 1850, in the case of the Countess Goerlitz, at Darmstadt, German physicians were found to support the first hypothesis in a case of murder. The subject had frequently been brought prominently forward, before, in important law cases, and had been warmly debated by medical jurists, and had excited much interest in the public generally, by appealing to the public taste for the marvellous.

More recently, the subject began to be treated with that spirit of scepticism and enquiry which marks the present age; and the modern German school, headed by Caspar, and supported by Liebig, deny that the body, containing as it does 75 per cent. of water, can be consumed in any case without a large amount of fuel. As, however, there do frequently occur cases in which the body is found much carbonised, without an apparently adequate corresponding combustion of the adjoining articles in the room, others have endeavoured to investigate the conditions that would render the body, in some cases more highly combustible than usual.

The explanation of spontaneous ignition that had been forwarded by such great authorities as Orfila, Foderé, &c., was that in certain cases, the tissues and cavities of the body secreted gases, such as hydrogen, carburetted hydrogen, or phosphuretted hydrogen, and that in peculiar electrical states of the body they ignited.

The two principal explanations of the increased combustibility of the body are two. Retter, Mitchell, &c., considered that alcohol was present in the blood and tissues in such amounts as to be combustible, most of the victims having been drunkards. This was contradicted by the experiments of Liebig, which showed that flesh steeped in alcohol, burned only as long as the alcohol remained. Dupuytren considered that the presence of large amounts of fat was the cause, most of the cases occurring among fat old women.

A *resumé* of the evidence on the subject is brought forward in a late number of the *Medico-Chirurgical Review* in a paper by Dr. Ogston, *àpropos* of one of those singular cases when the body was found much burned with little corresponding combustion of the neighbouring articles in the room. It has also been treated in a late number of *L'Union Medicale*.

A short review of the history of opinion on the subject is given, and an analysis of the recorded cases, which are fifty-seven in number. As regards the testimony of authority, he says:—"There cannot be the least doubt that *the weight of authority is in favour of spontaneous ignition*, or at least of increased combustibility. Of all the fifty-four writers on the subject whom I have been able to discover, the opinions of thirty-five of those are contained in the sources to which I have had access. Of those thirty-five writers, five are entirely sceptical, viz., Drs. Caldwell, Caspar, and Taylor, and the chemists Liebig and Reschoff; three believe in increased combustibility, viz., Dupuytren, Stelbé, and Guy, while the remaining twenty-seven, including the illustrious names previously mentioned, believe in the spontaneous ignitability of the human body."

Liebig denied that alcohol could be present in sufficient quantity in the blood and tissues to serve as fuel to consume the tissues to any extent, partly on the ground of his experiments, and partly on the consideration, that, if present, it would coagulate the albumen. Dr. Ogston, however, deduces a case in which alcohol present in the ventricles of the brain, burned on the approach of a lighted match.

The experiments of Dr. Beveridge, a most painstaking observer, are quoted, which confirm the rational and philosophical explanation of Dupuytren. These show:—1. That simple exposure to a red flameless heat occasions a slow charring, while exposure to flame causes a much more rapid destruction of human tissues. 2. That if a piece of human flesh containing no fat be exposed to flame, the charring is slow and gradual, but if the cutaneous surface be exposed, the skin is quickly charred, and cracking allows the liquified subcutaneous fat to flow out, which takes fire, and envelopes the mass in a flame so strong as speedily to reduce it to a black greasy substance resembling cinder. 3. That soaking in alcohol neither accelerated nor retarded the result. The bluish flame of alcohol quickly passed away, and combustion proceeded as before.

"Dr. Beveridge had independently come to the same conclusion as Dupuytren, as to the mode of action in the cases of so-called spontaneous combustion, and is of opinion that in the reported narrative of this phenomenon, the body possessed no preternatural combustibility beyond what the amount of fat existing in it gave rise to; and that in the occurrence of such cases in habitual drunkards, so often referred to, the presence of intoxication acted only in increasing the liability to accident, and in depriving the victim of any power of assisting himself, or of giving an alarm."

Literature.

INSANITY AND ITS TREATMENT.

Dr. Blandford, of St. George's Hospital, has produced a manual on Insanity,[*] that we can commend as at once practical and reliable. The book before us is an amplification of the lectures delivered by the author, and are therefore particularly adapted to all those who desire to find a safe guide in reference to mental disorders. "They make no claim to be a complete treatise on psychology," but still the earlier lectures contain a very clever account of the author's views on the question between the nervous system, and the mind, and the physiology, pathology, and classification of diseases of the mind.

The several varieties of mental diseases are graphically described, and what is of the first importance to the majority of practitioners, this book gives full instruction as to how to examine a patient supposed to be deranged, how to treat those found to be so, and how to act so as to comply with all legal formalities should restraint be needed, or even should a commission *de lunatico inquirendo* be issued.

It will thus be seen that it is just the book for the busy, general practitioner, and for the medical student. We need only add that it is got up in such a form as to be really "a handy-book." As such we strongly recommend it to all who are in want of a clinical manual on Insanity

Correspondence.

"BOND'S PLACENTAL FORCEPS."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Can you tell me if I can procure Bond's "Placental Forceps" in Dublin? It is designed for removing the secundines in early abortion. I am at present attending a case where the fœtus came away over ten days ago. I could at first sweep my middle finger round the lower segment of the placenta, but could not hook it down. I then tried an aneurism needle, but the curve was too abrupt. A bullet-forceps might have done, and I tried it, but could not keep my finger in the uterus with it. I feared to make traction when I thought I had caught the placenta, lest it might be the uterus. Administering ergot, caused the os-uteri to close to such a degree, that I could no longer reach the placenta at all. There was nothing for it, but to trust to time. "The physician of brutes," a consultant whom I particularly dislike referring my patients to. The hæmorrhage was at no time excessive, so that the tampon was not required, but the discharge is fœtid, and more or less hæmorrhage occurs every second or third day. Injecting a disinfectant into the uterus would be difficult, and perhaps dangerous. Yet phlebitis or pyæmia may occur, not to speak of hæmorrhage, of which I saw a woman die in convulsions two years ago. She was in the act of dying when I saw her, so I made no examination. I feel sure the placenta was retained, though the midwife assured me to the contrary. Where the flooding has been profuse, and the relaxation great, it may be possible to introduce the entire hand into the vagina, and remove the placenta with the fingers, always supposing the accoucheur's hand be very small. But I am sure a small forceps, with separate blades, could be introduced without very much difficulty by a dexterous person, and one would feel a degree above a midwife in treating this accident, which is the "opprobrium" of our Art. Dr. H. Gogarty, at a meeting of the Dublin Obstetrical Society, held in 1867, described and recommended the instrument, but if safe and easy of introduction, why is it not generally adopted?

I am, Sir, yours faithfully,
Francis M. Luther, M.D.
Cappoquin, 7th February, 1871.

[The instrument to which our correspondent refers is not known to the leading London and Dublin houses.—Ed. Medical Press and Circular.]

THE DUALITY OF VENEREAL SORES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—My thoughts upon reading in your journal some remarks as to whether there be one or more syphilitic poisons may not be of great value in the discussion, but such as they are I beg to offer them for the consideration of your readers. I believe the different forms of syphilitic disease are different efforts of the body to resist the entrance of a poison; that in gonorrhœa a mucous surface becomes angry, and forms pus which carries away the virus; that in other cases pus and sores are formed by means of which also the poison is worked out; in indurated chancres that first, a wall of defence is set up against the virus and also constructed in the glands to prevent the further ingress of the virus; and that if afterwards suppuration take place, and the pus has met, the poison may be removed, but that if not, it will probably affect the system; that in phagedæna futile efforts are made by imperfect suppuration to carry out the poison, which exhausts the system; that the different forms of syphilis depend upon the state and powers of the patient's constitution and the tissue which resist the poison, and that if we knew whether or not the syphilitic virus is in every man and woman exactly the same in its chemical constituents, and in the state and make of its ultimate atoms, we should not know better than we do now how to treat the disease. In another of your columns, compassion is expressed for a married man who had connection with another woman, caught gonorrhœa and contaminated his wife and children, and it is thought that the steady and industrious public should go to some expense, and make arrangements, so that the man may do it again and not be so likely to suffer. I would instead recommend the Government to *chastise the man.*

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[*] "Insanity and its Treatment: Lectures on the Treatment, Medical and Legal, of Insane Patients." By G Fielding Blandford, M.D. Oxon., F.R.C.P. Edinburgh: Oliver and Boyd. 1871.

Yours obediently,

D. R. M'Nab, M.R.C.S.

Epping, Essex, February 18th, 1871.

SECRET POISONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your notice of the case of poisoning cited from the *Canadian News* of Thursday, the 2nd inst., disclosing the death of the truly patriotic Riel, who objected to the sale by mere licensees of British territory as taken up last session by Viscount Milton in Parliament, I have to state that such a termination of his career was not altogether unanticipated, since a rumour to this effect had been in circulation for some time before the actual fact became publicly known in this country.

It may possibly seem a startling circumstance to some of your readers, but these unearthly practices were not unknown in Italy (bringing on all the appearance of heart disease), and even now suspected in this country, where they are believed to be quite as rife as in the worst times of the *Medici* traditions.

In conclusion, that such secret methods of destroying life were not unknown and believed to exist in England a century ago, we have only to turn to the 106th Letter of "The Citizen of the World," given in the graphic pages of the immortal Oliver Goldsmith.

How far such practices may be suspected and still exist must, however, be far better known to your Medical Profession than to one who has only slightly studied its jurisprudence, however much to be lamented and deplored.

I am, Sir,

Vindex.

London, Feb. 14, 1871.

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Medical News.

Lectures at the Royal College of Physicians, 1871.—The Lectures of the present year will be delivered at the College, Pall-mall East, at five o'clock on each of the following Wednesdays and Fridays. Goulstonian Lectures—Dr. Gee, March 3, 8, 10, "On the Heat of the Body:" Croonian Lectures—Dr. Parkes, March 15, 17, 22, "On some points connected with the Elimination of Nitrogen from the Human Body:" Lumleian Lectures—Dr. West, March 24, 29, 31, "On some Disorders of the Nervous System in Childhood."

Bequests, Donations, &c.—Mr. Alfred Smith Evans bequeathed as follows to the medical charities of Birmingham—viz., £1,000 to the General Hospital; £1,000 to the Queen's Hospital; £300 to the General Dispensary; and £300 to the Children's Hospital. "S. W. Y." has, for the third time, sent £1,000 to the Great Northern Hospital; the Worshipful Company of Clothworkers, £52 10s.; J. P. Jodrell, Esq., £25 (£5 5s. sub.); and the Marquis of Bute, £5 5s. The Middlesex Hospital has received a third donation of £1,000 from "D. T. S." The Small-pox and Vaccination Hospital has received a second donation of £1,000 from "D. V." The Royal Infirmary for Children and Women, Waterloo bridge road, has received £1,000 from "E. F. L." The Cumberland Infirmary has received £1,000 under the will of Miss Cust. The Chester Infirmary has become entitled to £500 under the will of John Morris, Esq. The Whitehaven and West Cumberland Infirmary has become entitled to £200 under the will of Mrs. Armistead. The London Hospital has received £100 from Sir Thomas Tilson, and £31 10s. each from Messrs. A. C. Bryant, F. C. Bryant, and H. Wagner. "G. S. W." has given a second donation of £1,000 to University College Hospital.

A Wonderful Telegram.—On Thursday night, at 9.8 o'clock, a London establishment received a message, which had been sent, *via* Teheran, from Kurrachee, India, on Friday morning at 12.43. The message was, therefore, received in London the day before it was sent from India. The time actually occupied by the message in transmission was fifty minutes; the sun would require 4h. 26m. to do the same distance; and as the message was sent so soon after midnight, the extraordinary effect is produced of arriving the previous evening.

Dr. James Wingate Johnston, retired Inspector-General of Hospitals and Fleets, has been awarded the good service pension in the place of Dr. John Wilson, deceased. He entered the Naval Medical Service as assistant-surgeon in 1825, and after serving in that capacity for upwards of six years on the North American and Home Stations, and on particular service, was promoted to the rank of surgeon in 1832, in which capacity he served with great credit on the North American, West Indian, South American, Pacific, and Home Stations, and also in charge of two convict-ships. He was promoted to the rank of Deputy Inspector-General in 1847, and was employed as Deputy Inspector-General of the fleet under the command of the Earl Dundonald on the North American and West Indian Stations, and subsequently in the same capacity, for nearly four years, at Jamaica Hospital, during the prevalence of cholera and yellow fever, and afterwards at the Royal Naval Hospitals at Deal, Chatham, and Greenwich. He was promoted to the rank of Inspector-General in 1864, and his name was placed on the retired list in November, 1868. Dr. Johnston has been awarded Sir Gilbert Blane's Gold Medal, and is Honorary Surgeon to the Queen.

The Emperor of Germany is, we are assured, in a very unsatisfactory state of health, consequent upon the great mental strain of the past few months. Those about his Majesty's person best able to judge are apprehensive of the gravest results.

The Medical Acts Amendment Bill.—Official notice was given in the House of Commons on Monday night that Her Majesty's Government *would not* introduce an Amended Bill this Session.

The Royal Hospital for Diseases of the Chest, City Road.—The Haberdashers' Company have sent ten guineas, and the Cutlers' Company ten guineas, towards the heavy current expenses of this Hospital.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Labore est or are.—We cannot see the so-called *sin* of a physician practising on Sunday. How would you manage midwifery in the Land of Cakes? Your own motto is our best answer—*to labour is to pray*—without inserting your letter.

"Medical Students Serious."—Your question is easily answered, and since you refer to us to decide your bet, we beg to assert that the plant sent us belongs to the *Scrophulariæ*.

Dr. I. W. G.—Thanks. Our despatch clerk shall have your letter. We fear the article is *imposed*.

Dr. R., Manchester.—It is ever so, *Nil Desperandum*. You remember what Bacon says, "The weakness and credulity of men is such as they will often prefer a witch or mountebank before a learned physician." It is no use re-opening the old sore now.

Mr. Halliday.—Dr. Anstie has written on the "Sphygmographic Study of the Pulse" in his usual lucid way.

Reredos.—Avoid the man whose name you mention. Consult a physician, your friend had better do likewise. We do not prescribe, but our advice is good.

Verbum Sap.—We lament to find so intelligent a correspondent so bewildered; *again* consult a physician and your accidentally "lighting" upon us in a reading-room will not prove disadvantageous to either of you if our advice be followed.

Mr. R.—Watson's *Bronte Madeira*.

Crimean Pathologist.—As your letter is a personal attack upon Dr. Lyons, and contains allusions to subjects with which we have nothing to do, we must respectfully decline to publish it.

Dr. J. E.—The MS. must have been wrongly addressed, or it would not have been returned to you through the post. You were quite right, being resident in Ireland to send it to the Dublin office. From enquiries we have made, we find it was not delivered at this office,

ASHWORTH'S BINDING PINS.

A CORRESPONDENT who, since the passing of the "Newspaper Act," has used these pins for keeping the sheets of this and other journals together, forwards us a couple with the suggestion, "that it be used for the MEDICAL PRESS in place of stitching, the price being only fivepence per gross." While thoroughly appreciating and thanking our correspondent for his suggestion, it would be almost impossible to issue a large number in time for post if we adopted it. The pins are very handy little things, and should be on the library table of every one. Individuals could use them for a journal with very little time or trouble, but it would be impracticable for us in sending out a long subscription list.

THE PROPAGATION OF DISEASE.

To the Editor of "The Medical Press and Circular."

SIR,—Your Current Topic on the "Propagation of Disease through the Post-office" is truly important. If paper will absorb, and for a long time retain the smell of some volatile substance, why may it not too absorb the germs of disease and thus carry the *materies morbi* from place to place? I think the subject is well worthy of attention, and I hope you, Sir, will not end it until exhausted.

Believe me, Sir,
Your obedient Servant,
J. HAYWARD.

INFECTION IN BOOKS.

DR. GIRDLESTON sends us an extract from a letter signed by Mr. Henry Attwell that lately appeared in the *Athenæum*. It says, "There can be no doubt that *books* which have been handled during the recovery from fever—at the very stage, that is, when the skin is peeling—frequently becomes charged with disease-germs. I have myself shaken from between the leaves of books accumulations of particles of epidermis that had fallen from the skin of a scarlet-fever patient; scarcely a page was free from these lurking places of mischief. It is of importance that heads of schools should be aware of the danger of suffering fever-convalescents to borrow books, stamp albums, &c., from the school-room. A stock of suitable books should be provided against the evil day, *to be burnt when they have served their purpose.*

"The caution I venture to offer through your columns will be unheeded by nine out of ten schoolmasters. If it reach the eye of the unsuspecting tenth, it may be turned to useful account."

Dr. Girdleston adds I know of at least one well-authenticated case in which there is every reason to believe that the disease-germs were conveyed in a *letter* written (not by the patient, but merely) from a patient's sick room. Such a letter, both before sending, and before perusal, should have been *toasted at the fire.*

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MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—WEDNESDAY, Feb. 22nd, 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

HUNTERIAN.—7½ P.M. Council Meeting.—8 P.M. Dr. Braxton Hicks, "On Intermittent Action of the Uterus throughout Pregnancy." Dr. Pye Smith, "On Syphilitic Phthisis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—FRIDAY, Feb. 24th, 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

QUEKETT MICROSCOPICAL CLUB.—8 P.M. Mr. W. H. Furlonge, "On the Minute Anatomy of Pulex Irritans."

CLINICAL SOCIETY OF LONDON.—9½ P.M. Mr. Gant, "On the Process of Occlusion in Arteries after Acupressure, with its relation to the Treatment of Surgical Hæmorrhage, and compared with Ligature and Torsion."

ROYAL INSTITUTION.—8 P.M. Dr. Carpenter, "Scientific Researches in the Mediterranean."

MEDICAL.—MONDAY, Feb. 27th, 8 P.M. Ordinary.

ROYAL INSTITUTION.—TUESDAY, Feb. 28th, 3 P.M. Prof. Foster, "On Nutrition."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Geographical Distribution of Heart Disease and Dropsy. Chart of the Geographical Distribution of Diseases. By Alfred Haviland, M.R.C.S. London: W. and A. K. Johnston.

On the Tonic Treatment of Gout. By James C. Dickinson, M.R.C.S. London: Baillière, Tindall, and Cox.

Notes on Spermatic Diseases. By Abbotts Smith, M.D., M.R.C.P. London: Baillière, Tindall, and Cox.

A Treatise on Gout, Rheumatism, &c. By Peter Hood, M.D. London: J. and A. Churchill.

Guy's Hospital Reports. Vol. XVI. London: J. and A. Churchill.

Thirty-third Annual Report of the Suffolk Lunatic Asylum.

◆

VACANCIES.

Worcester Infirmary.—House-Surgeon's Assistant. Salary £50, with board.

York Dispensary.—Resident Medical Officer. Salary £100 per annum.

Westhampnett Union.—Medical Officer. Salary £75, with extras.

Stockport Infirmary.—Assistant House-Surgeon and Dresser.

Westminster Hospital.—Resident Obstetric Assistant without salary.

St. Peter's Hospital for Stone, London.—House-Surgeon. Salary £50.

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APPOINTMENTS.

ALLEN, C. D., M.B., Medical Officer for the Glenarm Dispensary District of the Larne Union, Co. Antrim.

BAGNALL, S. F., Senior House-Surgeon to the Preston Royal Infirmary.

CASS, E. E., Junior House-Surgeon to the Preston Royal Infirmary.

HETHERINGTON, Dr. C. E., Resident Assistant-Surgeon and Registrar to the County Down Infirmary, Downpatrick.

JOHNSON, Dr. Locke, a Visiting Physician to the Infirmary for Consumption and Diseases of the Chest, Margaret street, W.

OGLE, J. W., M.D., Hon. Physician to the Royal St. Anne's Asylum.

WEAVER, J., L.R.C.P., Medical Officer of Health for Longton, Staffs.

WILLIAMS, J. LL., M.B., Medical Officer of Health for Wrexham.

Marriages.

CRAWFORD—FUTHEY.—On the 2nd inst., at Elemwood Church, Belfast, by the Rev. Joseph Crawford McCullagh, assisted by the Rev. James Kirker Strain, of Dromore, cousins of the bridegroom, Samuel Kirker Crawford, M.D., to Sarah Futhey, niece of the late Patrick McConnell, solicitor, both of Sandragee.

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Deaths.

BULLOCKE.—On Feb. 7th, at Falmouth, J. J. A. Bullocke, L.S.A.L., late of Constantine, aged 73.

HUNT.—On Feb. 4th, at Sherwood, S. Hunt, M.R.C.S.E., aged 74.

KIDD.—On Feb. 7th, at Armagh, Laura Isabella, wife of A. Napier Kidd, M.D., F.R.C.S., aged 26.

SMITH.—On Feb. 7th, Joseph Smith, M.R.C.S.E., of Milford place, North Brixton, late of the Clapham road, aged 78.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS.
1871.

THE LECTURES OF THE PRESENT YEAR will be delivered at the College, Pall-mall East, at Five o'clock on each of the following Wednesdays and Fridays.

GOULSTONIAN LECTURES.—Dr. GEE, March, 3, 8, 10, "On the Heat of the Body."

CROONIAN LECTURES.—Dr. PARKES, March 15, 17, 22, "On some points connected with the Elimination of Nitrogen from the Human Body."

LUMLEIAN LECTURES.—Dr. WEST, March 24, 29, 31, "On some Disorders of the Nervous System in Childhood."

Members of the Profession are informed that they will be admitted on presentation of their Cards.

BY ORDER OF THE PRESIDENT.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Osnaburgh place, Regent's Park, N.W.—Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

Fee for Three Months, One Guinea.

COLONIAL AND FOREIGN RESIDENCE.

THE STANDARD LIFE ASSURANCE COMPANY affords the greatest facilities for effecting assurances on the lives of persons proceeding abroad.

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Moderate premiums at rates suited to each climate.
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WM. THOS. THOMPSON, Manager.
WILLIAM BENTHAM, Resident Secretary.

DUBLIN: 66 Upper Sackville street.
EDINBURGH: 3 George street.
Head Office.
LONDON: 82 King William street.

The Medical Officer attends daily at the Dublin Office at half-past twelve.

CHURCH STRETTON PRIVATE ASYLUMS

FOR the UPPER and MIDDLE CLASSES of BOTH SEXES, are situated among the Shropshire Hills, Twelve Miles from Shrewsbury, on the rail to Hereford.

Apply to { WM. HYSLOP Esq., Stretton House, for Gentlemen; Mrs. BAKEWELL, the Grove, for Ladies. } Church Stretton, Shropshire.

Vide page 1016 in the Medical Directories for 1867.

COMPANION TO A LADY.—A Lady, the Widow of a Physician, who has been companion to a lady for the last four years, wishes for a similar situation. She has had considerable experience in cases of sickness and delicacy, and would be desirous of making herself generally useful. The highest references can be given.—Address, XX, Companion, Office of THE MEDICAL PRESS, 6 D'Olier street, Dublin.

CARLOW UNION.—MIDWIFE WANTED for the BAGENALSTOWN DISPENSARY DISTRICT.—The Committee of Management of the above Dispensary District will, at a meeting to be held at the Dispensary, at Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, noon, proceed to appoint a properly-qualified person to fill the office of Midwife for the above district at a salary of £20 per annum, with apartments. Sealed applications, enclosing diplomas and testimonials, to be sent to Mr. JOHN MAGRATH, Hon. Sec. to the Dispensary Committee, Bagenalstown, on or before the 28th February instant.

Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON.
WORKHOUSE, CARLOW, 2nd February, 1871. Clerk of the Union.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1871.

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THE INFLUENCE OF EXTERNAL CONDITIONS ON THE FORMATION OF DIATHESES.

By **Archibald Bleloch**, A.M., D.Sc., M.B. & C.M. Ed.

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In some of the lower animals and in plants nutrition is effected without the agency of a nervous system. In the highly organised human body this agency is indispensable. Every function in this organism is under the control of its nervous system. The function of nutrition is, in a very special manner, under this control. That it should be so is reasonable, because a properly-regulated nutrition forms the basis of all the vital processes, itself included. There is a special arrangement of nerve-centres without whose control no part of the human body is nourished. The condition of these nerve centres, and the vaso-motor nerve tubes gives character to the nutrition. If there be disease in the trophical centres or in the nerves, there will be also mal-nutrition. If they be perfectly normal and healthy, nutrition will be properly regulated and governed.

There is a close relationship between thermogeny and nutrition. In the animal body, the quality of the thermogeny is the index of its nutrition. If the thermogeny be morbid so will the nutrition. In some of the lower animals and in plants where there is no nervous system and where heat, light, moisture and other nutrient materials are supplied in proper quantity, thermogeny and nutrition are perfectly normal and continue so till the term of natural life, provided the external conditions remain the same. Uniform external conditions secure and govern nutrition and thermogeny in plants, and in those animal organisms where no nervous system obtains. In man, the nervous system takes the place of uniform external conditions, in so far as, that its function is to maintain nutrition and thermogeny in a normal state under different external conditions. Man lives everywhere from the Equator to the Pole, his nervous system regulating nutrition so as to adapt thermogeny to the particular climate. Throughout the whole habitable world the condition of healthy nutrition in the human body is coincident with a given temperature in that body, and this condition is maintained through the mediation of the trophical nerve centres. It follows, therefore, that neurosis of the trophical centres, or vaso-motor symptom in man, affects his nutrition and thermogeny in much the same way as a change in the external conditions of a plant affects its nutrition and thermogeny. If the nutritional and thermogenic functions be interfered with beyond a certain limit, either in the plant or in the animal, whether by change in external conditions as in the former, or through neurosis of the trophical nerve centres as in the latter, disease will follow; and this disease will be in a given direction and of a definite description, harmonising with the previous nosological history of the plant or animal, and with that of their predecessors, that is to say, the resulting disease will be diathetic. Accordingly, all acclimated plants have acquired a diathesis which corresponds with the nature of their acclimatization, and which will manifest its presence now and again by corresponding diseases of degeneration. In like manner all the higher animals have acquired a diathesis, either from having themselves suffered from neurosis of the trophical nervous system, or from their ancestors having so suffered. When the trophical nervous system becomes functionally deranged, the effect on the general nutritional and thermogenic processes is the same, as a change in the *habitat* of a plant in a similar direction, produces in it. A man does not require to travel to a cold climate in order to experience the effects of cold; neither does he require to travel to a warm climate in order to experience the effects of heat. His trophical nervous system renders these opposite conditions possible in any climate. A neurosis may determine the one or the other. A healthy human being has an apparatus within him which is intended, and ought, to act the part of a perfect regulator. When it does not so act, it is not the fault of the climate, but there is a deficiency in hygienic arrangement. Clothing and house-building are inventions of human intelligence to keep the trophical nerve centres and nerve tubes intact When clothing and house-building fail to effect this, either from improper material, or from imperfect construction, they become pernicious and produce the results they were intended to avoid. What matters it though the quantity and quality of food be sufficient, if the clothing and house-building be contrary to physiological laws? Besides adapting food, clothing and house-building to the climate and country, there must be also proper sanitary measures. Without these all other measures will be unavailing. In some parts of Orkney and in the Island of Skye where cows and human beings inhabit the same house, and nearer home, in the district of the Fountainbridge Dispensary where the people have no water-closets, and where cows are kept, and dung-hills allowed to accumulate in the midst of a dense population, there are agencies at work sufficient to manufacture diatheses and produce disease, in spite of climate, food, clothing, housing or medicine. The reason is obvious. The integrity of the trophical nerve centres is subject to external conditions. Human intelligence ought to secure such external conditions as shall conserve this integrity, irrespective of climate or country. In some parts of Orkney, in the Island of Skye, and in the district of the Fountainbridge Dispensary, human intelligence is not available. The consequence is that the human beings living in these places have either already acquired a diathesis, or are fast doing so; for they are all subject to neuroses of the trophical centres. The diatheses acquired take their character from the adverse circumstances to which each separate individual is subjected. One may be well fed, housed and clothed, but he lives close by a dung-hill; another is neither clothed, fed nor housed, and breathes at the same time foul emanations; while a third breathes comparatively pure air, but has neither clothing, food nor shelter. The diathesis in every case corresponds with the manner in which the primary neuroses have been superinduced, the mode of induction fixing the character of the diathesis, and the diathesis the character of the resulting disease. Thus the cancerous diathesis manifests itself by the production of cancer under certain well ascertained conditions. These conditions affect the thermogenic and nutritional nerve centres, and the resulting neurosis determines or rather permits the growth of the cancer cell. If the diathesis were different, the conditions affecting the thermogenic and nutritional nerve centres might be the same, and the neurosis the same, but the resulting disease would correspond with the diathesis. Thus, it is a fact ascertained that the same depressing agency operating on different individuals, will occasion cancer in one, rheumatism in another, and an outbreak of syphilitic disease in a third, in strict accordance with the particular diathetic condition of the patient. The difference between the perfectly healthy animal and one that is diathetic, is reducible to easy terms in so far as the invasion of disease is concerned. In the former, where no diathesis exists, the rule is, that adverse external conditions operate to the production of diathetic tendencies of such and such in nature; whereas in the latter adverse external conditions become the occasional causes of diathetic disease, although these conditions themselves, operating on a perfectly healthy individual might produce a totally different diathesis. What then is a diathesis? Is it a retrograde mode of the physiological processes by which nature seeks to maintain the living being in a state suited to its adventitious circumstances? If so, what is the relation of the trophical nerve centres to diathetic disease? They conduct the car along the edge of the precipice because the proper physiological highway has been obstructed. The slightest accident may bring catastrophe. Hence the treatment in all diathetic conditions consists in maintaining the due influence of the nervous system on nutrition, for when once this influence becomes morbid through a neurosis, the manifestation of disease is necessary, and such disease can be checked or palliated only in so far as it is possible to re-establish this influence.

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CLINICAL MEMORANDA.

By John H. Martin, M.D.

The use of stimulants in the treatment of disease has, perhaps, been unduly extolled and equally decried. The true clinical practitioner will apply his mind to the individual case before him and adapt his treatment to it. In this the due application of acquired knowledge consists that valuable property called tact.

The following cases show how valuable the use of stimulants may be when given even in cases which formerly would have been treated on different principles:

I. H., a poor basket-maker, aged fifty-two, living on scanty earnings in a wretched habitation, was admitted into hospital, with what appeared at first to be a slight attack of simple continued fever. Though carefully examined, no pulmonary symptoms were discovered on admission, but three days afterwards, being the seventh of his illness, he complained during the night of dyspnœa. I found him in the morning with congested face, blue lips, scarcely able to lie down, loud bronchial râles, profuse brick-dust expectoration, pulse, 135, small and compressible; temperature, 104·6; tongue loaded. No dulness on percussion to be discovered over any part of the chest, loud bronchial râles, but no fine crepitation; cardiac sounds normal. I applied a large blister over the chest, strong beef-tea and milk *ad libitum*, a large teaspoonful of whiskey every hour, and eight ounces of Marsala wine for the twenty-four hours; no medicine. This treatment being diligently pursued, I found him next morning able to recline easily, countenance natural; pulse, 80; temperature, 101; bronchial râles less loud, sputæ abundant but untinged. Urine loaded with deposits, convalescence steadily set in; no further treatment was adopted, save a rapid diminution of the stimulants and continuance of the broth and other nourishments, and he was discharged cured twelve days afterwards.

Dec. 2nd.—Patt Ryan, aged forty-two, admitted on the 5th day of May, dulness and soft crepitation below right mamma. Respiration, 28, and very much laboured; pulse, 120, soft and feeble; temperature, 104·6; brick-dust expectoration, soft resonant cough. Treatment—large linseed poultice over seat of dulness; milk, beef-tea, four ounces of wine, and a teaspoonful of whiskey every hour.

Dec. 3rd.—Much better, sputæ white. Pulse, 96; respiration, 25; temperature, 103 cent. minim.

Dec. 4th.—Dulness less marked, profuse perspiration. Pulse, 88; respiration, 25, and easier; temperature, 100. Continue treatment.

Dec. 5th.—Going on well. Pulse, 30; respiration, 22; temperature, 94·4; stop whiskey—continue other nourishment; urine loaded with deposits.

Dec. 7th.—Pulse, 56; temperature, 98·2; complains of uneasiness and pain about the seat of dulness, which has greatly diminished. Blister applied—continued.

Dec. 14th.—Discharged, quite well.

In contrast with the foregoing, I would wish to place the following case:—

J. D., strong and generally healthy, aged twenty-five years, was admitted, Nov. 20, four days ill. Marked extensive dulness over the lower two-thirds of right lung, through which space no respiration murmur could be heard. Countenance flushed, great distress of breathing, restless and unable to sleep, short husking cough. Pulse, small, hard, 122; temperature, 104·3. Sputæ scanty, nasty red and brought up with difficulty. Treatment—vs. ad ℥viij., large poultice over side. Mixture of citrate of potass with qs aconite every four hours, milk and beef-tea, *ad libitum*.

The bleeding was followed immediately by great relief to the dyspnœa, sleep, and perspiration, and next morning the pulse was fuller, 105; temperature, 102·4. Cough softer and the sputæ still red but more easily brought up. I may shorten this case by saying that two days after the bloody sputæ ceased, the urine became loaded and convalescence was steady; he was discharged on the 20th Dec., but remained for six weeks rather delicate, taking cod-liver oil, iod. potass., and cinchona, applying iodine ointment externally; on the 5th of February he was at work, but a patch of hepatic lung still remains.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXIII.

COLLECTION AND DISPOSAL OF NIGHT-SOIL, BY MIXING IT WITH ASHES, OR OTHER ABSORBENT SUBSTANCE.

Although dry earth is manifestly the best absorbent for the treatment of human excreta, yet many other substances, as ashes, street-sweepings, various kinds of carbonaceous matters, and the solid refuse of different branches of industry have been proposed for the same purpose. Mr. Stanford recommends the use of charred sea-weed instead of dry earth, as it is a more effective absorbent, requiring only one-third of the weight to do the like service; besides which, he says, the compost is more easily dried, and may be reburnt in closed retorts, so as to recover the ammonia and fixed salts, and yield a charcoal which is fit for further use. According to Mr. Stanford, a hundredweight of the charcoal is sufficient for a closet used daily by six persons for a month, and the product containing all the excreta could be removed without the slightest offence. Liebig is of opinion that bog-turf in coarse powder is a good absorbent material, and forms with sewage matters an excellent manure.

Among the numerous patents relating to this subject are those of Poitivin (1835), Hunpesch (1841), Du Boisson (1845), Rogers (1848), Tarling (1850), Gilbee (1852), Perks (1852), Macpherson (1853), and Herapath (1854), for the use of different kinds of carbonaceous matters, as ashes, breeze, and the coke or charcoal of peat, vegetable mud or mould, tan, sawdust, rags, schist, bog-head coal, &c. Besides which there are the patents of Rosser (1853), Goux (1865), and others, for the utilisation in this manner of all sorts of vegetable and animal refuse, as chaff, spent dye-stuffs, dry horse-dung, shoddy, refuse wool, &c.

In many large towns of England and Scotland, where sewerage works are but partially constructed, or where, from the difficulty of disposing of sewage, the use of water-closets is not encouraged, absorbent substances are employed for the consolidation of night-soil, and they are either placed at once in the pits beneath the privies, as in the middens of Lancashire, or they are put into moveable boxes or troughs beneath the privy seats, or they are mixed with the soil after its removal from the house.

When the midden is well placed, and is well constructed, so as to prevent the escape of its fluid contents into the ground, and of rain or other water into it, the compost is not offensive unless it is allowed to accumulate to too great an extent. At Manchester, where, according to Sir Joseph Heron, the town clerk, it has been found necessary to prevent, as far as possible, the discharge of sewage from the town into the River Medlock, which is already extremely foul from trade and manufacturing refuse, no encouragement is given to the water-closet system, and, therefore, among the poor, privies with middens are the most usual kind of accommodation; indeed, of the 70,000 houses of the town, only about 10,000 have water-closets, and the rest are accommodated with 38,000 out-door midden-closets, which are regulated by certain bye-laws of the Corporation as to their situation, construction, dimensions, ventilation, drainage, &c.—the object being to prevent, as far as possible, the escape of noxious matters into the air or soil by keeping the contents of the midden dry, by having the pit impervious to water, and by insuring the proper distribution of the ashes upon the night soil. This is effected by various contrivances which are more or less successful, and the contents of the middens are removed by the scavengers of the town, who keep the key of the midden door. In this manner about 120,000 tons of night-soil and ashes are removed from the middens annually, and they are sold at an average price of 1s. 6d. per ton. They are sent by rail, in the Corporation waggons, to Yorkshire, Nottinghamshire, and Lincolnshire, the cost of the carriage being from 3s. 6d. to 7s. per ton. The sale of the manure thus obtained realises about £9,000 per annum, and the cost of the scavenging is nearly £17,000.

There is no doubt that the middens of Manchester are not as well constructed or as well managed as they might be, for they are too large, and are emptied at too long an interval (four months). They are, therefore, generally offensive; in fact, according to the report of Mr. Greaves, the Consulting Medical Officer of the Chorlton Union, they are frequently the cause of pythogenic diseases. At Liverpool, also, where the midden system is imperfectly managed, it is a prolific source of disease, and is emphatically condemned by the Medical Officer of Health, Dr. Trench, who has used his utmost endeavours for some years past to abolish them, and has, indeed, mostly since the year 1866, effected the conversion of 14,393 privies into water-closets, there being, however, still in Liverpool about 20,000 privies attached to ashpits. The cost of this change to the Corporation has been not less than £40,000, it having been found necessary, on account of the poverty of the landlords, to make an advance to them of from £3 10s. to £7 10s. for each closet or set of closets. But at Nottingham, where the middens are better placed, better constructed, and apparently under better management, they are not found to be at all objectionable; for all the houses of the poor have privies in the back yards. They are placed as nearly as possible together, over water-tight pits, which receive the ashes in such a manner as to distribute them over the soil; but when there is not room for a proper midden the closet is provided with a portable wooden box, which is replaced daily. The solid contents of the pits are removed by the town scavengers every two or three months, and they are carried to the manure wharf upon the canal where they are at once emptied into barges. When a barge is full it is immediately taken away, and its contents are sold to farmers at various points along the course of the canal, the price realised being from 3s. to 4s.

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a ton, according to distance. In this way the manure, amounting to about 40,000 tons a year, is readily disposed of at a price which pays about two-thirds of the cost of scavenging the town. At Hull, where the midden system is almost universally practised, the old fashioned pit is being gradually abolished and replaced by a small midden closet of peculiar construction. It is thus described in the Appendix to the Twelfth Annual Report of the Medical Officer of the Privy Council. "The space under the seat forms the entire receptacle for all the ashes, refuse, and excrement of the house, and is built of bricks in cement, with a bottom of brick or flag, sloping from the level of the paved floor in front to a little below the ground level at the back, and forming only a very shallow pit. Into this space, through a hole in the privy seat, all dry refuse is thrown with a scoop, and as a rule the closet seat is not messed in the process. The front of the middle space is formed by the front board of the closet, and is made moveable to give the scavenger access to the pit. There is no drain to it, but as there are plenty of ashes, and as in practice slops are thrown down the drains, the contents of the closets are almost invariably dry, and are removed by a spade without difficulty." The town consists of 26,000 houses, and it is divided into forty-six districts, each district being let to a separate contractor, whose sole business is with the middens of the town, everyone of which he is required to empty at least once in a week; and the cost of this work is about £2,000 a year to the Corporation, the contractor having all the refuse for his own profit. Where the middens are well attended to by the occupants they are quite free from offence, but when they are improperly used or are neglected they are undoubtedly a nuisance. The same is the case at Salford, Halifax, Bolton, Preston, Leeds, Birmingham, Stamford, Macclesfield, and many other places where the old fashioned midden system is more or less in operation; and to avoid this attempts have been made to collect the night-soil in tubs or boxes lined or otherwise charged with some absorbent material. At Nottingham, for example, a little earth is put into the box before it is placed beneath the privy. At Salford, according to the report of Dr. Syson, the Medical Officer of Health, the most successful results have been obtained from a modification of M. Goux's system, that of lining the receptacle with dry manufacturing refuse. Each closet in the town receives at least, twice a week, a tub which is lined with any cheap absorbent—that which is found most useful and handy is the spent dyewoods of the place, as fustic, &c., which are first dried by artificial heat and then rammed into a tub by means of a central core which gives it an uniform lining. At the time when the fresh tub is supplied the old one with its contents is taken away, and carried to the manure yard belonging to the Corporation. About two tons of material are thus furnished by each closet annually, and it readily sells at the contract price of 5s. 6d. per ton. According to Dr. Syson, the system is both manageable and effective; and it not only utilizes the excreta of the population, but it also enables the local authorities to remove it quickly and thoroughly. In time of epidemic disease, it likewise enables them to disinfect the excreta, and so to prevent the spread of certain pythogenic disorders. The same plan has been tried experimentally at Rochdale, but not successfully, and it has, therefore, been abandoned; although the agent of M. Goux, the Messrs. Holt and Glazier, of Rochdale, speak of it as a very manageable and profitable method of removing fæces, &c. They say that it costs 35s. to convert a midden closet into the new form, and that a set of tubs for the closet will cost 10s., making a total of 45s. for the change. In working the process they calculate, from their experience at Rochdale and Salford, that two men and one horse will remove 600 tubs per week, each tub containing on an average 84 lbs. of excremental matter, &c. This gives a total of twenty-two and a-half tons a week, which, at a working cost of £3 a week for the men and horse, averages 2s. 9d. a ton, the material being worth at least 5s. or 6s. a ton, as it is received from the privies, although, when manipulated on the plan advocated by M. Goux, they say it is worth £2 a ton.

In the old parts of Edinburgh, where there are no closets in the houses of the poor, the contents of the chamber vessels are mixed with the ashes and put into tubs for the scavengers to remove daily; but there are also public closets, which are provided with moveable cans that are changed daily. About fifty of these latrines, with from eight to forty separate seats or compartments to each, are provided in the old town. They are situated at a rather higher level than the street, so that the proper receptacles may be easily placed beneath them. These receptacles are very much like the tin cans which are used for bringing milk by rail to London. A separate can is placed under each seat so as to receive all the discharge, and the scavengers remove the cans daily, and replace them with fresh one's before the town is awake. They are carried to the depots, which are outside the city, but near to a railway station, and their contents are mixed with ashes and street-sweepings. About 50,000 tons are thus collected and disposed of yearly, the return being about £7,000, against the charge of £13,000 for scavengering the city. The same method of collecting the excreta of the population is fast coming into use in Glasgow, portable vessels being placed beneath the seats of the closets. At Rochdale, also, with a population of about 46,000 persons, and about 4,000 midden closets, the Corporation have adopted the plan of collecting the excreta in similar moveable receptacles, the ashes and other house refuse being kept apart in separate tubs. The receptacles are rudely constructed of old paraffin casks cut in half, and provided with handles. They are changed once, twice, or thrice a week, according to circumstances, and when they are removed from the privy they are immediately secured with a tight-fitting cover to prevent the escape of offensive effluvium. At present there are only about 500 closets fitted with these receptacles, and they yield about 24 tons of excreta per week. These, with 10 tons of ashes previously placed in them, are converted into 18 tons of manure, which sells at 15s. a ton, although it is thought to be worth at least 30s. a ton. The total cost of working the whole of the 4,000 closets in this manner would, according to Mr. Alderman Taylor, be about £12 a week, and, in his opinion, the manure at 15s. a ton, would be worth £13 10s. a week; besides which there would be the additional value of the ashes, &c., which are collected separately.

But although a large quantity of excrement is thus collected in the chief towns of Lancashire, and, therefore, diverted from the rivers and water courses of the district, yet, according to the Rivers' Pollution Commissioners, it has had no appreciable effect on the conditions of the outfall streams. They say, in fact, that the sewage of Manchester, Liverpool, Salford, Macclesfield, Bolton, Bury, Preston, Blackburn, Wigan, and other midden towns of Lancashire, is but little better than that of places where all the excreta are discharged into the sewers; and in illustration of this they give the chemical composition of thirty-seven samples of sewage from fifteen midden towns, &c., and of fifty samples of sewage from seventeen places where water-closets are used, and the following are the maximum, minimum, and average results per imperial gallon:

	Constituents per gallon.	Maximum.	Minimum.	Average.
		Grains.	Grains.	Grains.
Sewage of midden towns.	*Matters in solution* .	293·72	21·77	57·68
	Organic and other Nitrogen . .	9·17	1·11	4·52
	Chlorine . .	15·05	4·55	8·08
	Matters in suspension	92·26	6·02	27·38
	Organic . . .	36·48	3·12	14·91
	Mineral . . .	55·78	2·90	13·47
Sewage of water-closet towns.	*Matters in solution*	82·46	28·84	50·54
	Organic and other nitrogen . .	17·03	1·66	5·41
	Chlorine . .	15·05	3·01	7·46
	Matters in suspension	163·91	3·46	31·29
	Organic . . .	35·95	2·87	14·36
	Mineral . . .	127·96	0·59	16·93

From which it would seem that although the average amount of soluble matter in the midden sewage is a little larger than that of water-closet sewage (in the proportion of 57·68 grains to 50·54), yet the suspended matters are actually less (in the proportion of 27·38 to 31·29); and notwithstanding that the quantity of sewage from a water-closet town is considerably larger than that from a midden town, yet, judging from the proportions of chlorine in the two cases, representing, as it generally does, the quantity of common salt in the urine, the Commissioners conclude that, for equal volumes of sewage, there have been 1·154 persons contributing to it, in the case of the midden towns, and 1·064 in the other. The inconsistency of these conclusions is demonstrated by the very facts which the Commissioners have themselves published, as to the quantity of night-soil collected annually and sold for manure in the several midden towns alluded to, all of which is so much matter kept out of the sewers. It ranges from 1,200 tons a year at Clithero, with a population of 7,000 persons, to 138,777 tons at Liverpool, with a population of 500,676, the average amount at sixteen places, with an average population at each place of 93,785 persons, being 25,561 tons per annum; which is more than six times the total quantity of suspended matters in the entire sewage of the several places, supposing them to have been water-closet towns, yielding an average of 60 gallons of sewage per head per diem, and that the sewage contained 31·29 grains (the Commissioners' proportion) of suspended matters per gallon. It is hardly possible to imagine a more extravagant illustration of the way in which opinions created by an impulsive bias may be made to over-ride the actual facts of an inquiry.

On the Continent, the excreta of the population is collected in water-tight pits, or moveable receptacles, the emptying of which is performed by a contractor in the service of the municipality; and there are many ingenious contrivances for the removal of the night-soil without occasioning offence. At Milan and Paris, for example, the materials are forced by means of atmospheric pressure through tubes in connexion with the cess-pool and an exhausted tank or barrel. The tanks are in the form of waggons, and having been exhausted of atmospheric air at the works, they are sent to the place from which the cess-pool matter is to be removed; and after connecting a flexible hose with the tank and cess-pool, the valve-tap is opened, when the atmospheric pressure forces the night-soil into the exhausted tank, without permitting any escape of offensive effluvium. A like contrivance has been patented in this country by Mr. James John Shedlock (1864); and the arrangements of Captain Leirmur for this purpose are somewhat similar. He proposes that a tank should be conveniently placed in the middle of a street, so as to receive the discharges from fifteen or twenty houses, and that when full it should be emptied by means of exhausted barrels. Mr. Dyer, of Melbourne, proposes that the closets should be at the top of the houses, and that the excreta should be conveyed by soil-pipes, like rain-water pipes, to close tanks conveniently placed below. But none of these contrivances are easy to manage, and they require such constant attention to ensure their safety, as to be practically unavailable, except in particular cases. The disposal of the night-soil is also difficult, although at Milan and Paris it is converted into manure, but the process is offensive and hardly remunerative. At Paris, for example, the material is collected by the contractor appointed for the purpose, who charges a fixed price, arranged by the municipality, for the work. The material is first sent to Villette, and then to Bondy, where it is converted into *poudrette*, and ammoniacal salts. The buildings and works at Villette and Bondy were erected by the city of Paris at a large cost; and the contractor who uses them pays a fixed price of 1 franc a cubic metre for the solid matter, and 1½ franc per cubic metre for the liquid. Every 10,000 cubic metres of the raw material, costing about 11,000 francs, yield about 545 cubic metres of poudrette (worth about 25,888 francs), and 704 kilos, of ammoniacal salts (worth about 7,744 francs), and 125 cubic metres of liquid manure (worth about 125 francs). So that, at a cost of 11,000 francs for raw material, the products realise 33,757 francs, or rather more than 300 per cent.; but for all this, the return is not remunerative, for the average cost of removing the excreta from Paris is about £5 per house per annum, and the nuisance of the manufacture is frightful. The same is the case at Milan, as it also was at Hyde, near Manchester, when, a few years ago, in carrying out the "Eureka system," night-soil was converted into manure. Mixed with earth, however, as is the practice in China, it is not so offensive, and it forms a convenient and merchantable compost.

One of the French journals says that a society has been formed in Paris, now numbering more than a hundred members, each of whom declare that it is his wish that his body, after death, be used for the promotion of anatomical science.

Hospital Reports.

CITY OF DUBLIN HOSPITAL.

Pulmonary Embolism.—Sudden Death.

(Under the care of Dr. Hawtrey Benson.)

The patient was admitted for rheumatic fever. There was no evidence of cardiac disease, nor of lung disease, nor of any other complication, and the fever promised to run a mild course.

On the evening of the fifth day after his admission, the Resident Purser Student, Mr. Burney, when going his evening rounds, examined this man among others; registered his temperature, pulse, and respiration; found all as he expected, and left him for the night. About ten minutes after this a message was sent down to Mr. Burney to say there was a man dying in the Cave ward. Mr. Burney immediately ran upstairs, and found that the dying man was the patient with rheumatic fever, whom he had just left for the night. The patient was now suffering an intense agony of dyspnœa; was cyanotic; had profuse cold sweat; no pulse perceptible; and before any remedy could take effect the man died. The interval of time between the accession of these symptoms and death was scarcely fifteen minutes. It became a matter of interest then to ascertain the cause of so sudden a death in a man who had presented no symptoms of disease in any of the organs up to the morning of the day of death.

At the *post-mortem* the heart was found perfectly healthy, and the brain perfectly sound, but the lungs presented an extremely dark congested appearance, especially marked in the lower lobe of right lung.

As the man had presented no symptoms nor physical signs of pulmonary congestion during life, it occurred to my colleague, Mr. Purser, that the cause of its sudden accession might be found to be embolism of some branch of pulmonary artery. At Mr. Purser's suggestion, therefore, Dr. Benson dissected up the branches of the pulmonary artery, and soon found the suspected embolus. The embolus was situated at the part where the right pulmonary artery divides into its branches to supply the different lobes. It lay, saddle-like, across the projecting fork which separated two large branches going to different parts of the lobe. Thus portions of the clot ran into each of the arteries without being tightly impacted into either. Around the embolus a certain amount of thrombosis had occurred, so as more completely to occlude the artery, as it was found after death. The embolus was precisely similar to some clots which were found entangled among the trabecula of the right auricle of the heart, and doubtless it was from this chamber the clot, being detached, perhaps during some temporary excitement of the heart's action, was carried on with the current of the blood, till it was arrested where it was found. It became evident, then, that the case was one of the hæmorrhagic imparction, described by Virchow and Ludwig as being caused by embolism of a branch of the pulmonary artery, and the cause of death was this sudden imparction, along with the collateral hyperæmia of the rest of the lung, occurring in a patient whose blood was predisposed to stosis from its hyperinotic condition.

That this is the correct view of the case is further borne out by the microscopic examination of the lung. There was some blood seen to be present in all the alveoli, and in many the quantity of blood was small, while the walls of the alveoli had a shrunken and collapsed appearance, and in no part were the alveoli fully distended with blood, as in apoplexy depending on certain other causes. But the most prominent feature in all the sections was the enormous engorgement of the capillaries and the smaller vessels. The presence of the blood in the alveoli was evidently due to the mechanical escape of blood from the distended capillaries, and that condition of the capillaries was due in its turn to the unnatural influx of blood into the part from which the *vis a tergo* was removed, and which was derived from the collateral circulation, according to Virchow's explanation.

This individual case, however, would seem to lend more support to Ludwig's theory of the cause of hæmorrhagic imparction due to embolism. For the branches of the pulmonary artery supplying the lower lobe were not entirely occluded at first by the embolus. The embolus hung into each, filling up the greater portion of this calibre, but not the entire. The result was that the current of blood in those arteries was not stopped, but merely *slowed*. As a consequence of this slowing, the corpuscles in the capillaries coalesced, and stosis ensued, so that there was rapidly formed a natural plug in each of the capillaries, which was still capable of slowly transmitting hydraulic pressure. In the meantime blood was continuously being pumped past the embolus into the portion of the lung beyond it, so that presently the hydraulic pressure on the inside of the capillaries became equal to that on the inside of the occluded arteries; and as the capillaries were unequal to the emergency, blood escaped into the alveoli. Whichever view we accept, Virchow's or Ludwig's, the case is illustrative of one of the many dangers which beset the course of rheumatic fever, and how guarded we must be in prognosis even in apparently the most favourable cases.

MATER MISERICORDIÆ HOSPITAL.

*Case of Disease of the Thoracic Viscera.**

(Under the care of Dr. Hayden.)

A van driver, thirty-eight years of age, was admitted into the Mater Misericordiæ Hospital on the 17th of January; he was then suffering from extreme dyspnœa; his face was livid and bloated, and the cervical veins turgid to the last degree; the lower extremities were œdematous and livid; the pulse very slow, full, and regular. There were all the physical signs of emphysema of the lungs with bronchitis in an aggravated form.

The history obtained was as follows:—From childhood he had been short breathed, and had lived somewhat intemperately. Up to three weeks before the date of admittance, he was in his usual health; about that time his feet began to swell, and he was no longer capable of discharging his ordinary duties. When admitted the man was in the condition previously described, and in addition to the pulmonary affection, physical examination of the chest showed that the heart pulsated behind the lower end of the sternum; the sounds were of that sharp, clicking character, especially the first, which indicated ventricular dilatation; and a double murmur was heard at the base of the ensiform cartilage. The first of these murmurs was rather harsh, and accompanied the first sound without obscuring it. The second murmur was not exactly synchronous with the second sound; it was also harsh in character, but much less loud. Both murmurs were circumscribed, not extending beyond an area of two inches from the point indicated, and equally in all directions. The precise state of the heart, as indicated by these physical signs, became a question of much diagnostic interest. It was manifest the diagnosis lay between disease of the aortic valves, involving obstruction and reflux, and pericarditis, giving rise to a double friction sound. He had no hesitation, after careful examination of the case, in determining that the latter was the cause of the sounds heard, namely, pericarditis; firstly, from the deviation, though slight, from the normal rhythm of the second sound of the heart exhibited by the latter of the two murmurs. Thus, although the first murmur was synchronous with the first sound of the heart, the second deviated from the second sound, and with characteristic unsteadiness, being sometimes anterior and sometimes posterior to the latter in time. Secondly, from the harsh character of both these sounds; and, thirdly, because of their manifest proximity to the ear of the observer. As regards a double aortic murmur, he considered that excluded by the character of harshness exhibited by the second murmur. He quite agreed with Hope in the opinion that a diastolic murmur at the aortic orifice is scarcely ever found to be of a rough and grating quality, such as that heard in this case; and this, notwithstanding the very decided opinion of Dr. Walshe to the contrary. Then, as regards tricuspid regurgitation, he felt confident this could not have been the cause of the principal of the two murmurs; for, in cases of distension of both right chambers of the heart he had never heard a reflux tricuspid murmur, notwithstanding that tricuspid regurgitation was actually present, as shown by systolic venous pulse in the neck. He thought it might be accounted for thus: where the right chambers of the heart are engorged to distension, the right ventricle is in a state of *asystole*, or partial paralysis, at least its muscular contractile power is so impaired as to be incapable of developing a force sufficient to give rise to a murmur. Repeatedly he had heard a tricuspid murmur where distension of the right chambers did not exist. He thought it might be held that tricuspid regurgitant murmur indicated not a state of enlargement of the right auriculo-ventricular opening, but a positive valvular lesion, where the muscular power of the right ventricle was not seriously impaired. The man died on the 23rd of January. It would be observed that the heart was of that globular shape which it generally presented when the right ventricle was much hypertrophied; it weighed twenty and a-half ounces—three fingers might be passed together through the right auriculo-ventricular opening. The left auricle and ventricle were not much altered; the latter was thickened, but not dilated. The apex was formed exclusively by the right ventricle, which was greatly hypertrophied and dilated. The several chambers of the heart contained decolorised fibrine; the valves were all perfectly sound in structure. On the anterior surface of the right ventricle a large "milk spot" existed, and upon the right apex a layer of false membrane, rough and loosely adherent. The apex of the heart was displaced downwards and inwards, and lay behind the base of the ensiform cartilage, and it was precisely here that the two murmurs were heard; and it was evident that the cause to which they owed their origin was the friction produced by the movements of the apex of the heart upon the corresponding portion of the pericardium.

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* Read before the Dublin Pathological Society, January 28th, 1871.

Case of Pneumonia limited to the Apex of the Right Lung.[*]

(Under the care of Dr. Hayden.)

A man was admitted to the Mater Misericordiæ Hospital on the 14th of January in a very low state, manifestly in a typhoid condition. He was a pensioner, aged about forty-five, who had led a life of intemperance. On examining this man when he first saw him, he discovered circumscribed pneumonia on the left side, but what was singular was that the physical signs of pneumonia were strictly limited to a space of three inches in diameter, a little outside the point of pulsation of the apex of the heart; here all the signs of pneumonia in the second stage—dulness on percussion, bronchial respiration and voice—were detected. On the following day crepitant râles were superadded, and from day to day it was observed that solidification gradually extended upwards, until it involved the apex of the lung, when the man died in a state of coma, not very dissimilar to that exhibited in renal disease; yet, without any evidence whatever that the kidneys were affected, the urine being normal as to specific gravity, and reaction to heat and nitric acid. The case was an example of pneumonia limited to the upper lobe of the left lung, the inferior lobe being perfectly free. The entire of the inferior lobe was solid, but there was evidence that the disease had commenced in the tongue-shaped process of the superior lobe of the left lung which overlay the pericardium. This portion was in the third stage of pneumonia, and infiltrated with sero-pus, whereas the remaining portion of the lobe was in a condition intermediate between the second and third stages; it was hepatized, but on section yielded some thin serum. In adynamic or typhoid pneumonia the inflammatory process, according to his experience, usually commences in the apex of the lung, subsequently extending downwards until the entire of the superior lobe is involved. In the case above narrated, however, this order was inverted.

MEATH HOSPITAL.

Case of Cirrhosed Kidney.

(Under the care of Dr. Stokes.)

(Communicated to the Dublin Pathological Society by Dr. Finny.)

In this case the remarkable symptoms during life had been excessive diuresis along with a large quantity of albumen. The patient had been under Dr. Stokes' care in the Meath Hospital, for constant vomiting and gastric pain; and five days before his death, which took place on the 13th January, 1871, the urine, which was milky in appearance, amounted to 124 fluid ounces, and the albumen to one-third of its bulk. Specific gravity 1012. No sugar could then or at any time be detected. Two days after convulsions came on, followed by diminution of the urine to twenty ounces, and the day before death the urine fell to four ounces.

The kidneys were denser and smaller than normal, the left being pear shaped; lobulation was commencing, and in many places the pyramids reached quite to the capsule. Microscopic examination showed extensive granular degeneration of the epithelium lining the tubuli uriniferi in the cortical part. The Malpighian corpuscles were impervious to injection, and the walls of the tubules thickened.

The explanation of the diuresis or polyuria, which is so constant a symptom of the contracted kidney, cannot be explained on the physiological theory of urine secretion, as taught at the present day by Bowman and most other physiologists.

Dr. Finny considers the Malpighian bodies preside over the regulation of the flow of blood through the portal circulation of the kidney, and that, normally, the *water as well as the solids* is secreted by the epithelium lining the tubuli uriniferi throughout their whole extent, in the pyramids and in the convoluted portion alike. The appearance of albumen in the urine in cases of cirrhosis is due to the transudation of the serum of the blood through the Malpighian capillaries which have escaped the destructive process, and which necessarily have, owing to the impermeability of those diseased, an abnormal strain put upon their walls. The increase of water may be explained by the supposition that the regulating power of the Malpighian bodies is lost, and accordingly the *vasa recta* (which spring direct from the renal artery and run down into the pyramids), convey the blood in greater volume and in greater force than normal, around and among the tubules which compose these parts, and which (until very late in the disease) escape the degenerative process, and thus a rapid and compensatory secretion of watery urine is effected.

The above explanation would account for the usual symptoms of cirrhosis. In the case before us, it is probable that the sympathetic filaments, which supply the arteries of the kidneys, owing to some irritation, became paralysed, and aided in causing the excessive diuresis—similarly, as to this cause, we attribute the diuresis in hysteria and many other nervous lesions.

OVARIOTOMY PERFORMED BY MR. BAKER BROWN.

(Published from Notes taken by Mr. O'Connor, Resident House-Surgeon.)

Mrs. Jane C—, æt. thirty-seven, had one child eighteen years ago, no other pregnancy; enjoyed very good health up to July 1870, when she began to suffer from acute pain in the right inguinal region (she suffered sometimes from pain in the corresponding part on the other side); wind in the stomach; spasms; nausea; and occasional vomiting on taking food. Her attention was shortly afterwards attracted to the enlargement of her abdomen, this increasing steadily, her medical attendant found on examining her that there was a collection of fluid. He tapped her about the beginning of January, and drew off several quarts of clear fluid. This gave her a short respite, but the inguinal pains still continuing and fluid again forming very rapidly he advised her to put herself under the care of Mr. Baker Brown. She entered the London Surgical Home on the 7th February last. She then measured, at the umbilicus 43 inches; four inches above it, 43 inches; four inches below it 44 inches. She was carefully nursed, great attention was paid to her diet; she had warm baths, and a mixture composed of iron and tincture of arnica, was administered three times daily. Her general condition improved, and the nausea diminished. She was examined by several eminent men, whose opinions agreed with that of Mr. Baker Brown that the case was suitable for operation, or at least for an exploratory incision to be made as they considered it ovarian cystic disease. On February 16th, the patient being chloroformed by Dr. Harris, she was placed on the table, Mr. Brown made an incision from the umbilicus in the course of linea alba to within two inches of the symphisis, and having exposed the peritoneal sac, discovered an enormous quantity of ascitic fluid, this was immediately drawn off by canula; on exploring the abdominal cavity, each ovary was found to be about the size of a goose's egg. Both showed symptoms of cystic disease, the left one had in addition a cauliflower excrescence growing from it; the uterus and broad ligaments were enlarged, but otherwise normal. Mr. Brown decided to extirpate both ovaries. He applied a ligature between each ovary and the uterus, put on a clamp and then cut through the ligament with the actual cautery. The ligatures were left, the ends being brought out through the lowest part of the abdominal wound. The wound was closed with iron wire sutures, in introducing which, care was taken to include a portion of the muscular expansion of either side.

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[*] Read before the Dublin Pathological Society, January 28th, 1871.

The following gentleman were present at the operation:—Messrs. Holt, Dunn, W. R. Rogers, L. A. Bulley, Delamark Freeman, James Webb, T. S. Gell, Fox Grosvenor, P. W. Nunn, S. L. Dobie.

Thursday, February 23.

Mr. Brown commenced his second lecture by stating that, during the course he will not allude to the operation of clitoridectomy, nor will he perform the operation in presence of his class.

Mr. Brown then made some remarks on the operation of ovariotomy being justifiable, and mentioned that he was amongst the earliest men to adopt it, believing it to be right and just. He stated that the Americans first introduced the operation. Dr. Clay, of Manchester, adopted it in this country, and fought hard against expressed Medical opinion for its establishment. Professor Clay, of Birmingham, compiled the facts connected with the operation, made them known, wrote a prize essay, and did a great deal in promoting its success by his introduction of the clamp and actual cautery in dividing the pedicle. Mr. Brown's first trial of this method was very successful. The patient got well, and the wound healed more rapidly than in cases treated on the old plan. In London the operation was much and long time opposed. About the first to adopt it was Mr. Samuel Lane, of St. Mary's Hospital. Mr. Brown assisted at some of this gentleman's operations before the introduction of chloroform. To Mr. Spencer Wells, who has performed the operation an immense number of times, is due much of the success of the operation in London as a recognised and justifiable piece of surgery. Mr. Brown remarked on his own cases that, of the sixty-one operations performed by him fifty-four recovered (one on a patient fifty-eight years of age). He considers these fortunate statistics owing in great part to the use of the clamp and actual cautery. He considers Mr. Keith, of Edinburgh, a most successful operator. On the subject of diagnosis Mr. Brown is of opinion that there is no certainty. So many mistakes occur every day, even within the last few weeks, that no one ought positively to assert that there is ovarian disease. Tumours of the uterus and of the omentum, pregnancy, flatulence, ascites, &c., have all been mistaken. The last case operated upon in the Home is a good example of the difficulty of diagnosis. Three eminent men declared it to be probably ovarian dropsy; it proved to be ascites, with cystic disease of both ovaries, neither ovary exceeding a goose's egg in size.

When Mr. Brown concluded the notes of the case operated upon on the previous Thursday, and the patient was visited by the members of the class, it was announced that on Thursday next (to-morrow) ovariotomy will be performed on a patient suffering from an unilocular cyst on one side.

GLASGOW INFIRMARY.

Case of Acute General Tuberculosis of Twenty-four days' Duration.

Under the care of Dr. M'Laren.

(Reported for the *Glasgow Medical Quarterly* by John Weir, M.B.)

W. S., aged thirty, was admitted to the Royal Infirmary on the 5th January, 1871. On the 6th he was found to be complaining of headache and stiffness of the limbs. He had been in good health until eight days previous to admission, when he complained of shivering and vomiting. The following day headache commenced, and this was still present. On admission had great thirst, and his appetite was defective. There was very slight cough but no expectoration; and no pain or tenderness over abdomen. He was not aware of infection from any kind of fever. There was no eruption on the skin, and the conjunctivæ were clear. Tongue dry in the centre. Bowels regular. Pulse, 100. Temperature at 11 a.m., 102°.

He continued taking light food until the 16th January. The pulse was gradually rising, and the respirations becoming more frequent though not difficult. On the 16th a pale bluish tinge of the face and hands was noticed, and also slight subsultus. On auscultation, loud râles were heard over the chest, especially at the back. The pulse was 132. Respirations, 36. Temperature at 10 a.m., 101·3°. In the evening the pulse was 160, and respirations 48, without difficulty. Temperature, 104·4°.

On the 17th, pulse, 144; respirations, 40. He had slight delirium, moving the hands in the air, and he was now able to take only fluids in the shape of milk, beef tea, stimulants, &c.

On the 18th the pulse was 120. After that date, the subsultus having increased, pulse could not be accurately counted. On the 20th the temperature fell from 102·3° in the morning to 98·2° in the evening, and he died at 6 a.m. the following morning, being the 24th day of disease.

The temperature was taken night and morning throughout, and the results, embodied in a chart, brought out the following facts. During first week after admission, the morning temperature remained uniformly at 102°, while the evening temperature varied from 103·1° to 105·4°. During the first part of the second week after admission, being the third week of the disease, the difference between the morning and evening temperatures was small, both being about 104°. During the second half of this week, the difference between the morning and evening temperatures again became marked, commencing with a very decided difference on the 16th, when the morning temperature was 101·2°, and the evening 104·4°. After that, and up to the 19th, the morning temperature remained between 102° and 103°, and the evening about 104°.

Pathological Report by Dr. Joseph Coats, Pathologist to the Infirmary.

Chest.—The pericardium contained about two ounces of clear serum. *Heart* normal. *Lungs* very slightly adherent behind. On section seen to be filled with miliary nodules from base to apex, but the lower lobe to a slightly less degree than the upper. The greater number of these nodules are grey, but the larger ones present considerable yellowish opacity in the centre. In size they do not exceed the diameter of a large pin-head.

Abdomen.—The *stomach* presents no pathological change. The *peritoneum* does not present any miliary nodules, but on examining the surface of the *liver*, myriads of minute white dots appear in every part. On tearing off the capsule only one or two miliary nodules come off with it, and these not in the substance of the capsule, but distinctly adherent to its under surface. On section the hepatic tissue is seen to be completely packed with very minute tubercles, few of them exceeding a pin-point in size, though at the inferior surface one or two as large as a barley-corn are visible. In the *spleen* are found scattered a few yellow nodules. In the *kidneys* there are a considerable number of miliary tubercles, but they are not extremely closely packed. The *intestines* are generally healthy, but in the lower part of ileum there are pretty numerous miliary tubercles, but no ulceration. *Urinary bladder* distended with limpid urine, its coats healthy.

Head.—Calvarium rather thick. Longitudinal sinus filled with coagulated blood. Neither on surface of convolutions nor at the base are any miliary nodules to be discovered, nor is there any definite pathological change in any portion of the brain.

Dr. Coats adds the following remarks:—This case is one of those which are extremely apt to be mistaken for cases of continued fever, especially typhoid; and there was still some doubt as to the actual nature of the case when the body was placed on the inspection-table. The extremely acute onset induced the medical man outside to send the case to the fever wards, and it was looked on at first as one of enteric fever. But during the course of the disease the absence of the eruption and diarrhœa was remarked, and doubts were therefore thrown on the first diagnosis. In reference to the extent of the affection, the enormous abundance of miliary nodules in the liver is worthy of remark. A microscopic section of any portion of that organ never failed to exhibit several distinct tubercles, while their size was on an average not larger than 1-50th″ to 1-80th″ in diameter. In the centre of the nodules was seen, in almost every case, several cells, in a state of fatty degeneration, and these presented the appearance of the granular corpuscles, and not of the shrunken so-called tubercular corpuscles, which are found usually in the centres of tubercles. This fact agrees with the extreme acuteness of the case, the casification which produces the shrunken corpuscles being an extremely chronic process. The fact that no tubercles existed in the brain or its membranes is also worthy of remark.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 14TH, 1871.

GEO. JOHNSON, M.D., Vice-President, in the Chair.

THREE CASES OF INJURY TO THE BRAIN, WITH AN APPENDIX OF CASES.

By G. W. CALLENDER, F.R.C.S.,
Assistant-Surgeon to St. Bartholomew's Hospital.

IN this communication attention is directed—first, to the frequency with which convulsions or rigidity are associated with paralysis of the left side of the body, as compared with that of the right; secondly, to the occurrence of these symptoms in cases of injury or disease of those parts of the right cerebral hemisphere which lie above the corpus striatum.

After referring to some observations with reference to diseases of the membranes and around the principal cerebral arteries as associated with the occurrence of convulsions, some cases of left side paralysis are quoted from the practice of St. Bartholomew's Hospital, three of which are given in detail. These cases, added to others recorded by various observers, give the following results:—Side paralysis, 109 cases; rigidity or convulsions in 46. Right side paralysis, 48; rigidity or convulsions in 7. Left side paralysis, 61; rigidity or convulsions in 39. Cases in which parts above the corpora striata are affected: Left side, 37 cases; convulsions in 7. Right side, 47; convulsions in 39. Cases in which the corpora striata, including the optic thalami, are affected: Left side, 11 cases; convulsions in 0. Right side, 13; convulsions in 0.

For convenience of reference an appendix is added, giving the cases referred to, arranged in two tables, and an outline map of the brain.

OBSERVATIONS ON THE PATHOLOGY AND TREATMENT OF MALARIOUS FEVERS.

By ROBERT HALL BAKEWELL, M.D.,
Medical Officer of Health for Trinidad.

IN this paper the author gives the results of his experience of malarious diseases during a lengthened residence in the West Indies. After giving an account of the various opinions entertained by different authorities as to the mode in which the malaria poison enters the system, he states his opinion that, when once there, it acts, not by producing any change in the blood which renders it unsuitable for the nutrition of the organs, but by influencing specially the sympathetic nerves; and he attempts to explain the phenomena of the ague-fit on this hypothesis.

In his treatment of the malarious diseases, the author relies on quinine and arsenic, and states that the bilious vomiting and purging, which often in the West Indies accompany an attack of marsh fever, are not, as usually supposed, an indication for the administration of calomel.

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THE DIALECTICAL SOCIETY.

FEBRUARY 15TH.

MR. REED in the Chair.

A PAPER was read by MISS JULIA DOWNING on

MEDICINE AS A PROFESSION FOR WOMEN.

After observing that, if the common ordinary principles of justice and liberty, which are supposed to regulate the conduct of men with men, were applied to women also, there would be little need for discussing the question, whether women should be allowed to take degrees and practise medicine, Miss Downing remarked, that the fresh wholesome air of liberty was as good for the health of mind of women as of men. As a general rule, however, if any one talked of giving liberty to women in a male audience, there was an almost universal chorus of "Upset Society," "Do away with feminine delicacy," and "Destroy morality," &c. She claimed for women, as for men, freedom of thought, word, and action, so far as this freedom does no injury to Society, and added, that there could be no morality worthy of the name, which did not spring from liberty. If, then, women are ready to give the same guarantees to Society, as to proficiency in the art of medicine, it is a violation of justice, to prevent them from entering the profession, by denying them degrees and education. The adversaries of women becoming doctors were of three classes,—1st. Those who desired that they should only practise midwifery. 2nd. Those who would include with this 'diseases of women'. 3rd. Those opposed entirely to the whole movement. Dr. Henry Bennet may be taken as a representative of the first class. Miss Downing protested against the principles laid down in Dr. Henry Bennet's letter in the *Lancet*. He says therein of midwifery, "it is part of the most arduous, most wearing, and unremunerative duties. It means golden hours passing away, daily duties neglected, and the night's rest lost; it means drudgery and night work, and the probability of an early break-down in health and strength; therefore, many medical men would gladly hand over their guinea and half-guinea cases to a body of well educated midwives." That is, Dr. Bennet would gladly hand over the most "arduous, exhausting, and unremunerative part" of the profession to women, keeping the rest for men. This was too bad. She asked men to be just, and allot some of the honours and rewards of labour to women, as well as to their own sex. The second class of opponents say, "it is perfectly natural and proper that woman should attend their own sex and little children, but what do you want to study anatomy for?" But a mistake in anatomy is as fatal to the life of a woman or a child as to a man, and in theory at least, a woman's life is considered as valuable as a man's. As to those who spoke of "woman's sphere" and woman's mission, Miss Downing avowed her inability to understand these grandiloquent phrases. Suppose women were to turn round and speak of men's sphere being simply to marry, and then deprive them of every other means of obtaining a living, what would men say to that? The consequence of denying to women any other means of existence, than that by means of marriage was but too often a scandal and a disgrace, since women often entered into the contract merely for the sake of providing a livelihood for themselves. As to women being always of inferior intellect, Miss Garrett and Miss Blackwell, together with many of the lady medical students at Edinburgh, had shown the error of this view of the matter. As to whether women would make discoveries in medicine, this belonged to the misty region of the future. It was next said, there was no demand for lady doctors. This, again, was a profound mistake, as was well known by persons who perused American journals, and by the success of Miss Garrett. Women, in some cases, would rather suffer, than call in a man. Women, then, should be allowed to obtain the same clinical teaching, and take the same degrees as men; and, therefore, as this high class clinical teaching was at present unattainable without mixed classes, she (Miss Downing), thought that mixed classes were necessary, until institutions of equal value were procurable for the instruction of women alone in medicine. Ball rooms were, perhaps, quite as dangerous, as the dead house or the lecture room; nay, more so—"Follow (said Miss Downing), the Edinburgh lady students to the *post-mortem* house and the dissecting house, and see them gathering from the last sad relics of humanity the knowledge that is to be a blessing and comfort to thousands; and, then, enter any of the crowded ball rooms of London, and watch for a few moments the association of the sexes, allowed by British decency, there. Why, therefore, lay charges of immorality and indelicacy against these ladies for wishing to study the noblest and most humane of the sciences?" In conclusion, Miss Downing observed that if the code of morality laid down for women were but consistent, it would be more easily understood and obeyed; but she objected to the dictum that, "whatever is, is right," unless it were added that, "whatever is wrong is wrong."

Mr. Wilson said, that it seemed to him a mistake to think that all practitioners of medicine must be good anatomists. Experience was what was wanted in many cases, and was of more avail than anatomy in the relief of pain. He was greatly in favour of the mixed education of the sexes, from childhood upwards, as this tended, he urged, to maintaining, instead of lowering, the moral tone of society. The reason why women were not permitted to study medicine and the other sciences was, that men liked them to be subservient to them.

Mr. Levy was much in favour of women entering the medical profession, and all other professions too. He thought also that the Civil Service, of which he was a member, should be thrown open to women, and they should no longer be kept as mere hewers of wood, and drawers of water for men. It was said to be indelicate for women to become doctors, but it was *not* indelicate for them to be nurses, although nurses had far more indelicate things to do often than doctors. The real indelicacy lay in their competing for the fees and honours of the profession. As to the chivalry towards women so vaunted, it was but a mercenary affair after all. Politeness is no great affair to boast of, and it would be more really chivalrous for men to cheer women on in trying to get an honest independent livelihood. As to mixed classes, he (Mr. Levy) had once attended a class on Physiology, in Jermyn street, delivered by Mr. Huxley, where there were both sexes present, and where the lecturer did not mince the matter, and no difficulty had occurred. The fact was, there was far too much mystery and reticence about all connected with the human body. The monastic system of complete separation of the sexes had had its day, and must now be succeeded by the *régime* of freedom, there was no half-way between the two.

Mr. M. Allen said that the strongest argument against women entering the Profession was on the score of morality. If women would only confine themselves to advising women and children, he would not object. See, too, what an immense number of women would be required to supply the wants of women, if ladies were to become doctors. Women would not treat women, but would wish to have the *best* medical advice. In many cases operations might be required, and women would be unfit to practise them. He was quite opposed to mixed classes, and read extracts from the *Saturday Review*, to the effect that the men would soon require to be "protected," if the women insisted on studying medicine in the same schools as they. He made a remark with regard to well-educated midwives, that Miss Garrett had said there seemed to her to be but little demand for such a class of women.

Dr. C. Drysdale said that it seemed to him that the able arguments used by Miss Downing were quite unanswerable They were well put, too, and would doubtless convince many medical men of the folly of opposing the *inevitable* entrance of women into the Profession. As to Mr. Wilson's remarks about anatomy, it was now known that no person ignorant of anatomy and physiology was in any way safe in the treatment of diseases, because, although remedies might often be prescribed empirically with good effect, the importance of a knowledge of disease was become now indispensable to the practitioner, who desire to escape from the gravest evils. As to ladies confining themselves to the diseases of women and children, doubtless they would do so to a great extent, but if a man had toothache, or inflammation of the eyes, or a cough, or a whitlow, he did not see exactly why a lady doctor might not be of service in some cases. Even the extraction of cataract, or the treatment of squint, might possibly some day be performed in London on males by some clever surgical lady, and this would not be *indelicate*, he thought. Doubtless, there would never probably be very many lady doctors, because the taste for medicine, as a profession, was by no means very extensive amongst women. He must say he wished some ladies would also take to the bar, to the solicitor's occupation, or even become pillars of the English church. He thought that they were well fitted to become orators and religious teachers, as well as to enter the Civil Service. This would remove from his brethren of the medical profession one cause of opposition, because doctors naturally said, "Why do you all crowd into our ill-paid business, and not try the more lucrative trades of the lawyer or the priest?" As to women not being able to perform the operations of midwifery, that was a mistake. Madame Boivin, of Paris, was a good operator, when need came, and he believed that women would, in these days of chloroform, sometimes make excellent surgeons. Surgery was by no means a very abstruse part of the Profession, and now-a-days did not require the nerve that it used to do before chloroform was discovered. It was a mistake to say that women would not make money by the practice of medicine. Madame A. Densmore, of New York, was said to make £1,500 a year, and numerous other ladies made good incomes in the States. As to mixed classes, it was one of the devices of the "enemy" to pretend that these were so *indelicate*. Women might dissect apart well enough; but, *at present*, to prevent their attending hospitals with men was tantamount to forbidding their entering the medical profession. It was time enough to speak of separate classes and hospitals when funds were forthcoming for these luxuries.

Mrs. Boon was convinced every day more and more, as she advanced in studying medicine, of the necessity of a thorough study of anatomy and physiology for all persons who would practise medicine. She did not think that very many women would be found entering the medical profession, if its ranks were thrown open, so that the doctors need not be afraid of the competition of women. She was much opposed, however, to the idea of men and women studying medicine together; at the same time she quite understood the ladies in Edinburgh being determined to get into the Profession, even under these most adverse circumstances, and would do exactly as they were doing, if she had a chance. It would, however, be much better if they *could* have hospitals and schools of their own, and she noticed that the married ladies were generally of the latter opinion, whilst the single ladies were in favour of mixed education, being ignorant of its evils and danger.

Mr. Jones said his wife used to say to him that she wished she never had been married, when the time came to call in a gentlemen in her periods of child-birth. She felt so unhappy at such times, that he, Mr. Jones, would always remember this till his dying day, and thus he was completely in favour of women entering the medical profession. Women were, he urged, extremely capable, and it was an immense mistake to prevent them trying any branch of industrial occupation they had a taste for.

Mr. Comyns said that it seemed to him that the main difficulty was, that women would not, as a rule, trust to women, and thus medical women would not succeed in making a livelihood of their profession.

Miss Downing replied, and the Society adjourned until April 1st, when a paper will be read by Mr. C. Fooks.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 1, 1871.

MEDICAL REFORM.

THE refusal of the Government to take up this subject during the present session, lends an increased importance to the scheme for a voluntary conjoined board, put forward by the London Corporations. This scheme too, has now assumed a more definite shape as the London College of Physicians, in its comitia, has fully approved the plan. Of course, it does not extend beyond England and Wales, and is in fact little more than the conjoint scheme, so long and so satisfactorily worked by the Scottish Corporations. The following is the plan as approved thus far :—

1. That one Board of Examiners, in this division of the United Kingdom, be appointed by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, for the examination of candidates who desire to practise Medicine, Surgery, and Midwifery.

2. That candidates who shall have passed the several examinations of the Board be entitled, subject to the byelaws of each institution, to the Licence of the Royal College of Physicians of London, the Diploma of Member of the Royal College of Surgeons of England, and the Certificate of the Society of Apothecaries of London.

3. That Examiners be appointed as follows ; viz. :
In Medicine, by the Royal College of Physicians and the Society of Apothecaries.
In Surgery, by the Royal College of Surgeons.
In Anatomy and Physiology, by the Royal College of Physicians and the Royal College of Surgeons.
In Midwifery, by the Royal College of Physicians, the Royal College of Surgeons, and the Society of Apothecaries.
In Materia Medica, Medical Botany and Pharmacy, Chemistry and Forensic Medicine, by the Royal College of Physicians and the Society of Apothecaries.

4. That the number of Examiners assigned to each subject be as follows ; viz. : Anatomy and Physiology, not less than 8 ; Chemistry, Materia Medica, Medical Botany and Pharmacy, not less than 8 ; Medicine, not less than 10 ; Surgery, not less than 10 ; Forensic Medicine not less than 4 ; Midwifery, not less than 6.

5. That the appointment of the Examiners in each subject be made by each of the three Corporations in the following proportion ; viz. : Anatomy and Physiology—the Royal College of Physicians, 3 ; the Royal College of Surgeons, 5. Chemistry, Materia Medica, Medical Botany and Pharmacy—the Royal College of Physicians, 4 ; the Society of Apothecaries, 4. Medicine—the Royal College of Physicians, 5 ; the Society of Apothecaries, 5. Surgery—the Royal College of Surgeons, 10. Forensic Medicine—the Royal College of Physicians, 2 ; the Society of Apothecaries, 2. Midwifery—the Royal College of Physicians, 2 ; the Royal College of Surgeons, 2 ; the Society of Apothecaries, 2.

6. That there be two or more examinations on professional subjects, and that the fees payable for the examinations be thirty guineas, to be paid in two or more payments.

7. That one half of the fees received for the examinations be appropriated to the payment of the Examiners and the expenses of the examinations.

8. That the other half of the fees be divided amongst the three Corporations, upon the principle of giving to each Corporation a sum proportionate to that which each has respectively obtained from the grant of licences on the average of the last five years.

9. That the mode of the division of the second half of the fees be subject to revision at the end of every three years.

It is rather strange that those who have made the loudest outcry for some similar union of the English Corporations by compulsion, should turn round and abuse them for agreeing to unite voluntarily. We, who on the failure of the Government Bill, sketched such a programme as within the powers of these institutions, and urged them to it, shall not follow the example set us, although we might have even yet some suggestions to offer. Suffice it to say that if this scheme be thoroughly well worked it ensures very much of what a large number have been setting forth as the chief object of reform—viz., a single uniform examination in all branches, qualifying for practice in all branches.

These three medical authorities are quite capable of appointing examiners, and we have no fear but that such examiners will do their duty without fear or favour. To say that singly qualified men will be registered is not yet fair, inasmuch as these bodies have not yet decided to grant their diplomas separately. If each will refuse its single diploma, except to them who pass the conjoint board, all will go well. It is here, perhaps, that the hitch may occur. Surely they might go so far as that, and then we should have a single board for the Kingdom.

At all events this is certain—that two journals that have been displaying their zeal in rival schemes, and in asserting their own peculiar rights to legislate, would be unable, if united, to effect much, after the Government has refused to move. What can we expect, then, from their rivalries ?

We may at least be glad to see how the conjoint plan works during the time we are doomed to wait for other reforms to be enforced by the legislature. If it work well it could be extended. If it fail there would be one more argument for a radical change.

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Notes on Current Topics.

Croupal Bronchitis.

DR. ROTH relates in the *Deutsches Arch. f. Klin. Med.* a well-marked case of spontaneous cure of croupal bronchitis in an anæmic female, thirty-four years of age. At the commencement of the disease, and immediately after the discharge by coughing of the croupous membrane, there was dry bronchial breathing, especially over the region of the left lung, and on the right side the respiratory sounds were diminished.

Practical Materia Medica.

THE *Philadelphia Medical Times* says :—"The physical characters of drugs, their adulterations, their active principles, the appearances and distinguishing tests of the latter, the comparative value and physical characters of the various preparations, above all, the chemical relations of the various drugs and preparations—these and other subjects make the practical part of materia medica, to strike out which from our medical studies would be to introduce confusion, uncertainty—aye, even lethal ignorance —into the daily practice. How often have we seen silly and sometimes sadly fatal mistakes arise from want of such knowledge ! Thus, syrup of squills and carbonate of ammonia—both stimulant expectorants—are frequently prescribed together, even by men deservedly high in the Profession, through ignorance that, the former being made with vinegar, the combination is equivalent to squill and spirit of mindererus. Not long since we met, in the country, a physician second to almost none in medical culture, who described three cases of extraordinary collapse with terrific vomiting, following the use of fluid extract of buchu. In the first two cases he had not thought of ascribing the symptoms to the medicine, but in the third, which nearly proved fatal, he could not avoid doing so. On smelling his bottle of fluid extract, which had been furnished by one of our most reliable drug firms, the rank odour of veratrum viride saluted us, instead of the aromatic smell of buchu. How nearly had the absence of some practical knowledge of important drugs compromised the life of his patient ! It is only a few weeks since a fatal case of poisoning occurred in this city from an error, dependent upon ignorance, which, we venture to say, three out of four practitioners might make. Strychnia was prescribed along with iodide of iron in syrup of ginger, and consequently large crystals of the nearly insoluble iodide of strychnia were precipitated. Everything went well until the patient took the last teaspoonful in the bottle, which contained all of the alkaloid, and consequently killed her.

The late Dr. Count Wollowicz.

AT Netley, on the 20th ult., died Staff Assistant-Surgeon Count Wollowicz, M.D., who, jointly with Professor Parkes, has contributed the papers "On Alcohol" to the Royal Society, which our readers will not have forgotten. He entered the English army in 1867, after becoming a naturalised British subject. He served in the Abyssinian campaign, where he probably brought on chronic dysentery, which has terminated his life.

London Hospital Pharmacy One Hundred and Twenty Years ago.

IN a "Short History of Old St. Thomas's Hospital," by Dr. W. H. Stone, prefixed to the New Series of St. Thomas's Hospital Reports, lately noticed in our columns, there are some curious extracts from "The Physical Vade Mecum, or Fifth Gift of Theophilus Philanthropos, wherein is contained the Dispensatory of St. Thomas's Hospital, with a Catalogue of the Diseases, and the Method of their Cure prescribed in the same Hospital, dated from the shop of E. Duncomb, in Duck lane, Little Britain, 1741." In the frontispiece of this curious work a fourfold conversation is portrayed between a patient and doctor, death, and the Deity. The remarks of each issue from their mouths in the form of labels. A coffin and skeleton in the foreground serve as emblems of mortality, and the doctor, after humbly asking and receiving the Divine permission, gives the following opinion and prescription, which is seen on a scroll at his left hand :—

From infection sprung, it is a fever strong,
Unless with present speed a vein be open,
Thou must die or bleed—
V. S. ad ʒix. statim
Episp. Nuchæ quam primum.

℞ Bol. Alex. ℈j., cum
Nitri. gr. xij., 6 tâ quâque horâ sumend.
Jul. Card.

Certain recipes are taken from a printed copy of the hospital pharmacopœia, bearing date 1718, others from old manuscript dispensatories of the hospital. Aqua Limacum, or snail-water, is thus ordered :—

"℞ Garden snails, cleaned and bruised, 6 gallons;
Earthworms, washed and bruised, 3 gallons ;
Common wormwood, ground ivy, and cardmus, each ½ lb. ;
Pennyroyal, juniper berries, fennel seeds, aniseed, each ½ lb. ;
Cloves and cubebs, bruised, each oz. 3 ;
Spirit of wine and spring water, each 8 gallons.
Digest them together for twenty-four hours, and then draw off in a common alembick."

This preparation, it is said, "is admirably well contrived, both for cheapness and efficacy ; and for persons whose circumstances and manner of living have not habituated them to any delicacies, it is as good a snail-water as can be made."

The turbith bolus has five grains of that drug with three grains of tartar emetic. "N.B.—In the working of this vomit it is needful to drink plentifully of cardmus tea, through defect of which I knew one that died."

"A Viperian Bolus" contains "ʒss. of the flesh of vipers in powder," taken twice a day.

Mr. Mitchell Henry (of Our's), M.P.

ANOTHER name from our ranks has been added to the roll of the House of Commons. Another seat has been secured us in the election, last Tuesday week, of Mr. Mitchell Henry, F.R.C.S. Eng., to the representation in the Imperial Parliament of the county of Galway. Possessed as he is with practical information upon the subject of Medical charities, at a time like the present, when the great question of Medical Reform is being discussed, we may well hail his successful candidature with triumphant satisfaction. The present M.P. for Galway obtained his fellowship, by examination, at the Royal College of Surgeons, and was for some years Surgeon to, and Lecturer on Forensic Medicine at the Middlesex Hospital. He evinced considerable ability and energy in practice, but was (happily for himself) enabled, through the acquisition of a large fortune, to retire from its active pursuit. The Sydenham Society has published his translation of Velpeau's Monograph on "Diseases of the Breast," in addition to which he was an occasional contributor to the Medical journals.

Subsequently to his retirement he resided at Knightsbridge, and having purchased property amidst the wild and romantic scenery of Connemara, in the county Galway, with which he was particularly charmed, he erected Kylemore Castle, at an outlay estimated at upwards of sixty thousand pounds, a residence which, with the adjoining demesne laid out with singular magnificence, now forms one of the most alluring attractions of "The Western Highlands" to the tourist, of whom several visit this part of the country every season.

If Mr. Henry remains faithful to the Profession (as we doubt not but he will) during his parliamentary career now commencing, and fosters it as a "friendly brother," whilst we congratulate the electors of the county Galway on their selection, we may well congratulate ourselves on the possession of another Medical member, on the fact of a seat being secured to a surgeon of practical experience in the working details of his Profession, once an hospital surgeon and teacher, Mr. Mitchell Henry (of Our's).

Consumption of Intoxicating Drinks.

The following figures will show the quantity of spirits, beer and wine, in gallons, consumed in the British Islands at intervals of fourteen years :—

Years.	1840.	1854.	1868.
Ardent spirits ...	29,216,260	30,163,933	29,407,499
Foreign wines ...	7,000,486	6,813,830	15,064,628
Ale and beer ...	570,799,196	618,635,188	896,533,416
	607,015,942	652,602,951	941,005,543

The population has increased only two millions during these twenty-eight years.

Recent Medico-Scientific Patents.

J. C. Newburn, of London. Improvements in apparatus for injecting and ejecting fluids.

J. H. Johnson, of London. Improvements in the preservation of meat and other animal matters.

W. Spence, of London. Improvements in bedsteads for invalids.

J. Gamgee, of Great Winchester street buildings. Improvements in medicating cotton and other fibres for sanitary and surgical purposes, and in machinery employed therein.

G. Glover, of Marylebone. An improved invalid bedstead. Dated 30th Dec. 1870.

A New Test for the Phosphates.

Dr. Heisch found that sugar was a very delicate test for water contaminated with sewage, its addition showing in a short time, with the aid of the microscope, some very characteristic fungoid growth. Dr. Frankland corroborates Dr. Heisch's results. But he has found that the presence of sewage matter alone in water is not sufficient to produce this singular result. It must be accompanied by the presence of some of the phosphates. He also finds that germs from the atmosphere in company with phosphates yield similarly formed cells. The conclusion therefore is, that though sugar is not a reliable test for sewage matter, it is likely to prove a wonderfully delicate indication of the existence of phosphates.

Mr. Fairlie Clarke has been appointed Assistant-Surgeon to Charing Cross Hospital.

The Preservation of Pepsine.

Dr. Lionel Beale writes to *Nature* to the effect that the means hitherto adopted for preparing pepsine for medical purposes are clumsy and inefficient. Dr. Beale, however, claims one exception, a process described by himself in 1858. It simply consists in quickly drying the mucus expressed from the pig's stomach glands upon glass plates. The dried mucus is then powdered and kept in stoppered bottles. It retains its properties for years. Eight-tenths of a grain will dissolve *one hundred grains* of coagulated white of egg. From this powder is easily prepared by solution in distilled water a perfectly clear and colourless digestive fluid of great activity, wich *can be readily filtered.*

The Healthfulness of Queensland.

From the Annual Report of the Registrar-General of the Colony we learn that miasmatic diseases have usually been very fatal; but notwithstanding the annual increase in the population, the proportion of deaths are gradually decreasing.

From constitutional diseases a comparatively small proportion of deaths occur, and there can be no question that the percentage under tubercular diseases would not be nearly so great were it not that many persons suffering from phthisis come from other colonies in an almost hopeless state of health, trusting that the salubrious nature of this climate may be of service to them, but ultimately die here, causing the rate of mortality under that head to be greater than would otherwise be the case.

Of local diseases, by far the most numerous deaths take place—first, from diseases of the nervous system, and, secondly, from those of the respiratory system.

It may not be uninteresting to notice that the climate seems to have no effect in lessening the proportion of deaths in this class.

The proportion of those resulting from accident or negligence is very large when the number of our population is taken into consideration. No less than 166 males and 21 females died from this cause in 1869, being a percentage of 10·62 to the total deaths. Drowning, and accidents caused by horses, seemed to be the most numerous of deaths classified as above.

Insalubrity of House Foundations.

There has been a great outcry in Liverpool against the bad odours found in that town, said to arise from the offensive deposits on which the houses are built. The land was raised to the level of the highway by street sweepings and midden ashes being cast into the hollow. Dr. Stallard maintains that these foundations emit vapours injurious to health, while Dr. Trench stoutly asserts that they are sound and healthy, and that if perchance any vegetable or other organic matter should be hidden in the rubbish, it would gradually decay without evolving noxious gases, according to the chymical law of eremacausis, or secret combustion.

One whole district is built on "made" land. There was a deep hollow between the two highways, and to obtain easy gradients and cross-streets level with the arterial thoroughfares, the intervening space was filled up with rubbish of every conceivable kind. Millions of tons of street sweepings, ashes with more or less feculent matter adhering, and manufacturing refuse of every description, were deposited on the tract of land known fifteen or twenty years ago as the "Cotton Field." The houses were immediately built upon this foundation, without any interval being allowed for the land to solidify or the organic matter to decompose. The work of building houses on this seething mass frequently began at one end of the contemplated street before the process of filling up was finished at the other.

Royal Commission upon the Contagious Diseases Acts.

THE agitators against the Contagious Diseases Acts have joyfully seized upon the indiscreet and objectionable statement of Mr. Gladstone that, in his opinion, the Acts should stand or fall on moral grounds alone. They take from that statement the same deduction as we gave expression two weeks ago, and they are accordingly triumphantly expectant that scientific evidence, however convincing, will avail nothing.

We totally dissent from Mr. Gladstone's views of the matter, and we do not regard the religious question as even a very important consideration in the controversy. The Royal Commission should inquire not whether certain puritanical dogmata are infringed, but whether the benefit to public health, morality, and comfort from the operation or extension of the Acts, is sufficient to counterbalance the objections to such infringement if it be found necessary.

It seems to us that the recognition of prostitution in order to control that traffic, and protect the lives of innocent children, as well as guilty parents, is much higher morality than the shielding of prostitutes from necessary supervision, in order that the penalty of loathsome disease may still attach to ill-doing, and that the rigidity of certain religious dogmata may be vindicated. The arguments of the agitators against the Acts that *no possible* public advantage could justify relaxation of *soi disant* religious principles, is about as sensible and admirable as the statement that chloroform in midwifery is wicked, because it helps to palliate one of the painful penalties of reproduction.

St. Thomas's Hospital.

WE do not see why our contemporaries should pretend to dictate to the Governors, respecting the selection from such a number of suitable candidates. On one or two points we have already spoken. Mr. Arnott and Mr. Barwell, both come forward at a very late hour, and as they have already good appointments, we confess to some surprise that they should offer to come in at the bottom of the staff. The contest for the assistant-surgeoncy, will probably lie between Messrs. MacCormack and West.

Mr. Wagstaffe is not to be opposed for the *resident* assistant-surgeoncy, as he voluntarily foregoes his claims in the higher appointment. These are not small, as he has worked hard and well at St. Thomas's, and we hope will, in due course, reap the reward of his modesty now, by mounting without opposition the other steps, as vacancies occur.

DR. MORRIS thinks the Turkish bath most valuable in removing dropsical accumulations—particularly those of Bright's disease.

The Precedence of Medicine.

WE observe that a very proper reticence has been observed by the representatives of the Medical Profession in Ireland—the Presidents of the Colleges of Surgeons and Physicians, Mr. Albert Walsh and Dr. Banks—in that they refrained from attending the banquet of the Lord Mayor of Dublin, as long as their official rank remained unrecognised at the Mansion House. Two or three years ago Sir Dominic Corrigan, who was at the time President of the College of Physicians, felt constrained to retire from the banquet because due respect was not shown to his office by giving him a seat with the officials on the dais. Although twice these presidents have attended these banquets, and on some occasions have occupied seats on the dais, the President of the College of Surgeons felt that it was not desirable to subject his college, or himself, to the chance of being placed in a false position. He, therefore, communicated privately with the Secretary of the Lord Mayor, and as he had no understanding that his office would be treated with due respect, he felt obliged to absent himself.

When it is known that the Secretary to the Lord Mayor is himself a member of the Profession, and that the matter was brought previously under his notice, it is plain that the slight was well considered.

It is quite open to the Lord Mayor and Corporation to take such a course, but, in our opinion, the Presidents of our Colleges have acted very properly in maintenance of their professional dignity; and we hope that for the future their successors will exercise a similar abstention unless they are satisfied that Medicine is admitted on an equal footing with either Law or Divinity.

Public Health.

THE annual rates of mortality last week in the seventeen English cities and towns stated in the order of their topographical arrangement, were as follow:—London, 26 per 1000; Portsmouth 22; Norwich 19; Bristol 28; Wolverhampton, 27; Birmingham, 24; Leicester, 24; Nottingham, 25; Liverpool, 43; Manchester, 28; Salford, 30; Bradford, 28; Leeds, 24; Sheffield, 25; Hull, 19; Sunderland 21; and Newcastle-upon-Tyne, 26. The deaths from small-pox in the seventeen towns, which had been 214, 291, and 303 in the three preceding weeks, further increased to 327 last week. It is satisfactory to find that the epidemic still practically does not extend beyond London and Liverpool; as of the 327 deaths last week 218 occurred in London, 105 in Liverpool, and only 4 in the 15 other towns, of which 1 was returned in Portsmouth, Bristol, Manchester, and Sheffield. The annual death rate from small-pox last week was equal to 3·5 per 1,000 in London, while it was 10·5 in Liverpool. Of the fatal cases in London, 56 per cent. were returned as "unvaccinated," while the proportion in Liverpool was 50 per cent.

The Medical Education of Women in India.

ON this subject the *Edinburgh Courant* thinks it may be interesting to know at this time, when so much difficulty is experienced by the females of this country to get a medical education, that no such difficulty is felt in India. as may be seen from the following excerpt from a letter from the Inspector-General of Vaccination, in the North-West Provinces:—"I have just paid a visit to a girl's medical school in Bareilly. There were thirty girls, whose ages ranged from twelve to seventeen, all studying medicine under the sub-assistant surgeon and a matron. I examined them, and they answered very well indeed. They had a skeleton which they took all to pieces, and then one of them fitted it up again, giving the bones their Latin names. They are taught bandaging, which they do very neatly. One of the girls was supposed to have a broken leg, another a collar bone broken, another a jaw bone, &c., and all the different bandaging was done most expertly. They study three years, and if they pass a satisfactory examination they are allowed to practise amongst poor Europeans and high cast natives. Their real function is midwifery, and it must be a great boon to native women who are not allowed to see a doctor to have such well educated doctoresses to attend them in their confinement. Twenty-eight of the girls were native Christians and two were Mahomedans."

A Barber's Razor.

During the past week we have professionally seen two of the worst cases of *Sycosis Contagiosum*, which have ever come under our notice. Both patients were shaved by the same barber, and no doubt by the same razor as that used—for the barber acknowledges his fault—in shaving "a man with a bad chin." In one patient the yellowish scales have extended to the upper lip and sides of the face covered by hair. The vegetable nature of the disease, and the rapidity with which the seeds are transmitted from part to part, until the cryptogamic plant surrounds every hair follicle, is only too well known for repetition here. Our chief object in directing public attention to a most serious matter is, that barbers will learn, through us, to be more careful in indiscriminate shaving, and that the public seeking their aid will, for their own sake, insist upon what we hope will now become an universal practice in the shaving shop—namely, the razor to be immersed in some warm water before being applied to the face. This is pretty sure to destroy the vegetable organism, should any exist, on the instrument. Those who may have suffered from *Sycosis Contagiosum*, and the physician who has had experience in the treatment of it, alone know the protracted nature of a most unsightly complaint in yielding to treatment, and the value of the hint we offer in the simple immersion of the razor in warm water, and then wiped before use. Indeed, in the filthy shaving shops of our great towns, diseases of more kinds than *sycosis* are propagated; but with that we do not purpose entering upon now. Our simple desire being to record a painful occurrence with which we have met during the past week—a faithful corroboration of the testimony of Gustav Simon, of Gruby, of Vienna, and of the experiments made by Foville, who noted over and over again the transmission by contagion of *sycosis*, from the use of a razor employed in shaving an affected person. We understand legal proceedings may be, and perhaps will be, instituted in the case, to which we specially refer, but we fear the barber is a poor mark for damages—but even the question of money is no consolation to the unfortunate individual infected by *Sycosis Contagiosum.*

Dr. Thorne Thorne has resigned his office at the London Fever Hospital. We learn that Dr. Thorne has been permanently appointed to a post under the Privy Council. He has made many enquiries in a temporary position and all of them have been ably conducted.

Her Majesty the Queen has been vaccinated, and hopes her example will be generally followed.

The King of Sweden is slowly recovering from a recent severe attack of fever.

Sir D. Corrigan made his maiden speech in the House of Commons on the Ballot Bill.

Small-pox increased last week. The mortality in London from the epidemic having risen to 218.

Dr. Swayne is convinced of the great power of blood-letting over puerperal convulsions.

Dr. Cotton believes he was among the first to argue that consumption has many varieties.

Dr. Ferrier has been appointed Assistant Demonstrator of Practical Physiology at King's College Hospital.

Dr. Clapton has found the hypophosphites and cod-liver oil with an occasional dose of calomel and rhubarb more effectual than anything in strumous hydrocephalus.

Dr. Burdon Sanderson, F.R.S., has resigned the Physiciancy to the Brompton Consumption Hospital, by which a vacancy is created in the staff of that Institution.

Several cases of poisoning by chloral hydrate have been mentioned. They were people who took the drug without the directions of medical men.

The Corporation of London has agreed to allow the A. B. C. Company to erect some works at their own expense to experiment on the purification of the London sewage by their special process.

Dr. Wilks lately said to his class in a lecture published by a contemporary, that he knew no scientific principles in therapeutics. He does not deny the power of drugs as some have said. On the other hand, he has so much faith in their proper use, that he is not lead away to abandon those that have served him well on the commencement of every novelty. He has more faith in drugs than nine out of ten of the men who have doubted his faith, but does not profess to know how they act.

A Committee of citizens of Boston have erected a simple but appropriate monument to the memory of Dr. Wm. T. G. Morton, the discoverer of etherisation.

Upon its four faces are inscribed the following words:—Wm. T. G. Morton, inventor and revealer of anæsthetic inhalation.—Before whom, in all time, surgery was agony.—By whom, pain in surgery was averted and annulled.—Since whom, science has controlled pain.

The Committee suggest a national subscription for Dr. Morton's family who have been left in "straitened circumstances," and appeal to all who have felt the blessed influences of ether in the relief of pain, and are willing to receive the smallest sum.

SCOTLAND.

EDINBURGH UNIVERSITY.—It is stated, that on the recommendation of Sir Roderick Murchison, Mr. Archibald Geikie, Director of the Geological Survey of Scotland, will be appointed the first Professor of the new chair of Geology.

THE MORISSONIAN LECTURES ON INSANITY. — Dr. Arthur Mitchell will commence his second course of lectures "On Insanity," on Friday next, in the hall of the Royal College of Physicians. The course consists of six lectures.

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ON THE USE OF BROMIDE OF LITHIUM.

DR. S. WEIR MITCHELL, M.D., in the *American Quarterly*, gives the results of his experiments upon various bromides to ascertain whether or not any of them were free from the evil of causing destructive skin ulcers, I was struck with the fact that the bromide of lithium seemed to cause a more rapid and intense sleepiness than the other bromides.

This observation induced me to use it since then in certain obstinate cases, and to test it comparatively with the bromides of sodium, potassium, and ammonium. These results I propose to call to the attention of the College. Up to the time I mention, bromide of lithium was not used in medicine, so far as I am aware, but was extensively employed in certain photographic processes, for which it was manufactured perfectly pure.

This salt is very deliquescent, and was on this account better given in solution. As I shall have to point out it has seemed to me to act more rapidly than the other bromides, and this may be due to its easy solubility, which is ordinarily associated with a high osmotic equivalent. There has been some tendency of late to prefer the bromide of sodium to that of potassium as a therapeutic agent, because of its possessing a larger amount of bromine. If any reliance is to be placed on this test we should acquire a new reason for placing bromide of lithium above both of them. The percentage is nearly as follows :—

In bromide of potassium there is about 66 per cent. of bromine ; in bromide of sodium 78 per cent., and in bromide of lithium nearly 92 per cent.

I think the taste of the new salt rather less unpleasant than that of bromide of potassium, and rather more disagreeable than that of the sodium or ammonium salt.

The price of the lithium salt is at least four times that of the other bromides, but I am told that upon its larger use this difficulty will disappear.

My reasons, in brief, for bringing this new agent to the notice of the Fellows, are these :—

That it has seemed to me to act efficiently in some cases of epilepsy where bromide of potassium has failed.

That it is thus efficient in lesser doses than the salt just named.

That as an hypnotic, it is superior to the potassium salt and to the other bromides. To support these propositions, I select the following cases from my note-book.

J. T., æt. fourteen, had at twelve years of age, attacks of *petit mal*, which in two years became interspersed with convulsions, sometimes at night, sometimes in the day, but usually violent. The case originated in gastric disorder, which has been very unmanageable. A year ago, he began to take bromide of potassium in doses rising from ten to thirty grains thrice a day with various treatment, addressed to the stomachial conditions. At first the bromide controlled the fits, but gradually they returned, despite its increase to two drachms daily, while at the same time he suffered from insomnia. In this condition he returned to this city, where I again tried the bromide which had been abandoned in despair, he having a fit every three or four days and numerous little attacks. Here, as at his own home, bromide lessened the number of attacks one-half but no more, and the insomnia remained scarcely altered.

After trying valerianate of quinia and belladonna, I resorted to bromide of lithium, of which he took, at first ten and finally twenty grains *ter in die* with the effect of improving his condition, at once giving him sound sleep, and lessening both forms of fit, so that he had light convulsion only once in two weeks, and the *petit mal* not more than once in two days. Owing to the cost of the lithia salt, I returned, after two months, to the bromide of potassium, with at that time a result quite as good as that given by the bromide of lithium.

About eleven weeks ago, I determined to treat the gastric disorder by milk cure. Under this combination, his attacks have ceased, there having been none in eleven weeks ; the stomach being comfortable, the *petit mal* altogether absent, and the memory, previously much impaired, having become rapidly better ; so that the lad writes : "Life seems to me now quite a different thing from what it used to be." Of course I do not look upon him as cured, but I am glad to quote his case as one of the instances which I hope to lay fully before the Fellows, of success attained in epilepsy by this combination of milk cure and bromides, where the latter alone had failed.

Eliz. C., æt. nineteen, has had daily an epileptic fit on rising in the morning, or more rarely after breakfast. Anxious to compare the two salts, I gave her first bromide of potassium in doses of 25 grains thrice a day. This amount controlled the fits, which never returned unless she lessened the dose to fifteen grains, when she would have an occasional fit ; in some weeks one, in others two. Ten grains of bromide of lithium thrice a day absolutely controlled the attacks, so that in two months there were none. I could not trace in this case any sufficient cause of disease.

It is hardly necessary to take up the time of the College with the familiar details of epileptic cases. I have at present under my care a case of *petit mal* without convulsions, recurring twenty or more times a day. The patient is positive that eight grains of bromide of lithium exercises a better influence than triple that amount of the potassium bromide.

A brother of this patient has had for years fits of epilepsy, which occur about once in ten days ; he has a gastric aura, in the shape of slight nausea, which in most instances precedes the fit by nearly an hour. I used to order for this a mustard emetic, which sometimes broke the attack. He himself discovered, however, that twenty grains of bromide of lithium taken at once, in addition to his regular use of this salt, or of bromide of potassium, would at least two out of three times cut short the trouble. Now this result must have been due to some more sure or more speedy action of this salt, because the other bromides in like doses failed to so affect him. He is now doing remarkably well under the added use of milk cure.

I have now under my care Mrs. P., the wife of a physician. She has had for a year ringing in the left ear—some feebleness in the right leg ; rarely a tendency to aphasia, and more or less insomnia ; with noises and pain referred to the left temporal region. Bromide of potassium has proved of much service, but as it began lately to lose its power, I substituted, without her knowledge, ten grain doses of the lithia salt for twenty grain doses of the bromide of potassium. She remarked next day that the old medicine was doing her good again, and in fact the improvement in sleeping and in other respects was most distinct.

Miss V., an intelligent woman, after using the bromide of potassium for continued headache and insomnia, was placed on fifteen grain doses of the lithium salt. She is of opinion that the relief which follows always with her each dose of either salt, is much more rapid when bromide of lithium has been used, and that she sleeps sounder under its use.

Ch. P., teacher, married, æt. forty-four ; a victim of overwork, and various forms of trouble. Is incapable of any prolonged mental exertion, which flushes his face, causes intense pain between the shoulders, and insomnia. Has also frequent nocturnal emissions. Finding that the bromide of potassium, in twenty grain doses, thrice daily, was of great service, I requested him to use in place of it the lithium salt, and to observe the comparative results. He thinks the latter more unpleasant to take, but is of opinion that its power to bring sleep is greater, and indeed complains that it makes him feel too drowsy during the day.

It is needless to add to this evidence—and whether I am right or wrong in concluding that in bromide of lithium we have an addition of value to our list of bromides only larger future evidence can decide; I have long hesitated to lay the case before my medical brethren, and now trust that what I have here said may at least be thought sufficient to justify me in publishing my belief.

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CONTAGIOUS DISEASES.

A CORRESPONDENT sends us the *Intellectual Repository.* An extract from it conveys some notion of the manner in which the Contagious Diseases Acts are regarded by the non-medical world.

"In dealing with infectious diseases the aim of legislation should be to remove the causes of their prevalence, and thereby to restrain their virulence and check their extension. In the case of cholera or fever sanitary legislation never proposes to itself to palliate the evil and render it safe for persons to live in the scenes of disorder, negligence, and dirt, which produce and foster these diseases. And in like manner, in dealing with the fearful diseases springing from the indulgence of unrestrained lust, the aim of legislation should be to render this indulgence difficult, to restrain its prevalence, and to offer every possible inducement to a wiser and more orderly life. Much of the disorder which both the moralist and the religious teacher deplores, has its beginning in the difficulties which men find in securing a worldy position in which they can prudently marry. And many of these difficulties arise from the intense selfishness which is at the root of our social arrangements and institutions. No effort will correct these evils which does not sap the foundations of this selfishness, and elevate the more well-to-do portion of society into a more generous sympathy and kindly effort to assist the down-trodden and the indigent. The great desideratum is to offer facilities for marriage and present impediments in the way of fornication—to render the one easy and safe, the other difficult and dangerous.

"The natural man can only be governed by fear, but the recent measures by making sinful indulgence safe, remove the principal ground of fear, and open the prospect of safety in the practice of vice. By whatever means accomplished all legislation on the subject should involve two principles: the restraint of the evil; and, as far as possible, consistently with the freedom of the subject, its correction. The first of these principles is involved in all criminal legislation. We cannot extinguish theft, but we can keep it within reasonable bounds. Neither can we extinguish fornication, but we may and ought to adopt measures to make manifest its iniquity, and to restrain its practice. We cannot make men virtuous by Act of Parliament, but we ought to adopt such measures as may bring the fallen, in their seasons of sorrow and compunction, under the moral and spiritual influences most likely to promote their improvement and correction. We cannot deny to the diseased the benefits of the hospital. To do so would be to utterly reject the great lesson involved in the parable of the good Samaritan. But our hospital should be so conducted as to promote the moral and spiritual as well as the physical health of the fallen. The continental practice of requiring these women to return, as 'a sow to her vomit,' to their former life, is an outrage on all Christian principle and on every precept of 'the glorious gospel of the blessed God.' Rather should their returning health be accompanied by moral and religious instruction and industrial training that they may be prepared to relinquish a life of crime and to provide by industry and usefulness for their worldly necessities."

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Literature.

LESSONS IN ELEMENTARY PHYSICS.[*]

THE book before us is not a voluminous work. However, it deals for its size in rather a descriptive, and certainly in an expository manner. *Concise Lessons*, methodically arranged, is perhaps a better description of this work than any the Reviewer could give. The author, in his Preface, acknowledges his indebtedness to Professor Tate for assistance in the arrangement of the different branches of physics, and of their connections. We cannot speak too highly of the care which has evidently been devoted to the *method* of construction. Method is, we think, one of the fundamental principles of study and, in our opinion, it has received full justice in the work before us. Heat, light, electricity, magnetism, &c., are treated as varieties of energy, the laws of which, says the Author, form the thread upon which the various divisions of the subject are strung together.

Therefore, before the Author comes to consider the special active agents, such as light and heat, the first portion is taken up with the laws of motion and the forces of nature.

In speaking of the one great and recognized principle of physics, namely, the conservation of energy, the Author says, "The production of a perpetual motion has long been one of the dreams of enthusiasts. Their great ideal of mechanical triumphs was a machine that, without requiring to have any labour bestowed upon it, or to be fed with fuel of any kind should continue to perform work for ever, a clock which could wind itself up, or an engine that would go on without coals, would be a machine of this description. In their endeavours to attain their object the advocates of a perpetual motion must often have started questions which the natural philospher is not always able to answer. We do not know all the properties of matter, and are not always able to predict what will happen under every conceivable combination of natural forces. At last, in an inspired moment, the philosophers conceived the idea of replying to all the questions of the enthusiast by denying the possibility of the perpetual motion, and by asserting that it is just as impossible either to create or destroy energy, as it is to create, or destroy matter. Nay, it is clear that the only way of establishing the truth of a principle of this kind is by trying it in a number of cases, and if it succeeds in explaining the peculiarities of each case, we have strong grounds for believing in its truth; it is a tree that must be tested by its fruit. The principle of the conservation of energy has stood the test and not only so, but it has also greated assisted us in finding out new facts and laws of matter, so that we have much reason for believing in its truth. The different kinds of energy being transmutable one into the other but not capable of creation." The matter in this book is exceedingly well condensed, and thoroughly represents the physics of 1871. From its portable form and many other points in connection with it, it is one of the best manuals of physics extant. It is nicely got up and contains a coloured plate of the spectra of the sun, stars, and nebulæ.

SCORESBY-JACKSON'S "MATERIA MEDICA."

A REVISED and enlarged edition of Dr. Scoresby-Jackson's "Materia Medica"[†] has appeared, and deserves a word of welcome from us. We spoke in high terms of the first edition, and our verdict has been ratified by the Profession. The new edition has been entrusted for revision to Dr. Angus Macdonald, the Examiner in Chemistry at the Edinburgh College of Physicians, who formally lectured on the subject of Materia Medica and Therapeutics at Surgeons' Hall. We therefore confidently looked for it to be brought down to the present state of knowledge, and are not disappointed. A number of new remedies have been introduced since the lamented death of the author, and these it has been the duty of the editor to give an account of. He has done it in a manner worthy of the book, and will probably desire no higher praise.

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[*] "Lessons in Elementary Physics." By Balfour Stewart, LL.D., &c. London: Macmillan and Co.

[†] "Note-book of Materia Medica, Pharmacology, and Therapeutics." By R. E. Scoresby-Jackson, M.D., F.R.S.E. Second edition. Edited by Dr. Angus Macdonald. Edinburgh: Maclachlan and Stewart. 1871.

Among the new drugs, chloral and carbolic acid may be named as those one naturally turns to. It has been besides, necessary to re-write some other articles, as, for example, bismuth, bromide of potassium, digitalis, conium. Further, it was needful to introduce all the new preparations of the last edition of the *British Pharmacopœia*, and to convert the chemical formulæ into the new notation.

It will thus be seen that Dr. Macdonald's editorship has been by no means nominal, and that he is entitled to a fair share of the credit of making this second edition worthy of the lamented author's name. It is a most valuable manual, and in form and size very convenient. We are glad to commend even the getting up, for the clearness of the type is a great advantage, and the edges of the book are ready cut.

DA COSTA'S DIAGNOSIS.

We have before us the third edition of the Pennsylvania Clinical Professor's work on "Diagnosis."[*] The first edition appeared six years ago, and was at once successful. It is now the most elaborate of recent works on the subjects, and so far as a book on diagnosis can be of service to the student and practitioner this seems to deserve the success it has obtained.

The author takes symptoms—not diseases—as his point of departure and this method has much to commend it especially to students. The third edition has been carefully revised so that it includes all the recent aids to diagnosis that have been perfected in the last few years. We do not say that Da Costa should displace British Manuals of Diagnosis, but assuredly it is the finest work the Americans have produced on the subject, and will be a valuable addition to every medical library.

Correspondence.

LADY MEDICAL STUDENTS AND THE EDINBURGH INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your Journal of the 25th ult. there appeared an article from the pen of Dr. Naismith, of Edinburgh, referring to the struggle of the seven lady medical students against certain officials and students of the Edinburgh Infirmary, which bids fair to become as famous as the story of the seven against Thebes. With your permission, I would offer some observations on the facts and arguments embodied in that article.

On the first paragraph of that article, which professes to be an answer to a letter from Dr. Drysdale, I shall not further comment than to remark that the late decision, which excludes these ladies from attending the practice of the Infirmary, really shuts them out from medical graduation in Edinburgh, and thus practically prohibits them from studying there at all, except they should be content, as far as relates to Edinburgh, to remain in *statu pupillari* all their lives, or were satisfied, as in the case of the chemical scholarships, to spend time and money in attendance on lectures with a view to contending for honours which they might win, but would not be permitted to wear.

In the next paragraph we are told that the "nurse" argument has been ridden to death. But if there were not some life left in it, even in the opinion of Dr. Naismith, why should the entire paragraph be taken up in slaying the slain ?—though I do not think it has yet received the *coup de grace*. Permit me to notice some of the Doctor's killing arguments.

It seems that in the Infirmary the nurses are not in the habit of witnessing all sorts of "indelicate operations." In my time, the nurse attended, soothed, and supported the patient on the operating table, totally irrespective of the delicacy or indelicacy of the operation ; but, to be sure, this was during the earlier years of this century, before the somewhat inconsistent code of modern refinement on these subjects had come into force. At "visit" we are told also that the nurse either stands at the door of the ward or in the middle of the floor, and does not attempt to elbow her way into the "*mob*" of students round the bed. I am sure she would never dream of such an intrusion, especially if that "*mob*" included many or, indeed, any of that peculiar variety of "*thorough gentlemen*," whose character comports with smearing ladies' dresses with mud, and defiling their ears with foul language, and manifests its more genial and playful moods so exuberantly at a public meeting, as to compel the expulsion of these "*thorough gentlemen*" by the police. It is a pity that the respect for female delicacy, so sedulously observed and inculcated during operation and visit, seems by many to be reserved for such occasions alone, and is not displayed elsewhere.

But if the nurse's delicacy is thus protected during operation and visit, what precautions are taken for that purpose during the intervals between visits ? Are male nurses detailed to wait on these patients ? Such does not appear to be the case. If female nurses attend, then one would be curious to know how their ministrations are regulated and limited so as to consist with the delicacy considered so indispensable in a nurse. I know something of sick rooms, both in public hospitals and private houses, and confess that I cannot conceive what may be the nature of those regulations and limitations which shall be compatible with the discharge of their duties.

Dr. Naismith cannot see the "shadow of analogy" between the position of nurse and that of a lady medical student. Now, Sir, there is surely this analogy : that both are occupied about the sick, and the latter, as, indeed all students, may, and often are, called to fulfil the office of the former. Indeed, I believe that if the lady medical students had been content not to outstep this analogy, we should never have heard of the loss of female propriety and delicacy they are supposed to incur.

But we are told "the aspirations of the hospital nurse soar no higher than the station of life in which Providence has placed her ; whereas the lady medical student reads the same books, dissects the same subjects, and examines the same cases, being, in fact, in every way on the same footing with her male friends." Just so ; she aspires to be something more than a menial,—she arrogates to herself an offensive equality with "her male friends," even carrying off a full share of the premiums for proficiency, and possibly she looks forward to a still more offensive rivalry, which her "male friends," both professors and students, each acting according to their kind, combine to prevent, thus disappointing her aspirations and relegating her to her proper station of inferiority.

When Dr. Naismith speaks of the "advocates of mixed classes," he seems to include under that description all who favour female medical education. The fact, however is, that few or none of the friends of female medical education, in these countries, at least, advocate mixed classes—as such. On the contrary, they foresaw that grave inconveniences might attend them, though they could not anticipate among these inconveniences such peculiar manifestations of the "sentiment of delicacy" with which the Doctor endows the male students as were displayed the other day in Edinburgh. These classes were, in fact, accepted only because they were the condition indispensable to the attainment of the object in view, inasmuch as under existing educational arrangements there seemed to be only the choice between medical education for women in mixed classes and no medical education at all ; and while the friends of female medical education adopted the former alternative, their opponents would seem to have foreseen and chosen the latter. When the Doctor also complains that these "sentiments of delicacy aroused among male students" by the intrusion of female students are ignored or ridiculed, he should remember that they are confined to certain localities, and, what is stranger still, that they are latent, if not non-existent for months or weeks at least, even in places where they suddenly display themselves with unaccountable and alarming intensity, as at Edinburgh.

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[*] "Medical Diagnosis, with special reference to Practical Medicine. A Guide to the Knowledge and Discrimination of Disease." By J. M. Da Costa, M.D., Lecturer on Clinical Medicine, and Physician to the Pennsylvania Hospital, etc., etc. Illustrated with Engravings on Wood. Third Edition, revised. 8vo., Pp. 844. Philadelphia: J. B. Lippincott and Co., 1870. London: Trübner and Co.

The Doctor, too, passes over the fact that the lady students, previous to the adjourned meeting of the contributors to the Infirmary, had formally declared that they did not ask for mixed classes, and that three of the medical officers of the Infirmary had expressed their readiness to make provision for the separate attendance of these ladies on the practice of the wards over which they presided.

When one reads the strange arguments, or rather pretences, under which a proposal so moderate and equitable has been set aside, and listens to the pathetic appeal to the "justice and hospitality of Edinburgh" made by the brave woman, who—unawed by the logic of the professors, and undeterred by the yells and missiles of the "mob" of students—came forward to plead for the "little band of women, who have faced every difficulty and braved almost every form of obloquy to carry out that which they honestly believed to be their duty and mission,"—and lastly, when one recalls the brutal and unmanly outrage which seems to have been the starting-point of these proceedings, it argues a very robust faith in the "sentiment of delicacy on the part of the male students" to credit it as the actuating motive of such a consummation procured by such means. Dr. Naismith doubtless has such a faith. I confess that I have it not.

If you will afford me space in a future number, I should wish to attempt an analysis of the speeches delivered by Dr. Muirhead and others at the meetings of the Contributors to the Infirmary.

I remain, Sir, your obedient servant,
JOHN ELLIOTT, A.M., M.B.
Waterford, Feb., 1871.

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Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday the 20th ult., the following gentlemen having conformed to the bye-laws and regulations, and passed the required examinations, were granted licences to practise physic, including the practice of medicine, surgery and midwifery :—William Beatson, M.R.C.S., Guy's Hospital ; Nathaniel Edward Davies, M.R.C.S., Sherborne ; Henry Edward Dixon, M.R.C.S., Wallington, Tetsworth ; John Jolliffe, M.R.C.S., Crewkerne ; Germain King, M.R.C.S. Widnes ; Thomas Lacey Warner, M.R.C.S., Guy's Hospital ; William Smith Paget, M.R.C.S., 23 Ampthill square, N.W. ; George Henry Pedler, M.R.C.S., 6 Trevor terrace, Knightsbridge, S.W. ; Arthur Wiglesworth, M.R.C.S., 1 Brougham terrace, Liverpool ; Theophilus Woods, L.R.C.S.I., Llandilo, S. Wales.

Apothecaries' Society of London.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, last Thursday :—J. P. Bradley, Birmingham; W. T. Drew, Stow-on-the-Wold ; J. W. Fordham, Stepney ; A. J. Moore, Debenham ; J. Reed, Stoke, Devonshire ; H. Williams, Gloucester. The following gentleman also passed his first professional examination :—E. R. Spencer, University College.

The late Dr. John Addington Symonds, F.R.S.—The profession at large will learn with sincere regret of the death of Dr. Symonds, one of its most eminently scientific members. The deceased had been ailing for some months past, and his death occurred somewhat suddenly at his residence in Clifton, on Saturday last. He was born in 1808, and shortly after his admission to the ranks of the profession, distinguished himself by some valuable contributions to physiological science, when he was the lecturer on Forensic Medicine, at the Bristol Medical School. He was elected F.R.C.P. Lond., in 1857, and in the following year, delivered the Gulstonian Lectures at the College. Those who knew him personally, will deplore the loss of a firm and true friend, and the profession in general of one of its most distinguished ornaments.

The Infant Hippopotamus of the London Zoological Gardens, died from exhaustion. This is a great loss to the Society.

Royal Ophthalmic Hospital.—The annual general meeting of the above institution was held on Friday last, Sir John Lubbock, M.P., in the chair. The following is an abstract of the report read by the Secretary :—During the past year there had been a large increase in the number of the applicants for relief, and owing to the favour with which the hospital was looked upon, the applicants came from all parts of the United Kingdom. The number of in-patients during the past year requiring operations had been 704, and of those not requiring any operation, 212. The out-patients in the same period had been 18,660, with total attendances, 93,300. The patients discharged cured were 94 per cent. During the past year a new wing had been added to the hospital, containing eight wards and forty beds. The surgeons and physicians who attended the hospital were all men of science, eminent in their profession, and who gave their valuable service gratuitously. A donation of £1,000 from "T. R. C." had been received for the building fund. The total income for the year had been £7,796 16s. 8d., and the expenditure, £4,669 14s. The sum of £2,970 had been invested, and there was a cash balance of £157 2s. 3d. The invested stock was £20,668. The report was unanimously adopted.

Presentations at Her Majesty's Levee.—On Saturday last the following members of the Profession, had the honour of being presented at Court :—Dr. Burrows, F.R.S., on his appointment as Physician Extraordinary to the Queen ; Mr. F. Bramley Baker, Grenadier Guards ; Dr. E. S. Cleveland, Mr. C. Gray, Dr. J. H. Connel Whipple, Coldstream Guards, Dr. Lyon Playfair, M.P., Dr. Arthur Farre, Dr. Frederic Farre, Dr. C. Douglas Phillips, Dr. H. Cooper Rose, Dr. Hall, Dr. Sieveking, Dr. Robert Hall Moore. The Director-General of the Naval Medical Department, the Inspector-General of Hospitals, &c.

Newspaper Statistics.—From the *Newspaper Press Directory*, for 1871, we extract the following on the present position of the Newspaper Press :—"There are now published in the United Kingdom 1,450 Newspapers, distributed as follows :—England—London, 261, Provinces, 851, 1,112 ; Wales, 53; Scotland, 131 ; Ireland, 138 ; British Isles, 16. Of these there are 88 daily papers published in England—Wales, 1 ; Scotland, 11 ; Ireland, 19 ; British Isles, 1. On reference to the edition of this useful Directory, for 1851, we find the following interesting facts—viz., that in that year there were published in the United Kingdom 563 Journals ; of these, 18 papers were issued daily—viz., 13 in England, 2 in Scotland, and 3 in Ireland ; but in 1871 there are now established and circulated 1,450 papers, of which no less than 120 are issued daily, showing that the Press of the country has very greatly extended during the last twenty years, and more especially so in daily papers ; the daily issues standing 120 against 18 in 1851. The Magazines now in course of publication, including the Quarterly Reviews, number 638, of which 236 are of a decidedly religious character, representing the Church of England, Wesleyans, Methodists, Baptists, Independents, and other Christian Communities."

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Traumatic Tetanus.

IN the *Canada Lancet*, Dr. G. D. Lougheed relates the following interesting case :—On the 13th December I was called to see a patient, aged eight years, who had received a slight wound on the knee from an axe, the corner of which had penetrated to the bone, dividing the superior internal articular artery. I succeeded in arresting the hæmorrhage at once, by means of a compress and bandage. Called next day and brought the edges of the wound together, sustaining them by means of strips of adhesive plaster.

Heard nothing more from my patient until the 20th, when I was called again by his father, who said his boy complained of a "soreness about the throat" that morning. I found at once that peculiar expression of countenance, *risus sardonicus*, characteristic of tetanus. By this time, 9 a.m., the jaws could not without difficulty be separated ; pulse, 130, full and strong, with a profuse perspiration. There was nothing unusual about the wound, which was not more than half-an-inch in length. Cicatrization appeared to be going on nicely, attended by little or no inflammation in the adjacent structures. On learning that the bowels had not been moved since the accident, now seven days, notwithstanding the frequent administration of patent pills, I administered an enema at once, prescribing at the same time a full dose of calomel and jalap, with tinct. cannabis indica and quinine. Six hours having elapsed, two drops of the ol. tig. were given, but without any effect on the bowels whatever. Called again in the evening, found the spasms had extended to the muscles of the back and lower extremities, producing *opisthotonos* in a marked degree, the paroxysms occurring every few minutes. Ordered the constant application of ice to the whole length of the spine, together with the administration of twenty drops tr. opii, to be repeated in the course of a few hours, should the spasms continue. This gave almost instantaneous relief for a few hours, when the spasms again set in, increasing in frequency and severity until 7 a.m., when death supervened from the complete exhaustion which followed the violence of the paroxysms, notwithstanding the support given by means of beef tea and wine.

Treatment of Chancroids.

Dr. **Charles C. Shoyer** reports, in *the Canada Lancet*, the treatment of chancroids by the following plan. I apply subnitrate of bismuth as a dusting powder with tannin (but do not think the latter essential) as follows :—℞ Bismuthi subnit. 1 oz. ; tannin 1 dr.—M. S. Apply night and morning. I also apply an ointment of the same, bismuth. 2 drs. ; adeps. 1 oz. ; on lint or old linen, to prevent contact of the surfaces. Internally, the following ;—℞ Ferri et potass. tart. ½ dr. ; potass. chlorat. ½ dr. ; aquæ 4 oz.—M. S. One-half teaspoonful before meals. The worst cases recover in five days. I order the parts washed with soap and water twice a day, and then dusted ; afterwards the unguent applied on cloth.

◆

SMALL-POX AT QUEENSTOWN.

A meeting of the joint committees of the Corporation and the Board of Guardians was held for the purpose of taking the immediate necessary steps for protecting the people of Cork and Queenstown from the landing amongst them of persons suffering from the small-pox.

The Mayor read two letters addressed to the Mayor of Cork in 1866 when it was applied to have an hospital ship placed in the harbour. In them it was stated that no part of the expenses of attending or maintaining such a ship could be borne in the Naval estimates. That showed what course the Naval authorities would be likely to take if a similar application were made to them now.

Mr. **Cahill** said there were two ships in the harbour having small-pox on board. At present the Mayor of Cork or the Chairman of the Queenstown Town Commissioners had no power to prevent the landing of any one afflicted with epidemic, except it was yellow fever or plague, and cases of that kind seldom entered the harbour. Knowing the danger the harbour was in he did all he could to have an hospital ship established at Queenstown ; and he urged upon the Harbour Board the necessity of having one. The Harbour Board promised to give £100 a year to it ; and the Transatlantic Companies promised to give between them £100 a year also. When the quarantine laws were so defective, he thought they should do something to enable them to have vessels put in quarantine. Mr. Murphy had taken the matter up, and the members for the city and county were anxious to support him in obtaining the hospital ship. If they got one it would be a protection for the navy as well as the mercantile marine. He proposed the following resolution :—"That the Committees recommend the Board of Guardians and Corporation of Cork to petition the Treasury to accede to the request of our county and city members, to establish an hospital ship in Cork harbour, the Harbour Board being prepared to give £100 per annum, and the Transatlantic Steamship Companies giving £100 per annum also."

Mr. **F. Lyons** moved that an order in Council should be at once applied for, and that they should also apply for one of the large stores on Haulbowline as a temporary hospital. (Hear, hear).

Mr. **Julian** seconded that.

Mr. **Lyons**'s resolution was then put and agreed to unanimously ; and the Mayor was instructed to telegraph to Dublin Castle for the order in Council that evening.

Mr. **Cahill**'s resolution was also put and agreed to.

NOTICES TO CORRESPONDENTS.

☞ **Correspondents** requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Dr. Moore's valuable contribution "On Bronzed Skin," with an illustration printed in colours, is unavoidably postponed, the lithographer having failed to supply us with a sufficient number of illustrations in time for our present issue.

Mr. Morgan.—Your corrected proof was received in time, but the block to illustrate the paper had not arrived when we went to press. The communication is held over in consequence.

Dr. F. E. Clark—We hope to find room for your letter "On Publication in Medical Journals" next week.

Dr. Luther.—Your communication on "Typhoid Bronchitis and Typhoid Pneumonia" is accepted, and will appear as early as space permits.

Her Grace the Duchess of Somerset.—The address shall be altered as desired.

Dr. McGee, Belfast.—We much regret your journal was detained twenty-four hours by the postal authorities, and then surcharged. Upon making enquiries we found that as many as six or seven hundred copies had been similarly treated, the larger portion of the week's issue having previously passed through the head office before they discovered some informality on one page of the journal. As we cannot, of course, tell, out of our large subscriber's list, who has been similarly treated to yourself, we beg to apologise to you and a few other of our friends who have written, individually—and to those who have not complained, generally—for the annoyance caused by our innocent infringement of regulations for many years past, and which the postal authorities to our surprise and their own, had all of a sudden discovered.

Dr. McNab.—Copies were forwarded to the addresses given.

Mr. J. L. Milton.—We hope to have space for the continuation of your paper "On Diseases of the Skin" in our next.

An Infirmary Surgeon.—Accept our best thanks. The subject will receive attention, and we shall apprise you of our steps in the matter.

Nemo me impune lucessit.—We think it sufficient to say your letter was a simple attack on a clever physician. Confine yourself to the subject of the sale of hospital appointments, attack no one personally, and we shall insert your communication with pleasure.

L. J.—Dr. Horace Green, of New York, was the great advocate. Consult his work.

Dr. Waring-Curran.—1. Villa Saint Antoine, Nice. 2. *Vide Canada Lancet.*

Mr. D.—A *lusus naturæ* scarcely adapted for a medical journal. Consult the editor of your local newspaper.

Dr. J. L. S.—We are highly flattered by your compliments wafted over the Atlantic, and are truly proud to find the **Press** so popular with our brethren in America.

"BOND'S PLACENTAL FORCEPS."

To the Editor of "The Medical Press and Circular."

Sir,—In your last issue appears a letter from Dr. Luther, asking where he could procure the "Placental Forceps."

I believe that the same may be obtained from either Aitken or Wood, Surgical Instrument Makers, York, I think from the latter.

I remain, Sir,
Yours faithfully,
M. **Redman**, M.R.C.S.

Lincoln, Feb. 25th, 1870.

THE DUALITY OF VENEREAL SORES.

To the Editor of "The Medical Press and Circular."

Sir,—You have kindly inserted my remarks, I hope you will also allow me to correct a misprint on line 7 from the bottom of the page—"has met" should be has *vent*. I particularly wish to make this correction because I intended to suggest that bubos, where pus is formed, should be opened, if they do not break, and not left to subside; believing that perfect pus, as a rule, will carry out this poison, and thus prevent secondary (syphilis) efforts for its removal. I knew a case in which the glands suppurated after an indurated chancre, and instead of opening the abscesses, they were left in the expectation that they would break. But they subsided and the patient died a few months afterwards with obscure disease of the bowels. To inoculate with syphilitic poison, do you know, is contrary to the letter of any of the British laws, and would a surgeon, causing death by inoculating a patient with syphilitic poison, whether taken from the patient's own body or from the body of another person, be chargeable with manslaughter ?

I am, yours obediently,
D. R. **McNab**, M.R.C.S.

Epping, Essex.

P.S.—I believe that mercury, when it removes the indurations of syphilis, aids the ingress of the poison ; but after the poison has entered the system, if mercury be given the vital efforts to drive out the mercury may drive out also the syphilitic poison. I have confidence in ten grain doses of carbonate of ammonia given every two, three, or four hours for some weeks in primary syphilis.

A SUBSCRIBER'S SUGGESTION TO REMEDY THE EFFECTS OF THE POST-OFFICE PROHIBITION.

To the Editor of "The Medical Press and Circular."

Sir,—You know how boots and shoes are nailed and sprigged in Leicester, if you do not you ought by this time to know its ingenious method of nailing together leather as well as leaves of paper.

To combat the Postmaster's dislike to stitches adopt the shoe manufacturer's sprigs which, when rivetted by a machine called, I believe "the eyelet-maker"—it may be eye-lighter for ought I know. Two of these eyelets would preserve a copy of your journal for a century or more, and, at the end of that time it would wear the features of a *Virgo Intarta*, instead of the disfigured looks it presents under the dispensation of the postman whom I shall shortly request to become bill-stickers instead of postmen, if a medical journal is to be scattered by the four winds of Heaven, or the foul hands of consulting-room dusting-maids, which I have experienced to be a painful case an hour or two after the paper has arrived.

The machine is simple, and any subscriber would willingly tender a mite towards the expense of its introduction and use.

Yours respectfully.
Leicester. John A. Bolton, M.D., L.R.C.P., &c.

[*,* We give insertion to the letter of our facetious correspondent—one of the many suggestions we receive weekly—because we strongly deprecate *the need* of such suggestions, and deplore the fact that our subscribers are put to so much inconvenience by so absurd a prohibition of the postal authorities to stitching the journal. We would advise those of our readers who have friends in Parliament—and who has not—to let them have no peace until they agitate for the repeal of this blot upon an otherwise very useful act.—Ed. M. P. and C.]

◆

MEETINGS OF THE LONDON SOCIETIES.

Royal College of Surgeons of England.—Wednesday, March 1st, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

Royal Medico Chirurgical.—8 p.m. Annual Meeting.

Royal Institution.—Thursday, March 2nd, 3 p.m. Dr. Odling, "On Davy's Discoveries."

Harveian.—7 p.m. Council Meeting.——8 p.m. Dr. Tilbury Fox, "On the Lichen Planus of Wilson."

Royal College of Surgeons of England.—Friday, March 3rd, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

Royal College of Physicians.—5 p.m. Gulstonian Lectures; Dr. Gee, "On the Heat of the Body."

Royal Institution.—9 p.m. Capt. Noble, "On the Pressure of Fired Gunpowder."

Royal Institution.—Tuesday, Marth 4th, 3 p.m. Prof. Jowett, "On Socrates."

Medical.—Monday, March 6th, 8 p.m. General Meeting to Elect Officers.

Pathological.—Tuesday, March 7th, 8 p.m. Ordinary.

◆

VACANCIES.

Ennistymon Union.—Medical Officer for the Dispensary District. Salary £100 per annum, exclusive of fees. (See advt.)

Tullamore Union.—Kilbeggan Dispensary District. Medical Officer. Salary £90 per annum, exclusive of fees. Election, 13th inst. (See Advt.)

Birmingham Union.—Five District Medical Officers. Each appointment to be held for twelve months at £200 per annum, with extra fees.

Dursley Union.—Medical Officer. Salary £80, with fees extra.

Knighton Union, Radnorshire.—Medical Officer. Salary £20, with fees.

Bradford Infirmary.—Resident Medical Officer. Salary £110.

Swansea Hospital.—Resident Medical Officer. Salary £100, with board.

St. Mary's Hospital, London.—The Chairs of Chemistry and of Practical Chemistry in the Medical School.

London Fever Hospital.—Assistant-Physician. Honorary.

St. George's in the East.—Two District Medical Officers. Salary £280 per annum each.

◆

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Naval Medical Service. By F. J. Brown, M.D. Lond.

On Vaccination and Re-vaccination. By a Non-Professional.

Seventeenth Report of the Rescue Society of London.

Report of a Public Meeting held in Marylebone on Compulsory Vaccination.

Nature; Chemical News; Science Gossip; Chemist's Advocate; Boston Medical Journal; New York Medical Gazette; Woodhull's Claflin's Canada Lancet.

◆

APPOINTMENTS.

Clarke, W. F., F.R.C.S.E., M.A., M.B., Assistant-Surgeon Charing Cross Hospital.

M'Cormac, H., M.D., L.R.C.S.Ed., Medical Officer to the Malone Protestant Reformatory, Belfast.

Murie, J., M.D., L.F.P. and S. Glas., Resident Medical Officer at the Bethnal House Lunatic Asylum, Cambridge road.

Parr, C. L., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the St. Pancras School, Leavesden, Herts.

Stewart, J. P., M.B., C.M., Medical Officer for Home Patients of St. Mary's Hospital and Dispensary for Women and Children, Manchester.

Tomes, C. S., B.A., M.R.C.S.E., L.D.S., Assistant Dental Surgeon to the Dental Hospital, Soho square.

◆

Deaths.

Evans.—On Feb. 18th, John Evans, L.R.C.P.Ed., of Queen's road, Bayswater, aged 46.

Evans.—On Feb. 18th, T. L. Evans, L.R.C.P.Ed., M.R.C.S.E., of Briton Ferry, Glamorganshire.

Pidwell.—On Feb. 12th, at Penzance, S. Pidwell, M.R.C.S.E., Demonstrator of Anatomy at the Middlesex Hospital, aged 25.

Reilly.—On Feb. 17th, M. F. Reilly, L.R.C.P.Ed., M.R.C.S.E., of Wigan.

Sloan.—On Feb. 19th, at Stoke Devonport, John Sloan, Ext. L.R.C.P.L., L.R.C.S.Ed., Deputy Inspector-General of Hospitals and Fleets, aged 62.

Waylen.—On Jan. 23rd, on the passage home, F. H. Waylen, M.R.C.S.E., Staff Assistant-Surgeon Army, aged 26.

Wollowicz.—At Netley, on Feb. 20th, Cyprian, Count Wollowicz, M.D., Staff Assistant-Surgeon.

Advertisements.

—o—

ROYAL COLLEGE OF PHYSICIANS.

1871.

THE LECTURES OF THE PRESENT YEAR will be delivered at the College, Pall-mall East, at Five o'clock on each of the following Wednesdays and Fridays.

Goulstonian Lectures.—Dr. Gee, March, 3, 8, 10, "On the Heat of the Body."

Croonian Lectures.—Dr. Parkes, March 15, 17, 22, "On some points connected with the Elimination of Nitrogen from the Human Body."

Lumleian Lectures.—Dr. West, March 24, 29, 31, "On some Disorders of the Nervous System in Childhood."

Members of the Profession are informed that they will be admitted on presentation of their Cards.

By Order of the President.

APOTHECARIES' HALL, BLACKFRIARS.—

The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, APRIL 28th and 29th. A Syllabus of the Subjects for Examination may be had on application.

An Examination in ARTS will again be held in the mon of SEPTEMBER, 1871.

R. H. ROBERTSON, Secretary to the Board.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Osnaburgh place, Regent's Park, N.W.—Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

Fee for Three Months, One Guinea.

CARLOW UNION.—MIDWIFE WANTED for the BAGENALSTOWN DISPENSARY DISTRICT.—The Committee of Management of the above Dispensary District will, at a meeting to be held at the Dispensary, at Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, noon, proceed to appoint a properly-qualified person to fill the office of Midwife for the above district at a salary of £20 per annum, with apartments. Sealed applications enclosing diplomas and testimonials, to be sent to Mr. JOHN MAGRATH, Hon. Sec. to the Dispensary Committee, Bagenalstown, on or before the 28th February instant.

Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON,
Workhouse, Carlow, 2nd February, 1871. Clerk of the Union.

ENNISTYMON UNION.—ENNISTYMON DISPENSARY DISTRICT.—The Committee of Management of the above District will, at their Meeting, to be held on the 8th MARCH next, at 1 o'clock, p.m., proceed to Elect a duly qualified person to the Office of MEDICAL OFFICER for the DISTRICT, in room of Dr. Shannon (resigned), at a Salary of £100 per Annum, exclusive of Registration and Vaccination Fees.

Applications, with Diplomas, and Testimonials, will be received by me up to 12 o'clock on the above-named day.

Personal attendance of Candidates required.

By Order,
FRANCIS D. DRILK, Hon. Sec.
Smithstown, Ennistymon; 21st Feb., 1871.

ADJOURNED ELECTION.

TULLAMORE UNION.—KILBEGGAN DISPENSARY DISTRICT.—MEDICAL OFFICER WANTED.—The Committee of Management of the above Dispensary District will, at their Adjourned Meeting, to be held at the Dispensary House, Kilbeggan, on Monday, the 13th day of March, 1871, at Twelve o'clock, noon, proceed to Elect a properly-qualified MEDICAL OFFICER for the DISTRICT, at a Salary of £90 per Annum, exclusive of Vaccination and Registration Fees.

Personal attendance of Candidates required on the day of Election. The person appointed to reside in the District.

Applications, with Testimonials and Diplomas, will be received up to 12 o'clock on the above-named day, by
MATHIAS M'MANUS, Hon. Sec.
Kilbeggan, 21st February, 1871.

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Mrs. Bakewell, the Grove, for Ladies. } Church Stretton, Shropshire.

Vide page 1016 in the Medical Directories for 1867.

COMPANION TO A LADY.—A Lady, the Widow of a Physician, who has been companion to a lady for the last four years, wishes for a similar situation. She has had considerable experience in cases of sickness and delicacy, and would be desirous of making herself generally useful. The highest references can be given.—Address, XX, Companion, Office of The Medical Press, 6 D'Olier street, Dublin.

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Dated this 9th day of March, 1866.

Sir Charles Locock, Bart.	Sir J. Ranald Martin, F.R.C.S.
Sir Henry Holland, Bart.	F. Seymour Haden, F.R.C.S.
Sir Wm. Fergusson, Bart.	A. Clark, M.D., F.R.C.P.
Edw. H. Sieveking, M.D., F.R.C.P.	

The Original of the above and many other Medical Reports and Testimonials are open to verification at PULVERMACHER'S GALVANIC ESTABLISHMENT, 200 Regent street, London, W.

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The *British Medical Journal* says:— "The Victoria Co.'s Wines command warm praise for their excellent qualities and their singularly low price. They are fully equal in all appreciable respects to a variety of Wines with which they have been carefully compared, but which are only procurable by ordinary buyers at twice and three times the price."

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188 Walworth road.
120 Lambeth walk.
239 Goswell road.
38 Park st., Camden tn.
16 Devonshire terrace, Notting hill gate.
49 The Grove, Stratford.

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 8, 1871.

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CASE OF BRONZED SKIN (MELASMA) WITHOUT DISEASE OF THE SUPRA-RENAL CAPSULES.

[*With Coloured Illustration.*]

By William Moore, M.D. T.C.D.;

King's Professor of the Practice of Medicine; Professor of Clinical Medicine, and Physician to Sir P. Dun's Hosp.; Physician to the Institution for Diseases of Children.

Sarah Dowdall, aged sixty-two, was admitted into Sir P. Dun's Hospital in April last, under the care of Dr. Aquila Smith, and on the 1st of May she was passed over to my care.

Her father died of some "paralytic" disease, and her mother died of pulmonary phthisis, at twenty-eight.

This patient had always been pale, slight, and delicate, but as her circumstances during her husband's lifetime were "easy," her health was moderately good. She had borne ten children, six of whom died young, two died of phthisis, and two are alive and healthy. She always lived in Dublin or the neighbourhood, and had no "coloured" relations.

On coming under my care she presented the following appearance: Her face generally was of a dark brown olive colour, whilst the lips and mucous surfaces of the eyelids were anæmic, and the sclerotic coat of the eyes of a "pearly blue colour, the pupils being minutely contracted." There were brownish discolourations on the right half of the tongue, and on the right buccal membrane. The skin on her neck was as dark as an infusion of strong coffee, but it became absolutely black in the axillæ and over the chest, abdomen, groins, pudendum, and inside the thighs. The arms, hands, and legs generally were of an olive brown colour, and the front of both tibiæ were darkly mottled. The skin had a peculiarly soft greasy feel, and the cuticle was peeling off the body and arms in parts. There was a most disgusting odour or emanation from the patient, which the nurse described as "sickening;" it may have been similar to that exhaled from people of colour, but I am not able from experience to state this with confidence. From this description it will be readily seen the patient might have been mistaken for a "mulatto." Her daughter stated that for the past seven or eight years her body from being pale had gradually been getting discoloured, the extremities being the last to take on the discolouration; for the past two years she had been getting emaciated, and when she came under my care she was reduced to a skeleton, and her appetite was quite gone. Her asthenia was extreme, and she was always in a drowsy state: to speak was a great effort to her, and then it only amounted to a well developed whisper, and gradually the asthenia increased till she gave up speaking almost altogether. A short time before she came into hospital her mind seemed to be giving way, and when I first saw her she was quite "demented," her delusions being of a quiet, passive, romancing order, which continued, at intervals, till her death.

A physical examination of her chest showed dulness over the apex of the right lung, where a dry rale could be heard; the heart's sounds were so faint as scarcely to be heard, and eventually they became "single."

Dr. Finney was kind enough to make a careful analysis of the urine of this patient, which had an acid reaction; a specific gravity of 1014, and contained neither sugar or albumen; in short, it presented nothing abnormal. My colleague, Dr. Thomas Little, found an excess of white corpuscles in the blood, but whether it was a relative or absolute excess, he was not prepared to state.

This case resisted all medicinal and stimulating treatment; in fact, the only thing the patient would take was "porter," of which she managed to sip about a pint in the twenty-four hours, which was in great part vomited, or more properly regurgitated. Things went on from bad to worse, and she became daily weaker and more drowsy, and finally, as if slept away, having made no complaint of pain from first to last.

In making the *post-mortem* examination I had the able assistance of my colleagues, Drs. Bennett and Little. The body generally was greatly emaciated; the heart was normal in size, and covered with a goodly amount of fat externally, but there was no fatty degeneration.

The liver was pale in colour but healthy, the spleen was normal in size and healthy; there were some peritoneal adhesions, and the glands of the abdomen generally, viz., the mesenteric and lumbar, were masses of tubercle, whilst a small cavity existed in the apex of the right lung, and the left was studded with tubercle.

The brain showed no evidence of disease; the kidneys were normal, and the capsules of a pale yellowish colour; the left slightly larger than the right, but neither of them enlarged or thickened in any way; their length did not exceed an inch and a quarter, whilst their width was somewhat less. A section showed the normal cortical structure (without any adventitious deposit of any kind) with the dark brown central part. Large branches of the semi-lunar ganglion entered these both on their upper part, but not larger than those off-sets from the ganglion, which are usually seen, nor larger than we could expect from the immediate proximity of these bodies to the ganglia.

A microscopic examination of capsules showed fine tubules in the cortical structure, which, as far as I could determine, was free from deposit of any kind, whilst the dark central part seemed made up of a fine net-work of veins. However, my colleague, Dr. Little (than whom it would be difficult to get a more competent opinion on an histological point of the kind), assures me he could find no adventitious deposit, or structural disease of any kind.

He says the organs are of very small size, though not perhaps smaller than might be expected in a woman of the advanced age of the patient; this smallness in size will be observed to have occurred almost wholly at the expense of the medullary portion. They presented an universally pale aspect—a characteristic, however, shared by all the other viscera. The capsules are occupied in no part by any local morbid development. The microscopic sections have the natural distinctions of the cortical and medullary regions well and normally marked. There is considerable deficiency (as compared with the healthy adult organ) of the latter.

I regret the semi-lunar ganglia were not examined microscopically.

Dr. Thomas Little has kindly given me the details of a case of bronzed skin, which occurred in the practice of Dr. Lynn, of Sligo, and which he (Dr. Little) had assisted in the examination of. In this case too, the supra-renal capsules were found perfectly healthy in structure; the organs were unquestionably of small size, the diminutive size being more remarkable, as the lady was not more than forty-five years of age. This lady, for some time before death, was of unsound mind. Though in sufficiently affluent circumstances, she was perpetually haunted by a fear of poverty, so much so as to deny herself the necessaries of life. This patient had been severely burnt about the hands and face from a gas explosion, and the scars left, were the parts on which the discolouration became most strongly marked. Trousseau[*] makes a similar observation. The bronzing, however, was well marked in other parts of Dr. Lynn's case, especially over the legs and arm-pits. Dr. Lynn writes of the case, thus—"I have no hesitation in saying that there could not have been a better marked case of melasma than than of Mrs. C., still there was no supra-renal disease."

I will now briefly call your attention to some cases of bronzed skin, which have been comparatively recently brought before the Pathological Society, and in what respects my case may be said clinically and pathologically to differ from them.

Dr. Hayden,[†] in 1865, showed the pathology of a case in which asthenia, vomiting, and the main symptoms were analogous to mine, but the discolouration in his case was more in blotches; in this case both supra-renal capsules were much enlarged, hard, and nodulated, and in another case which Dr. Hayden subsequently brought before the Society, the discolouration was in patches over the neck, chest, and abdomen, with intervening white skin, and in this case the cortex of the left supra-renal capsule was occupied by a more solid yellowish matter, which was found to possess all the characters of tubercle, and tubercles existed in the right lung.

In Dr. John Hughes' case,[*] whilst there was slight general discolouration, in some parts the "bronzing" was well marked, especially on the abdomen. Miliary tubercles were found over the pleuræ, and the supra-renal capsules were increased in size, and contained a deposit of lardaceous, yellowish, white substance, like a cut parsnip, which, on a microscopic examination, was manifestly of a strumous nature.

Dr. Heslop, of Birmingham, has published a case (in the *Lancet*, June 4, 1870), in which the deepest tint of "bronzing" was on the penis, except one spot, the cicatrix of a chancre, which remained perfectly white; and the late Professor Trousseau found a "bronzed" appearance of the face, and a blackish colour of the penis in a case of saccharine diabetes, and no morbid state of the supra-renal capsules.[†]

Dr. Habershon's typical case of "bronzed" skin, with disease of the supra-renal capsules (with which we are familiar through the Sydenham Society), if I am to judge from the picture, was not nearly so dark a case as mine. He accounts for the progressive character of the disease by the extensive deposit in the supra-renal capsule, keeping up a persistent irritation and exhaustion of the vaso-motor nerve. He believes the vomiting is due to the irritation of the branches of the pneumogastric nerve supplied to the gland, and the excessive prostration to the extension of the disease to the semi-lunar ganglion. In my case no such supra-renal deposit existed, and yet the symptoms of asthenia, vomiting, dementia, and "bronzing" of the skin, were progressive and persistent.

Dr. Addison said if he saw a patient who presented this peculiar discolouration of the skin, he offered no explanation of as to how, why, or where it came. He observed associated with that discolouration a certain train and combination of general symptoms, a pearly eye, a feeble pulse, a disposition of strongly marked anæmia, and a few other symptoms less constant and less urgent, and he then said, "there is a case in which you will find disorganization of the supra-renal capsules, the body is examined, and no other organs are found diseased,"[‡] and Dr. Wilks considers that what is more remarkable than the phenomena of the disease is the fact, that any other conclusion than Addison's can be arrived at concerning it; and further, he says, in most cases published "to disprove the connection between 'bronzing' of the skin and disease of the supra-renal capsules, the pigmentation has occurred in patches, and in others there can be little doubt that jaundice, pityriasis, ephelis, and ichthyosis have been mistaken for true discolouration." Now, every salient symptom alluded to by Addison was present in my case, whilst the "bronzing" of the skin did not occur in patches, and I can safely say it could not be mistaken for jaundice, pityriasis, ephelis, or ichthyosis; on the contrary, it was general, and to such an extent as to exceed any case I ever saw or read of, and yet there was no evidence of supra-renal disease. Viewing the case fairly, as far as our pathological and histological knowledge goes, it must be called a case of tuberculosis, but with no supra-renal disorganization.

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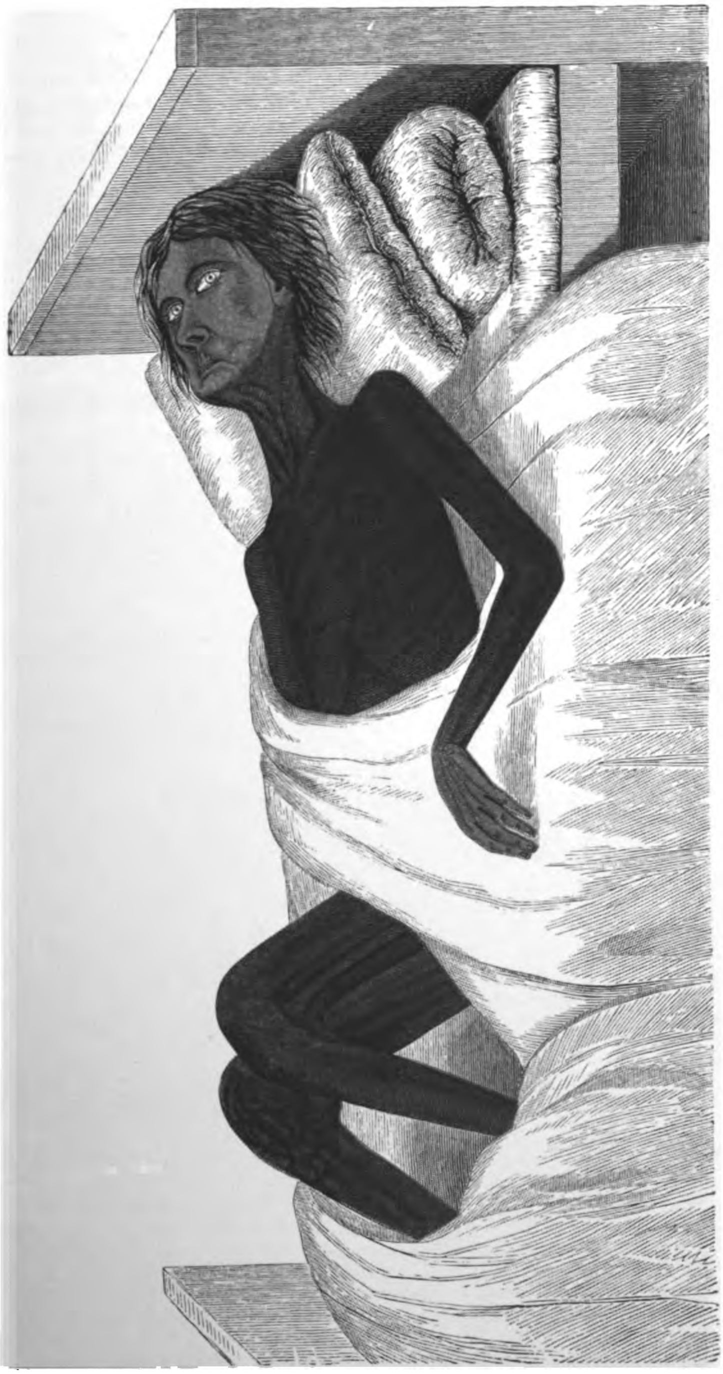
[*] Vol. iii., p. 536.

[†] *Reports* of the Pathological Society, Dublin. Vol. ii., Part 3, and Vol. iii., Part 1.

[*] *Dublin Quarterly Journal*, Nov. 1865.

[†] *Guy's Hospital Reports* Vol. x. 3rd Series.

[‡] Ibid. Vol. viii. 3rd Series.



ON THE NATURE OF THE VENEREAL POISON,

ILLUSTRATED BY A CASE OF ACCIDENTAL INFECTION OF A HEALTHY SUBJECT FROM A CONGENITAL LESION.

By John Morgan, F.R.C.S.I., &c.,
Professor of Surgical Descriptive Anatomy R.C.S.I., and one of the Surgeons to Mercer's and to the Westmoreland Lock Hospitals.

Part I.

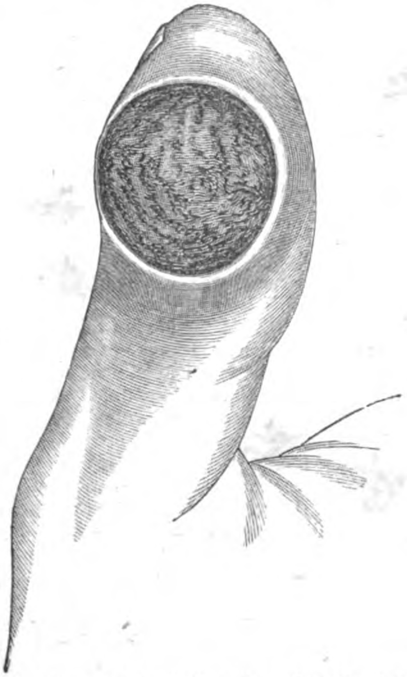
In the last number of your Journal, a rather verbose "rechauffé" of the usual syphilitic doctrines has occupied your space, and the writer, Mr. McDowell, referring to my late observations before the Surgical Society, endeavours to avoid the conclusions derived from the *facts* which I brought forward and submitted for discussion. For this purpose he alludes to the lists of cases which I have carefully noted, tested, and observed, as a "farrago," certainly not a term of professional elegance, and in this instance eminently unsuited, as the "mass of material is not confusedly mixed," but the tables of seventeen and thirteen cases have been so carefully observed and reported, that the results are evident to any mind of ordinary intelligence, as the report is impartial, and gives equally the cases where ulterior results were evidenced, and where they failed to appear.

The readers of your journal in these days are surely no schoolboys in their business, and can hardly require to sit at the feet of a new Gamaliel in syphilis, to learn its ordinary doctrines. There is no use in repeating "*usque ad nauseam*," the same trite theories and quotations from books on this subject. Everybody who is ordinarily informed in his profession, should be familiar with them. We now want facts, not theories. We want original investigations and observations, not mere assertions or *ipse dixtis* simply based on fancied superiority of intellect and powers of observation. We are all fallible, and when we wish to see our preconceived ideas carried out, are apt to be too easily biassed, especially in a subject which has interested so many. If we really seek to elucidate or discuss the arguments, we must ascertain that our premises are undoubtedly correct. For this purpose, to my mind the only decisive test, is that of auto-inoculation, as upheld by the holders of the dual doctrine. In this Journal, and in the *Dublin Quarterly Journal*, August, 1870, I have given a series of twelve remarkable incontrovertible cases, and, in addition, several others, where, from a secondary lesion, or from the secretions of an infected patient, the usually accepted type of sore and pustule characteristic of the non-infecting sore, could be produced with the greatest ease, and to an interminable series on already *infected* patients.

Inoculation from mucous patches will produce similar phenomena, and I am now fortunately able to prove this in an *untainted* person by the following very practical and interesting case :—

On February 11, 1871, a medical gentleman, of intelligence, aged twenty-seven, applied to me, suffering from an ulcer of the thumb, which I immediately perceived was of a venereal nature. He gave the following very definite history : He was never diseased in his life, and on examination there was not the slightest evidence of any such having existed. Five weeks previously he had wounded himself with a nail in the thumb. He unfortunately forgot this, and in a few days, while examining a syphilitic child, four weeks old, he removed with this thumb the secretion from the mucous patches about its face. In *four* days—he is quite positive—from this examination, the sore showed a specific appearance, becoming painful, and steadily increasing in size, till it had now assumed the figure and appearance represented in the accompanying illustration.

At this date the pain is severe, the surface is covered with a copious auto-inoculable thick pus, I have no doubt the lymphatics are red and angry along the arm, there is not the slightest glandular enlargement anywhere, epi-condyloid, nuchal, or inguinal ; there is a good deal of redness of the back and side of the thumb, and there is *not* an approximation to induration ; indeed, the whole ulcerated surface may be raised between the finger and thumb, almost like moist chamois leather. Unfortunately, however, there is an abundant papular rash evolving itself over the trunk, and some on the forehead, and the pain of the ulcer has kept him awake for nights.



A primary sore on a virgin soil produced by infection from a congenital Syphilitic lesion.

Surely here is an inoculation from a secondary lesion, an incubation of only four days, non-induration, copious secretion, a circumscribed margin, and painful ulcer. Yet the patient is now, unfortunately, thoroughly infected. The late Mr. Wallace in like manner, as written in his own hand-writing and in his original note-book, which is now before me, shows that by inoculation from condylomata on a child, "sores (condylomata) were produced in three days." Here there was not a prolonged incubative stage. He inoculated a healthy patient, aged forty, with condylomatous matter from another male and produced a sore "the size of a halfpenny," and from the same male inoculated the child, producing condylomata in three days. He did not produce typical sores, which on the principle of the disease repeating itself in its original type should have had an incubative period, and been an indurated or "syphilitic sore." Mr. McDowell states, that he is in that happy yet trepidating condition a man is supposed to be, when about making a proposal of marriage, he says "I believe I am certain," (he is not quite certain, but he would fain persuade himself he is), that "when mucous tubercles were most frequent in women, he observed an increased proportion of the syphilitic sores in men." He reads off the syphilitic barometer at any time, and I trust after some further consideration, will be able to give the mean of the syphilitic atmosphere for Dublin at all events, unfortunately, however, direct inoculations by Boeck, and by Richardson, and myself in Dublin, from mucous tubercles on already tainted persons, failed to produce the syphilitic sore ; the inoculations of Wallace so long since as 1835 on *sound* persons, failed to produce the syphilitic type. Nurses infected by patches from children fail to produce the syphilitic type of induration. Such cases as the gentleman I have now under my care, directly inoculated from

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patches on the face of a syphilitic child four weeks old fail to produce the "syphilitic sore." I do not deny that the recipients were thus constitutionally infected, but of course, to say that an infecting sore is such when it infects the system, is not any great addition to our means of prognosis. I now re-assert, that the tabulations of cases I selected as most decisive in testing the existence of a special poison are correct and impartially reported. I could, I doubt not, have repeated such experiences over and over, but as *facts* like these are more powerful than mere oracular dicta, I must challenge a similar series of observations and testings from Mr. McDowell, and am quite prepared to be influenced by the results of deductions from ascertained and settled data.

Induration is a matter of opinion, Mr. McDowell says rare and difficult to discover; I say rare comparatively, in females, but not (with any ordinary case) so difficult to discover as, excepting on the os-uteri, intra-vaginal sores may be said not to exist, why then should there be wonderful difficulty, specially as when a typical sore occurs it is most persistent, and could hardly escape observation. Mr. McDowell quotes my statement—"that in the Lock Hospital nearly all the patients were affected by soft sores, but that they had invariably been followed by syphilitic symptoms," and *so say I still*, yet further on he is inconsistent enough to gravely say that, "I have not realized or forgotten if I have, that there is a syphilitic sore in women which he believes by far the most common variety, which possesses very little hardness, and which is, nevertheless, truly syphilitic." I am happy to find my powers of observation were able to ascertain this, as I was the first to mention it in the remark above quoted by him, and my memory is quite capable of burthening itself with the stupendous weight of an every day fact, but not assuming to myself infallibility, or being content with the less troublesome method of drawing a theoretical conclusion, I tested very many cases by the only crucial one of auto-inoculation, and found that though eminently non-indurated, and being highly inoculative, the patient was thoroughly infected. Of course, it will be suggested that the true "point de depart" existed somewhere, but that it was beyond my ken, as this is not proved to have an existence *in esse*, I must deny it *in posse;* but as Mr. McDowell seems to retire from this first line of defence into a second one ingeniously contrived—of there being a truly syphilitic sore which possesses very little hardness—I agree with him; but I have found it unfortunately auto-inoculable, and therefore, according to theory, should not be syphilitic.

Behind these two defences, however, we have another construction of much ingenuity, specially with a view to the sometimes useful tactic of "advancing backwards" if too hard pressed. Mr. McDowel, when reiterating the usual definition of infecting and non-infecting sores, astutely remarks that the latter does not infect "except in exceptional cases." This is, indeed, a strategetic combination worthy of a syphiliographic Moltke—the non-infecting sore may, in "exceptional cases," be infecting; measles may present the phenomena of scarlatina, and scarlatina may evolve itself under the guise of small-pox. But it was some convenient exceptional influence which caused the scarlatina to be pustular, and the measles, probably, to end in desquamative nephritis—a very convenient proposition, no doubt, but highly unphilosophical.

Mr. McDowell mentions he has six cases which do not possess the typical form of either soft or indurated sores; yet he suggests that I would wrongfully blame them as being the cause of secondaries. But as the sores were not tested by auto-inoculation, I have surely as good a right to say they were soft, or corresponding to the usually described non-infecting sore, as he has to assume they were infecting.

Mr. McDowell also mentions that he has seen instances, but he is cautious enough not to state how many, that he tested by inoculation from a "syphilitic abrasion" of the os uteri, where, with the occurrence of two or three typical simple sores at the vulva, the patient showed "unmistakable evidence of blood-poisoning." This is another instance of the insufficiency of ascertained data. Of what value is the abrasion of the os uteri, that Mr. McDowell calls syphilitic, simply that in some cases an abrasion was not inoculable. Would any obstetrician attempt to diagnose as syphilitic any of the numerous uterine abrasions he meets with in his daily practice. Surely, uterine abrasions in the married or cohabiting female are common enough, yet we are asked to call a uterine abrasion, which is complicated with visible external sores, a syphilitic affection, simply because it presented in some unrecorded instances the phenomena of non-inoculability on some, but it is not stated how many occasions, and surely, it is an argument in favour of the unicist theory, when we see cases with visible external sores, followed by constitutional signs. As there is no proof of the character of the uterine abrasion beyond the negative quality (common to any uterine abrasion) of non-inoculability, I must, therefore, altogether refuse to recognise the diagnosis.

As to the induration of the inguinal glands, I deny altogether its invariability in the female, it is not so marked or frequent as in the male. I have, as referred to in this and the *Dublin Quarterly Journal*, and as *proved by facts*, often opened suppurating bubos in females, where there was not the slightest induration, and yet they suffered from the most intense recent syphilitic cachexia. This observation is confirmed by the experience of the surgeon to the Lock Hospital, Cork, who writes to me his belief that he has "remarked that the inguinal glands in the female are less frequently implicated in cases of secondary syphilis than in the male," he also adds, "unfortunately, practically I know of no symptom which will enable me positively to pronounce on the contagiousness or non-contagiousness of a given sore in the female; some of these sores heal up rapidly, others are tedious."

I am free to admit that indurated glands and suppurating bubos also, are more frequent in male patients. This is easily understood from the distribution of the lymphatic vessels from the external parts of generation in the male, and it reasonably follows that inguinal adenopathis should be more likely in the male, while the nuchal enlargements are equally marked in both sexes. I am free also to admit, as I have frequently stated, that soft, or so-called non-infecting sores are much more frequent in the male, and that constitutional signs absent themselves. *Whence come these sores?* This is *really* the interesting question, and bears on the varying phases of the primary affection in males and females. Mr. McDowell, indeed, rings the changes as to theories, and deals largely in quotations, but I find no facts or testings (which are all-important) recorded. He, no doubt, gives one case, characterised by the remarkable negative evidence of what he styles "typical non-syphilitic induration" of a sore of three months duration, which, up to this time has not been followed by secondaries, but as there is no date given, the information is valueless. On the other hand, to show the importance of facts when carefully tested, I may mention a case which is quite conclusive to my mind, especially as it is furnished from Mr. McDowell's own diagnosis. A young gentleman, aged twenty, *never* before affected, perceived in from eight to fourteen days after connection, that he was diseased. Directly afterwards he applied to Mr. McDowell for advice. The sore was pronounced by him to be non-infecting, and he also destroyed it with nitric acid, a sufficient proof that it presented the characteristics of non-infection, as the cruel application of a strong caustic would hardly have been made otherwise. Mr. McDowell, doubtless misled by the appearance of the sore, told the patient he would escape ulterior consequences. However, within four weeks from that diagnosis, he came under my care, suffering from profuse roseolous rash, anal and tonsilitic patches, and all the evidences of constitutional infection, and is now only emerging from the effects of an infection pronounced and proved by the treatment adopted, to have been from the non-infecting type of sore. This fact alone proves the difficulty of drawing conclusions as to types of sore without the definite test of auto-inoculation, such as I demonstrated to the Surgical Society in my authenticated tables, and by casts of male cases, which were taken for the purpose of illustration.

Again, on looking over the registry of the Lock Hospital, I find nomenclatured by Mr. McDowell himself such cases as the following, diseased for the *first* time :—

E. R., January, 27, 1870.—"Soft sores"—"lichen syphilitica" (Iritis—pains).

M. R., April 22, 1870.—"Gonorrhœa and soft sores" (followed by roseola).

J. K., October 11, 1869.—Soft sores, gonorrhœa" (open bubo, alopecia, patches, and cachexia).

M. A. E. (married), November 10, 1870.—"Soft sores, gonorrhœa" (copious rash).

The primary affection is as noted, the results in brackets I have added, the three first occurring before leaving the hospital, and the last before the sore was healed.

I also find a term of remarkable expansibility introduced in the nomenclature of some cases, as the "soft syphilitic sore" (not tested, however, by auto-inoculation). This type is, indeed, highly illustrative of the extent to which imagination may lead so as to solve a difficulty, and conveniently suit either side when so desired.

In the face of such experiences, we must have facts, as it is impossible to controvert the results of direct testings by mere speculations ; though it may seem very easy flippantly to discuss a truthful record of observations, and to endeavour to foist on anyone acquainted with the subject mere unsupported vapourings, as scientific conclusions.

We find Mr. Byrne, after upwards of thirty five years' experience in the Dublin Lock Hospital, states at the late meeting of the Surgical Society, that he now much doubts as to the existence of a dual poison. Mr. Bumstead, a writer (on whom, doubtless, Mr. McDowell largely relies), in August last, gives cases of inoculation, which must cause him or anyone else to hesitate in confirming the dual theory. Indeed, he says he now "calls in question the doctrine of duality, of which he has been heretofore a staunch advocate." Yet, before the rising sun of self-constituted infallibility, these and other such authorities must "'gin to quench their ineffectual fire," and the record of selected and carefully treated cases, when unpropitious to theory, must be dismissed under the vulgarism "farrago."

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Hospital Reports.

LONDON SURGICAL HOME.

Case 1.—*Two Cases of Ruptured Perinœum ; Operation ; Cure.*—Mrs. —, aged thirty-six years, was operated upon successfully in May, 1863, by Mr. Brown, in the London Surgical Home, Notting Hill. In February, 1868, after a natural labour of twelve hours' duration, the perinæum was again lacerated ; her medical attendant operated on the day of her confinement, but without success. She has since suffered from prolapse of the uterus, an almost constant diarrhœa, with total inability to retain the fæces, but having control over the bladder. She was admitted into the London Surgical Home, 2 Osnaburgh place, and again operated upon by Mr. Brown on the 18th of August, 1870, in presence of Drs. Webb, Baxley, and Hubbard, and left the home quite cured on September 9th, 1870.

Case 2.—Mrs. —, aged thirty-five, was admitted into the London Surgical Home, 2 Osnaburgh place, on January [illegible], 1871. In her first confinement the perinæum was ruptured by the too sudden expulsion of the child's head (which was an unusually large one) ; during each subsequent confinement, of which she had five, the injury was extended, until the sphincter ani became implicated to such an extent that *solid* motions could scarcely be retained. The uterus extruded, preventing walking and carriage exercise ; caused distressing sickness, making life a burthen.

On January 24th, Mr. Brown operated : the following gentlemen were present—Dr. Routh, Dr. Edmunds, who gave the chloroform, Mr. Harris, Dr. Joseph Webb, Dr. James Webb, and Dr. Wilkins.

This lady left the Home on February 26th, 1871, with the uterus in its normal position, a sound perinæum, perfect control over the sphincter ani, and total cessation of the nausea and sickness of which she complained so bitterly.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

February 20th, 1871.

John Gay, Esq., President.

PIROGOFF'S OPERATION.

Mr. John Daniel Hill showed a patient on whom he had performed Pirogoff's operation, amputation of the foot. The operation was performed six months ago. The man could now walk well, and had a good stump.

Mr. Henry Smith said that this case showed well the excellence of Pirogoff's operation, he now always preferred it to Syme's operation.

OPERATIONS FOR CATARACT.

Mr. Spencer Watson describes two cases of cataract, with diffluent cortex, removed in the capsule. Case 1, was that of a woman, eighty-two years of age, where sight had been failing for many years. The capsule being found at the time of the operation exceedingly tough, and the suspensory ligament of the lens being weak, the lens was removed in its capsule. No vitreous escape, and excellent sight was obtained. The fluid cortex of the lens allowed the dark brown amber nucleus to be seen moving about within the capsule, just as the yolk of an egg might be seen within the albumen. This case was referred to a committee, consisting of Mr. Jabez Hogg, Dr. Dempsey, and the Exhibitor, to report on the microscopic appearances presented by the milky fluid which constituted the cortical substance of cataract. A second cataract of a similar kind had been removed in a similar way, from a man, fifty-five years of age, who had, up to the last year or two, been able to see well with the aid of biconcave glasses, notwithstanding the clear indication of cataract afforded by the ophthalmoscope, and by focal illumination. The capsule and nucleus were shown ; it was agreed that Mr. Hogg, Dr. Dempsey, and Mr. Watson, should examine the fluid, and report on the case at the next meeting of the Society.

VACCINATION FROM THE HEIFER.

Mr. Braine informed those of the Fellows who were interested in vaccination, that Mr. Roalfe Cox would be happy to place at their service a heifer to be vaccinated, in order that thus a supply of true vaccine-lymph might be obtained.

Dr. Crisp had vaccinated cows, and got some pustules, but he did not consider that there was any special advantage in obtaining lymph direct from the cow.

The **President** alluded to the great prevalence of the disease, called "grease" among horses at the present time ; pustules formed on the fetlocks in animals thus affected. There might be some connection between the prevalence of this disease, and the present epidemic among men.

Mr. Barnes stated his willingness to supply any of the Fellows with vaccine-lymph, as some of them had had difficulty in procuring it.

INFLAMMATORY CROUP, DIPHTHERIA, ETC.

Dr. Crisp exhibited some specimens of inflammatory croup. Two wax casts were shown, and also a specimen of trachea and larynx of a child, eighteen months old, affected with croupous deposit of false membrane.

Dr. Wiltshire said the exudation of croup was of a gummy nature, not the tough leathery stuff that formed in true diphtheria. Many cases called croup were really diphtheria affecting the trachea.

Mr. Peter Marshall thought croup was a less common disease than it was several years ago.

Mr. Henry Smith recognised the difference between diphtheria and croup; it was at times of service to perform tracheotomy in croup, but in diphtheria the operation was useless, as the patient died of asthenia.

The **President** said that those affected with croup, died often of suffocation, while in diphtheria the tendency was to death from asthenia. Hence, the applicability of tracheotomy to the one disease and not to the other as a means of relief.

Mr. Henry Smith informed the Fellows that the patient, in whose rectum a fragment of glass speculum had lodged in consequence of the fracture of the instrument had suffered no evil effects, and Mr. Smith was satisfied of the fragment having come away by the bowel.

CHLORAL HYDRATE AS AN HYPNOTIC.

Dr. Prosser James then read the paper of the evening, on "Chloral Hydrate," in which he related his own clinical experience of the effect of the drug. The author did not profess to enter into the physiological or chemical properties of the drug, nor to detail his experiments on animals, as these points had been elucidated by others. The paper was divided into two parts: the first devoted to chloral as a remedy for sea-sickness; the second to the unpleasant or alarming effects occasionally produced by medical doses of the drug. When chloral first came into notice, Dr. Prosser James made use of it to see how far it would prevent sea-sickness. One person who was a very bad sailor, took one scruple of chloral before crossing the channel, and though the passage was long and rough, he escaped all sickness. In the case of an invalid who took the chloral, the effect was equally satisfactory. Dr. P. James believed that a full dose of the drug, taken before leaving the harbour to be about the best method of employing it as a prevention to sea sickness, and when used in this way, he had every reason to speak well of its effects. Orange flower water seemed the best vehicle to disguise the flavour of the chloral.

In the next part of the paper a case was given where the dangerous after effects were shown following a half dram dose of chloral. This dose was given to a young lady in great pain from neuralgia, she had the best night's sleep she had known for months, but next day the pulse and temperature fell in an alarming way, and she refused again to have recourse to the chloral, even though the neuralgia returned severely during the night. In the case of a lady, who suffered with dysmenorrhœa, and where digital examination was extremely painful, Dr. P. James gave two scruples of chloral; in a quarter of an hour she was asleep, a complete examination was then made with the uterine sound, a Laminaria bougie was introduced without waking her, and in time she was quite cured. In conclusion, Dr. P. James said, that while his experience taught him the necessity of care in the use of chloral, yet for one case where its action was unpleasant, he could quote fifty, where it succeeded well.

Mr. Jabez Hogg had tried chloral in half drachm doses for the neuralgia of herpes. After five doses had been taken at intervals of two hours, the patient slept for six hours, and then woke up in much discomfort, from spasms and cramp in the lower limbs. The neuralgia was not cured, but eventually he got better from taking bromide of potassium.

Dr. Routh had seen excessive prostration and exhaustion follow on the administration of but a moderate dose of chloral. He thought it was a cumulative medicine. The best antidote to its poisonous action was strychnine.

Professor **Attfield**, of the Pharmaceutical Society, said that he did not think that now much impure chloral was to be met with. In good chloral hydrate, there was 82 per cent. of chloroform. In the chloral alcoholate (an impure article), the percentage was but 72. Syrup of orange flowers seemed the most popular vehicle for the administration of chloral hydrate.

Mr. Watson asked Dr. P. James, if in cases of prostration following the hypnotic action of chloral, he had found the temperature to be lowered.

Dr. P. James in reply, stated that he constantly observed a great fall of temperature even to 2°, together with fall in the pulse in those cases of extreme prostration alluded to by Mr. Watson. He preferred orange flower water to the syrup, as he found the majority of patients found the sugar to intensify the unpleasant taste of the drug.

THE SURGICAL SOCIETY OF IRELAND.

The Society met on Friday evening, the 17th ult., Dr. **Walshe**, the President of the College of Surgeons, in the Chair.

Dr. Mayne said he had been requested by his colleague, Mr. Macnamara, to exhibit two cases which had been lately under his care in the Meath Hospital. The first was a case of a wound in the palm of the hand. The patient was a stone blaster, and having lighted a fuse which did not explode at the proper time, the man rather incautiously placed his hand upon it, when the blast went off, inflicting a very serious wound. The entire of the radial side of the palm of the hand was blown away, but there was very little hæmorrhage, considering the vast amount of injury done to the palmar arches of the vessels. Some of those who were consulted were of opinion that immediate amputation ought to be performed, but, as there was but little hæmorrhage, and the man's system did not appear to have suffered greatly from the shock, he was given the benefit of the doubt, the hand was dressed, and a hope was entertained that he might retain it. In a couple of days afterwards, however, gangrene supervened, and as there was a tendency to spread up the arm, amputation had to be resorted to. Mr. Macnamara adopted Mr. Wharton's, the modification of Mr. Teale's amputation. The next case was one of considerable importance. The patient from whom these parts were taken, was admitted to the Meath Hospital, on the 8th of the present month. He was intoxicated at the time of admission, and not able to give a good account of himself. The resident pupil had him put to bed and carefully examined, and it was found that he was bleeding from a wound in front of the thorax, which communicated with the cavity of the left pleura. The patient suffered extreme distress. It was found on the next day that there was a great quantity of blood in the pleural cavity. Some difference of opinion was entertained as to whether the cavity was filled with serous fluid or hæmorrhage, but they came to the conclusion that there was a great deal of blood in it. The question of paracentesis thoracis was discussed, but as there were two cases in which it had been performed without success, (one described by Mr. Wharton, and the other by Mr. Hamilton, when he was resident pupil at Richmond), it was decided not to attempt the operation in the present case. He went from bad to worse, and died on the 13th. It was found, on *post-mortem* examination, that the cartilage of the fourth rib had been pierced at four inches distance from its connection with the sternum. The internal mammary appeared to have escaped. There was fluid in the cavity, but it did not appear to be entirely sanious; it was not of a homogenous character, and appeared to consist to some extent of serous fluid.

Dr. Stokes stated his opinion that the fluid was produced by pleuritic effusion, and was not the result of hæmorrhage. The lung was wounded, but not sufficiently to account for the fluid in the cavity. They could not ascertain the cause of the wound, but it had evidently been caused by a sharp instrument, and was about one inch in diameter.

FOREIGN BODY IN LARYNX.

Dr. Fleming said the subject of the case, which he now brought under the notice of the Society, was a girl, aged ten or eleven years. Either on Christmas, or New Year's day, she had been taking dinner as usual, when she was suddenly attacked with all the symptoms of obstruction in the larynx, and the presence of a foreign body. She was carried to hospital and examined, and it was quite clear that the treatment was adopted, which was considered suitable. A probang was introduced, and it seemed to remove the symptoms of obstruction that existed. The child was put under treatment out of hospital, and in ten or fourteen days afterwards, she was seen labouring under most acute pneumonia of both lungs. She died in a few hours, and on examination, a condition of the larynx was found, which showed the importance of making the strictest scrutiny in cases of this kind, and of not having recourse to extreme measures, unless perfectly satisfied of their propriety. It would be seen that there was a scale of bone impacted in the rima. The probang was supposed to have passed down into the stomach, but instead of that, the assumption now was, that the bone had been driven into the larynx, in place of being driven down into the stomach. It was an instructive case, impressing upon them as it did the necessity of the most careful examination in all cases of this kind. The laryngoscope was not used, and the treatment adopted was, that generally where obstruction was occasioned by a foreign body. It was indispensibly necessary, as the result of the present case proved, that the surgeon should examine with his finger as to the presence of a foreign body down in the back of the fauces, in the palate itself, or in any other situation, before violent means were had recourse to for the removal of the obstruction. The shape of the foreign body, he might observe, would influence the stethoscopic phenomena. There was a case some time ago, under the care of Mr. Morgan, in which an individual had swallowed a pig's tooth, and this remained in the trachea five weeks from the time of the accident, and was at the expiration of that time coughed up.

HERNIA.

Mr. Croly wished to bring under the notice of the Society, five cases of strangulated hernia, in which he had operated within the autumn, and present winter session. Each case differed from the other, presenting some peculiar features of interest. The first case was that of a woman, Mrs. Bridget, aged fifty years, the wife of a gardener, admitted to the City of Dublin Hospital, in April, 1870. A year before, she observed for the first time, a lump in the left groin, had sickness of the stomach, and the bowels were obstinately constipated. Her usual medical attendant diagnosing the cause of illness, administered medicine which acted on the bowels, and the hernia went up. The patient was told to wear a truss, but she neglected doing so, and went to market three times a week with fruit and vegetables. She took oil occasionally, and by keeping the bowels regular, did not suffer any inconvenience from the rupture. On the 31st March, she was seized with colicky pains, the hernia became very painful, and she vomited a greenish fluid. The symptoms became aggravated during the night. On Saturday the 2nd April, she sent again for her medical attendant, who endeavoured to reduce the hernia by the taxis, assisted by a purgative injection. He also gave her a warm hip bath, and this somewhat relieved the constitutional symptoms, but the hernia was not reduced. At 9.30, on the 2nd April, he (Mr. Croly) saw the case, and found the woman suffering from the well-marked hernial countenance. There was great prostration, she vomited several times, the fluid being sour and greenish, consisting chiefly of whey, which she had been drinking. A femoral hernia was found about the size of a hen's egg, and the tumour was tense and painful to the touch. A consultation was held, at which his colleagues were present. The patient was placed under the influence of chloroform. From her collapsed appearance, it was thought there was no time to be lost, and the only doubt they had was, whether she would survive the operation. This was performed in the usual way, and they found there was a very narrow neck to the sac. The stricture was divided with Dupuytren's convex knife. The sac was opened, the stricture divided, and the hernia reduced without any difficulty. She was then ordered opium in large doses. On the following morning, the pulse was 96, the abdomen soft. Though she had some vomiting through the night, the tongue was clean, and she had lost almost entirely the hernial countenance. She was cheerful and free from pain, but the stomach was still irritable. She was ordered ice with soda water, a few drops of creosote, and a sinapism to the epigastrium. After the operation, she slept for a short time. The chief symptoms from that time to the termination of the case, was retention of urine. She had occasional sickness of stomach, and got creosote and ice. The wound healed by granulation, and no trace of hernia remained when she left the hospital.

The second case was that of a man, Moses C—, admitted on the 30th April, sixty years of age, a servant, and suffered from strangulated inguinal hernia. He had been suffering for twenty years, and was always in the habit of wearing a truss. The rupture caused him but little inconvenience, it was always capable of reduction without difficulty, and he accounted for the strangulation by having worn a badly-fitting truss for some days. On presenting himself at the hospital, at ten o'clock, he said the gut was strangulated from 8 o'clock that morning, colicky pains, but he had not the hernial countenance. A tumour of considerable size was found opening from the inguinal canal, into the scrotum. He was ordered a warm bath, ice was applied to the tumour, and a purgative injection was administered, but the strangulation continued. A consultation was summoned at 3 o'clock. The patient was put under the influence of chloroform; the usual trial of the taxis was made without avail, and it was decided that the usual operation should be performed. There was nothing peculiar in the operation, except that the sac was found to be adherent to the scrotum. The sac was transparent, and seeing a coil of intestine within it, he tried reduction without opening the sac, and succeeded. This patient was also put on opium, and nothing unusual occurred for some days, but the patient then got an erysipelatous blush around the wound, which extended up to the chest. This, however, passed away, and he made a very good recovery.

The next case was one presenting some very peculiar points. This case was admitted to hospital, on the 5th August last, the patient was a woman, fifty-five years of age, suffering from strangulated hernia, of seventy-two hours' duration. In addition to his colleagues who were present, he had the pleasure of Mr. Stokes' presence on the occasion. The woman stated that she had a small swelling in the groin, which first appeared thirteen years ago, and was caused by lifting a heavy weight. The tumour never disappeared entirely, and she had never worn a truss. Three days before admission she had all the symptoms of strangulation. In consultation it was decided to perform the operation at once, from the urgency of the case. Nothing peculiar occurred during the steps of the operation. When the sac was opened he inserted his finger to feel for the stricture, and divided what he believed to be the stricture, and Professor Hargrave and Mr. Stokes, thought it had been divided. Notwithstanding this, however, the hernia would not go up. He felt carefully all around it, and could not feel any constriction of the intestine, but still it appeared to be adherent to the ring. The intestine was not sufficiently discoloured to justify the formation of an artificial anus. The patient was put into bed and placed under ice and opium. On the following morning her symptoms still continued, and on examining the wound, he found a dark portion of intestine protruding through this part. He therefore considered it right to make an opening into the intestine, and did so, but nothing came through although he took out a circular piece of the gut. He then passed a catheter into the gut, and it went down but would not go up. The upper portion of the intestine appeared to be too healthy to be interfered with. On the following day there was a very free discharge from the intestine, nature having formed an artificial anus, so that he was able to introduce an instrument. He could not pass the instrument down when introduced into the artificial anus caused by nature, and he could not pass it up when he introduced it into the aperture which he had made himself. The patient's strength was supported with plenty of brandy, beef tea, and ice, but she gradually sank. On making a *post-mortem* examination, it was found that the gut was completely closed as if by a ligature, so that nothing could pass through it.

Mr. Croly here exhibited the specimen.

The next case was a femoral hernia in a man, thirty-six years of age, a railway porter stationed at Westland row. He was admitted suffering from femoral hernia in the left groin, about the size of a walnut. The hernia was very tense. The point of interest in this case was, that in front of the intestine there was a lymphatic gland, moveable over the front of the gut, and the knuckle of gut could be felt behind it. Ice was applied, the bowels were acted on, and the hernia was reduced without operation.

The next case was one of a man, eighty years of age, admitted last November, suffering from strangulated femoral hernia. He found the man doubled in two, with his hands across his abdomen. He stripped him, and on looking into the groin, found a knuckle of gut not larger than a filbert. He was admitted to hospital, and placed under chloroform. Having failed to reduce the tumour he performed the operation. Nothing unusual occurred. Though the strangulation was one of merely a few hours' duration the man never rallied. He was covered with cold clammy perspiration when he came in, and died no doubt from the shock.

The fifth case was as follows:—On the 24th October last a man, suffering from well marked symptoms of femoral hernia on the left side was admitted. He was of intemperate habits. The rupture came down frequently and was easily reduced. On this occasion it had descended five days before, and it was decided to operate. An hour previously he was given a turpentine injection with O'Biernes' tube. He was ordered a grain of opium every hour. Nothing particular occurred during the after treatment, but strange to say, though he had had strangulated hernia for five days, his symptoms were greatly relieved, and he lived for five days after the operation. The symptoms were so urgent on admission that one would have thought the case was not worth operating upon. He had all the symptoms of peritonitis, and on making a *post-mortem* examination, lymph was found gluing all the intestines together, and there was a great amount of inflammation of the lining membrane of the bowel—intense enteritis as well as peritonitis.

The chief points of interest in these cases were : In the first case the patient was collapsed on admission, the bowel had been strangulated for forty-eight hours, and the symptoms were extremely urgent, yet she made a good recovery and a radical cure was performed. In the second case the symptoms were not urgent, and the pulse was only eighty-two, and yet the gut was deeply congested. The sac was not opened in this case, and the coil of intestine was visible through it. The erysipelatous inflammation was an unpleasant complication, and no doubt had it located itself more about the wound instead of extending upwards, the chance of the patient's recovery would have been greatly diminished. In the third case the symptoms of strangulation had existed for seventy-two hours, and the constriction of the gut when found after death, was one with which he had not been previously acquainted, nor had he ever read an account of anything resembling it in any of the books of authority on the subject. There was complete occlusion of the intestine, and the only explanation he could give of it was, that the mucous lining membrane became ulcerated, and that the surfaces adhered, cutting off all communication between the lower and the upper portions of the gut. He had operated four times on males for strangulated femoral hernia, and in one case had great difficulty in deciding whether the hernia was femoral or inguinal.

Professor Hargrave said, that he operated in two cases of stricture, in which the patients seemed to be going on satisfactorily, but both collapsed and sank in fifty hours after the operation, though in each case the external wound was almost healed. A careful examination was made by himself, and when the abdominal cavities were opened there was no evidence of peritonitis—the intestines, the external surfaces, and the lining membrane of the peritoneum, were found to be all healthy and without a trace of effusion. However, in each of these cases he laid open the entire of the small intestine, and he found the mucous membrane soft, pulpy and flocculent, and he believed that that state of the mucous membrane was the cause of the deaths of those two individuals. One of them was fifty, and the other fifty-six years of age. He had looked very carefully into the authorities with reference to these *post-mortem* appearances, and he did not find these peculiar appearances alluded to. In all cases where they were in doubt as to the cause of death, he thought they should examine the entire of the intestinal canal. The operations performed by Mr. Croly could not have been more skilfully done, but some of the patients sank. Mr. Croly thought the occlusion in one case of the small intestine arose from ulceration, caused by the pressure of the strangulation. If so, the process must have been very rapid indeed to cause such decided occlusion in so short a time of the intestinal canal, and for his part he could not see how it could have been caused in that way.

Mr. W. Stokes was present at one of these operations in which the hernia could not be reduced. The case was one of extreme clinical interest, even as showing, that in cases where strangulation had not lasted very long, it might be found impossible to reduce the hernia. On Tuesday last, he (Mr. Stokes), operated in a case of femoral hernia, which presented a striking similarity with that described by Mr. Croly. In this case, the strangulation had existed no less than ten days, evidenced by constipation and continual vomiting. He made the usual incisions, and came down on what appeared to be an omental tumour, and passed his finger round the neck of it to feel for the constriction and endeavour to reduce the hernia. He did feel it, and divided the constriction external to the omentum ; so that he could pass his little finger into the abdomen, yet he could not succeed in reducing the hernia. He then made a division of the omentum. It was evident from the history of the case, that the hernial protrusion had occurred in an omental sac. He then laid open the omental tumour, and on this being effected, he succeeded in reducing the protrusion. Thus he had a double constriction to deal with ; one occurring external to the omentum by adhesions to the parietes of the abdomen, and then he had to divide the second constriction. A very marked symptom supervened upon the operation, the vomiting stopped, and there were three motions from the bowels, but as to whether he should ultimately bring the case through he did not know, for the patient was extremely weak, and there were symptoms of peritonitis evidenced by great tenderness over the abdomen. If she recovered it would be a remarkable case, considering the age of the woman was seventy-three, and the length of time the gut had been constricted.

Dr. Henry Kennedy called attention to a case in which the operation for strangulated hernia had been performed, but the patient died a day afterwards, and upon examining the intestines it was found not to have recovered ; the constricted part appeared perfectly clear, as if the gut were completely paralysed by the constriction. He wished to know whether in the cases mentioned by Dr. Hargrave, the condition of the mucous membrane which he described had reference to the stricture, or extended over the whole intestine ?

Professor Hargraves said, the diseased condition of the mucous membrane extended through the entire length of the small intestine from the duodenum downwards.

Mr. Stapleton said, that some years ago he brought before the Society (and presented the specimen to the College), the case of a woman with femoral hernia. She refused operation, and was treated by enemata and opium and sank. There was no evidence of peritoneal inflammation found, the intestine was empty from the anus to the seat of the stricture. The part of the intestine to which the stricture was confined contained nothing but air, and the peritoneal coat of the intestine was not found to be eroded or cut through. There was no sign of peritoneal inflammation during life, either by tenderness or quick pulse, and a *post-mortem* examination failed to discover any evidence of its existence. What was the cause of death he was unable to say. The mucous coat of the intestines was not examined.

Dr. Richardson said that cases similar to that of Mr. Stokes' had been recorded by Mr. Prescott Hewett, who had given an interesting account of several cases in which the intestine was strangulated within a sac formed by omentum. It was not altogether a very rare occurrence.

Dr. Wharton said Mr. Stokes' case reminded him of one he had to deal with some months ago. A woman arrived in town from Blessington, a distance of twelve miles, on a country cart, and was much jolted coming along. She had been suffering from strangulated hernia for eight days. She was very weak and collapsed, and there was no time for delay. In consultation, it was agreed that if there was any hope of saving the woman's life it must be by operation. She had a tumour about the size of a small orange, very smooth and elastic, and which had greatly the appearance of a fluid tumour. Attempts were made to reduce this femoral hernia without opening the sac, but without any avail. Finally, the sac was opened, and a very large quantity of fluid escaped. He thought, after this, the tumour could be reduced ; but, on expelling the contents of the sac, they found a tumour which was, to his eyes, very strange, and it turned out to be very similar to that described by Mr. Stokes—that is, omentum surrounded the small portion of intestine ; and, on endeavouring to remove this from the hernia, the adhesion was so close that it was found almost impossible—the omentum was, as it were, glued to the small portion of intestine. The operation was a very tedious one ; but, after a great deal of delay, the hernia was at last reduced. The woman, however, died before morning.

Mr. Stokes said there was one point connected with his case which he wished to mention. Mr. Stapleton spoke of the absence of inflammatory symptoms in the intestine. That was one remarkable feature in his case ; for, notwithstanding the great length of time this strangulation existed, the intestine did not present any appearance of congestion.

The President said Mr. Stokes' case was one of great interest. Last year he heard a very interesting discussion in that room on the operation for hernia without opening the sac. The one case brought forward by Mr. Stokes was so strong an argument against that treatment that, if he were not opposed to it before, that case would prevent him from ever operating in that manner—that is, without opening the sac.

Mr. Barton observed that the constriction in one of the cases mentioned by Mr. Croly could hardly have occurred from ulceration of the mucous surfaces. The mucous surfaces adhered by lymph, and not by ulceration, and there was no evidence of lymph inflammation here. He could only suggest that the part was totally paralysed. With regard to the omentum, he met with a case in which the intestine was involved in a mass of omentum, and it was necessary gradually to unfold it when the small knuckle of gut was found greatly congested. This bore out the propriety of opening the sac.

Dr. O'Leary said he remembered eight cases of femoral hernia, and in four of these cases, where the hernial sac and all the other characteristic symptoms were well marked, and the patients sank by asthenia, it was found, after death, that but one-third of the calibre of the intestine was engaged in the femoral ring, the remaining two-thirds being entirely free. Above the constriction, the intestine was empty, yet stecoraceous vomiting went on; the mucous membrane, for an inch above and below, was of a dark, livid colour; but, looking at the outer side of the serous membrane, there were no adhesions, or, if not, they were so recent that they could be easily broken up. In one case in which he had operated in St. Vincent's Hospital the hernia had existed for some twenty-two years, and he arrived at the conclusion that it was a simple omental hernia. At the same time, there was a feeling as if there were some portion of the intestine in the sac; there was stercoraceous vomiting, no action of the bowels; and, at the suggestion of Mr. Porter, he decided on operating. The strangulation, as evidenced by the symptoms mentioned, had existed for three or four days. He divided the constriction, yet found it very hard to reduce the hernia, though everyone of the constrictions were divided. He gave it as his opinion that no further interference should be attempted; that everything which could be done had been done. However, it was reduced within a minute or two afterwards by grasping the ring. The patient died within forty-eight hours. He made the *post-mortem* examination, and found that old adhesions had existed between the intestine and the femoral ring; that ulceration had occurred in the mucous membrane corresponding to the adhesion of the intestine to the ring, and that the moment the intestine was detached from the wall of the ring by the surgical operation, a perfectly clear opening was left—the ulceration having gone through the whole tissue of the intestine—and the contents escaped into the cavity of the peritoneum. A second case occurred, privately, where the hernia had also existed for some years. He refused to operate; the patient died, and on *post-mortem* examination there were two ulcers found corresponding to Gimbervat's ligament. The conclusion he drew from these cases was, that operation should not be attempted when the hernia was of long standing, and where the symptoms of strangulation occurred suddenly without the tumour increasing.

Mr. Croly, in reply, said that he was present at an operation by the late Professor Geoghegan for what appeared to be a femoral hernia. The sac was opened, a quantity of fluid spurted out into the operator's face; Dr. Geoghegan inserted his finger, and divided whatever he could feel, yet the woman died unrelieved. There was no peritonitis or enteritis, and no one could say from what she had died. He had himself operated sixteen times for strangulated hernia, and last year he had a case similar to that mentioned by Mr. Stokes, where there was a large amount of omentum connected with the gut. As to the opening or non-opening the sac, he did not think any surgeon could begin his operation by saying,—"I will or I will not open the sac." In one case he (Mr. Croly) performed Gay's operation by cutting on the neck of the sac; and, having divided the stricture, the hernia went up, and they never saw the intestine at all. He thought there was no greater difficulty in hernial operations than knowing the sac. He had often divided fibres that he thought were Hay's ligament, and met three sets of them before he got into the abdomen. With regard to Mr. O'Leary's observations, the surgery he dwelt on had been laid down by Sir Astley Cooper, who said—"If you cut down on a strangulated hernia, and you find an adherent gut, what else can you do but leave it there?" In his opinion, when the surgeon met with a case of strangulated hernia, where the symptoms had existed some days, the proper course was to cut down on the tumour. There was one other point he wished to mention. He operated on a case where there was a tight knuckle of gut constricted. Mr. Stokes, who was present, and he (Mr. Croly) were quite satisfied that the constriction was divided, but the gut did not go through. The patient was put on opium, given ice, and kept quiet. He was weighing in his mind each day whether he would give her an injection; but remembering that opium, when given for some time, acts as a purgative, he refrained from giving the injection; and one morning he found purulent matter discharging from the wound. A fæcal fistula had formed in the course of five or six days, and there was every probability that had he given an injection the intestine would have given way, and the contents would have gone into the peritoneal cavity. The more he saw of hernia the more he was impressed with the fact—that the earlier the surgeon operated the better.

The Society adjourned to the 3rd of March.

SPECIAL CORRESPONDENCE.

[FROM OUR OWN CORRESPONDENT.]

VIENNA, *March.*

AFTER so long a period of silence, I at length resume my letters, which I hope will not prove wholly uninteresting to your readers. The latest piece of news I have to tell you is, Dr. Duchek has been proposed by Professor Oppolzer, of Heidelberg, as Professor of the first Medical Clinique of Vienna, as successor to Professor Skoda. The son of a physician at Prague, he was born there in 1824 and was first assistant in the lunatic asylum at Prague, whence he made observations on the "Material Substrata of the Diseases of the Mind." He shortly published his first work, "On Atrophy of the Brain." He was then assistant to Professor Harnevrich, at Prague, where he studied both pathological anatomy and chemistry very hard in the laboratory, and published some pamphlets on "The Influence of Alcohol on the Human Body," "Hippuric Acid," "Aldehyde," &c. On account of his merits, he became Professor of the Medical Clinique for Surgeons at Lemberg, in 1815, at Heidelberg, and in 1858 he was appointed Professor at the Josephine Hospital at Vienna.

His pamphlets on "The Diseases of the Heart and Respiratory Organs," show his eminent talent for observation in the two principal branches of medicine, pathological anatomy and pathological chemistry, and display how fully he made himself acquainted with all the literature on this subject. Professor Oppolzer's proposal was received with the greatest pleasure, both by the University and medical students.

A Winter Sanatorium.—Dr. Küchenmeister, the medical counsellor at Dresden, has proposed the old high-situated Tabia (so much praised by Galen), as the best winter residence for those disposed to consumption. The modern Castellamare, near Naples, is situated upon, but above, the old village of Tabia, or Stabia, which disappeared, and was covered with earth and stones, in the year 79, A.D. There are four chains of mountains in the neighbourhood, and the patients can go from one to another for a change, as they are only a few hours' distant, to avoid the noxious winds in the different months. This country will become once more (if the Italians are speculative), *for the whole civilized world*, what it was a thousand years ago for the high life of Rome. *No sanatorium in the world* offers like this the vicinity and accessibility, such a protection against the noxious winds, and such an equal mixture of mountain air and sea air, except Madeira alone. The winds also, which blow in these countries always keep the same direction, so that anyone could soon learn in what months they should go to the other valley. In spring and summer, also, he need not go away, and the summer, principally, is delicious and salutary for the patients in the high valley, which is sheltered and protected from the worst wind of Italy, the Sirocco or Mistral, but when the north wind blows the patient must leave this valley.

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Milk Revelations.—A very diligent and impartial investigation into the quality of milk sold by London dairymen, by the *Milk Journal*, reveals that out of fifty firms only thirteen sell genuine milk; eight are in a doubtful list, and twenty-nine supply their customers with skimmed, watered, or skimmed and watered milk, instead of fresh milk. In other words, so far as our inquiry goes, it demonstrates that twenty-six per cent. of the milk-dealers of the metropolis sell what they profess to sell, sixteen do not always adhere to the rule, and fifty-eight per cent. deal in a deteriorated article which, in many cases, is worth less than half the price charged. The Shoreditch Union pays 2½d. per quart, whereas the dairymen of London have loudly declared that it has been impossible to retail fresh milk, during the past winter, at less than 5d. We know of one undoubted instance of rich milk being sold wholesale at 3d. per quart, and this should form some criterion of what workhouse and hospital authorities should be charged.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 8, 1871.

THE *TIMES* ON THE MEDICAL BILL.

THE *Times* has distinguished our Profession by devoting its leading columns to a discussion of the coming Bill. The article is obviously inspired by the Medical Council and probably by Mr. Simon or some person who views medical legislation from the observatory of the Privy Council and the Lord President. The purport of the observations of the *Times* is to show that the Medical Council is the most perfect piece of machinery in existence, and that it is the highest presumption for the Profession either to fail in appreciation of its merits, or to desire to intrude its voice into its pronouncements. The *Times* says:

> "The central body is ready to hand in the Medical Council which was created by the Act of 1858. This body has done good service, and for all the purposes for which it was constituted commands the confidence of the Profession. It is composed of twelve members nominated by the chief Medical corporations, together with six members nominated by the Government. It was proposed, accordingly, in last year's Bill to place in the hands of this Council the requisite powers of general regulation. They were fully prepared to undertake it, and the measure would have been welcomed by the most experienced members of the Profession. Why should so simple and useful a reform be postponed?
>
> "The reason assigned for the failure is scarcely credible. This practical improvement was to have been opposed because a certain party in the Profession wishes to transform the Council from a judicial and regulative body into a sort of Medical Parliament, elected by a kind of general suffrage, and intrusted with the duties of suppressing quackery, regulating the etiquette of the Profession, and prescribing in some important respects its relation to the public. If the members of the Profession like to combine in a kind of Union to determine the fees they will exact and the treatment they will expect from the public and official authorities, they are at perfect liberty to do so. But such an Association must be perfectly voluntary, and the Legislature cannot think of lending its authority to such objects. If the Medical Council is to exercise in any degree judicial authority over the members of the Profession, it must not be a body elected by popular suffrage. Its present constitution is the best for the only purposes with which Parliament can deal."

We do not hesitate to say that it is greatly to be regretted that the journal which is said to lend to many influential people all the ideas they possess should make statements which are not correct, or take up a narrow and obstructive antagonism to much-needed reforms.

It is glaringly untrue that the Medical Council "for the purposes for which it has been constituted, commands the confidence of the Profession." There are few existing administrative bodies which so entirely lack anybody's confidence, even their own, and it is a perfect misstatement to say that a measure which would entrust medical and public interests to the undiluted and unreformed Medical Council would be "welcomed by the most experienced members of the Profession." The amplest proof of this is the almost perfect unanimity of the Profession in favour of improved representation, and the universal condemnation by all journals and Corporations of the last Medical Bill based altogether on this ground.

It is a very unjust misrepresentation of the demands of the Profession to say that they desire to make the Medical Council the judges of the etiquette of the Profession or such like matters as fees or the relation of the Profession to their public employers. No one ever seriously proposed to regulate such matters by law, still less to refer them to the Medical Council.

If the *Times* will take instruction from us we will tell it what the Profession *does* want: It wants a controlling power which will be able and willing (as the Medical Council has never been, despite its virtuous asseverations), to prevent the admission, by trafficking medical corporations, of ignorant and incapable practitioners into its ranks. It knows by thirteen years' experience that the Medical Council will never legislate against abuses of which its members are more or less the representatives, and it *does not* want to see these abuses perpetuated by relegating them to such unwilling reformers.

Since the foregoing observations were written, the *Pall Mall Gazette* has taken up the mantle of the *Times*, and in treating the subject of medical legislation, has put forward arguments so accurately identical that it becomes obvious that the paternity of both articles is the same, and that official inspiration has prompted the logic of each. Speaking of the influence of the Medical Council on medical education, the *Pall Mall Gazette* says,—"Though the education of our medical men has received an impetus which we are far from undervaluing, and the standard of examinations has been materially raised, only a limited amount of good has been effected in comparison with what might have been accomplished had powers been given to the Council to compel the various educating and examining bodies to co-operate and work together with something like harmony and efficiency."

We say, without fear of contradiction, that the Medical Council is in no respect to be credited with any advance in the standard of medical education since its creation—that it has had ample powers, moral and legal, to coerce recalcitrant licensing bodies, but has lacked the real desire to use them in the cause of reform. The improvement in the tone of medical education is purely the result of public opinion and upward competition, and of the spontaneous action of the higher class of licensing bodies; and, instead of forcing and encouraging medical reform, the Medical Council has occupied its thirteen years of life in setting up legal difficulties to save itself the responsibility of doing anything, and in pretending that it has no power to act. The last proof of these facts is, that it has occupied thirteen years in protesting that it wanted strength, without making any real effort to get it, an undertaking that would have required only a hearty will.

The *Pall Mall Gazette* goes on to say,—"We believe the truth to be that there is a division in the medical ranks. There are jealousy and dissensions on the one hand; on the other hand, too ambitious and Utopian views are entertained. Like the House of Commons, the medical Profession has got into a confusion of ideas with regard to legislative, executive, and administrative powers, the result of which is a state of mental bewilderment that paralyzes all successful and decisive action."

We aver that there is the nearest approach to perfect unanimity in the minds of the Profession on the main objects of medical reform. The Profession specially wants two things—uniformity of medical education and the suppression of *fraudulent* quackery as distinguished from homœopathy, or other forms of legitimate quackery. These objects must remain to a greater or less extent in the hands of the Medical Council, and the Profession, therefore, demands that they shall not be confided to an unreformed and obstructive body, and for this reason alone asks for direct representation. If it were possible that the requirements of the Profession could be effectually settled by Parliament, its members care so little for the benefits they are supposed to derive from the Medical Council that they would be quite content to have that body swept away altogether. Such a ready method being impossible, they insist that their material interests shall not be dealt with by a body which has thirteen years' undeniable character for incompetency.

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THE ADULTERATION BILL.

FRAUDS on the public effected by the adulteration of food and drugs, which Mr. Bright considered, from the Birmingham point of view, to be a simple matter of business and commerce, and nothing more than a question as to whether it would pay or not, come before Parliament this session by means of a Bill just introduced and set down for its second reading on the 22nd of March. The only important clauses of the Bill are as follows:

> "Every person who shall wilfully admix with any article of food or drink any injurious or poisonous ingredient (or in the case of a drug any ingredient), to adulterate the same for sale, shall be liable to a fine of £50 and costs for the first offence, and six months' imprisonment and hard labour for repeated offences.
>
> "Every person who shall sell any article of food, or drink or drugs with which, *to the knowledge of such person*, any poisonous or injurious ingredient," shall be liable to pay £20, and for a second offence to be advertised in the newspapers.
>
> "Any purchaser of an article of food, drink, or drugs, in any place where there is a Public Analyst shall be entitled, on paying such analyst a fee not exceeding 10s., to have such article analysed."

It is hardly necessary to give ourselves much trouble about this Bill, inasmuch as the trading interest in the House of Commons is probably too strong to allow of any restriction being placed upon trade frauds. The Bill is, however, no improvement on the existing inoperative law, and its adoption by Parliament would probably shelve the real remedy for some years. The openings through which the traditional coach and six might be driven are numerous and wide. To bring a fraudulent tradesman to order it would, under this Bill, be necessary that a customer should take the trouble and expense of sending sealed specimens and half-a-sovereign to the Analyst, if such a functionary existed. Receiving the report the customer should take the responsibility and trouble of going to law. If the article turned out not to be *an admixture*,—if, on the contrary, it were found not to contain a particle of what it professed to be (as, for instance, the so-called citrate of magnesia),—if it were found impossible to prove that the vendor knew the article to be sophisticated (and how could such evidence be found?), under any of these circumstances the consumer would be defeated in his action.

No measure which throws the responsibility of prosecution on the consumer, or leaves it possible for the tradesman to say he "didn't know" will ever remedy adulteration. The vendor should be held responsible under all circumstances, and the remedy would remain to him of making the wholesale dealer recoup him for his loss. We desire to put no restriction on the character of articles sold; we would allow tradesmen to sell anything for which they could get a demand, so long as the consumer was fully and publicly informed as to what he was buying. The fraud is not in the admixture, it is in the representation that an article is pure when it is not so.

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Notes on Current Topics.

Food Preservation.

THE Food Committee of the Society of Arts has had under consideration a new method of preserving or rather hermetically sealing meat invented by Mr. Richard Jones. The meat is put into tins, either with or without bone, in joints or otherwise. The tins are filled quite full, and are soldered up entirely, with the exception of a small tube, about the size of a quill, which is soldered into the top of the tin. The tins are then put into a bath capable of holding ninety-six 6 lb. tins. Along the centre of the bath runs a tube carrying twelve taps, into each of which may be inserted a tube from eight tins, there being eight stuffing-boxes to each tap, four on each side. The tube communicates with a vacuum chamber. The bath contains a solution of chloride of calcium, which boils at a temperature of from 270 degs. to 280 degs. In commencing operations, the bath is gradually heated until it gets to about 212 degs. Communication is then opened with the vacuum chamber, and the result is, that as water boils at about 100 degs., *in vacuo*, the water is carried off in the shape of steam, into the vacuum chamber, where it is condensed. The tap is then turned, so as to shut off communication with the vacuum chamber. After it has been thus cooking for about two hours at 250 degs, it is in a preserved state.

Naval Medical School.

THE *United Service Gazette* understands that the Admiralty have obtained the concurrence of the War Office to the naval medical students attending the Army Medical School at Netley. There will be very little extension of the present building accommodation necessary; but the staff of professors, which is mainly composed of army medical officers, will be, of course, augmented, as the extra burden of instructing the naval students would be too great for the existing staff.

Army Medical Department.

THE following officers are about to retire on half-pay, the first three being granted a step in honorary rank:—Surgeons-Major Bain, M.D., Evans, and Cahill, M.D., and Staff Assistant-Surgeon Edward Coffey, who is at present serving in the West Indies.

Tobacco.

ON the 24th of February an address was delivered by Dr. C. R. Drysdale, at Stoke Newington, at the invitation of the Anti-Tobacco Society. Dr. Drysdale explained that the reason why he had been asked to preside at this meeting was because, some years ago, he had made some observations on patients at the Metropolitan Free Hospital of London, and found that one very frequent cause of chronic illness in male adults was the smoking of tobacco in excess. A debate ensued, which got into the journals of medicine, and was thence copied into the Anti-Tobacco Journal. He saw no reason to alter his opinion, that tobacco was a very frequent cause of numberless evils to the health of the male sex in this and other civilised countries. It was, when smoked, a very frequent cause of dyspepsia, palpitation of the heart, and of prolapse of the bowel in some instances. Besides this, it was found that great smokers were liable to amaurosis of a peculiar form, as described by Hutchinson and others, to blackening and destruction of the teeth, and to epithelioma of the lower lip. They were also apt, in some cases, to become nervous and unfit for active exertion, and exhibited very frequently a venous dusky colouration of the fauces, gullet, and larynx. Diarrhœa and constipation were frequently caused by the habit of excessive smoking, and impotence was certainly not infrequently caused by the habit. This, of course, was dangerous to the health of future generations, as well as to the smoker himself. He had known of deaths, which had been attributed to palsy, supervening on excessive use of tobacco. Some people smoked as much as an ounce of strong Virginia tobacco per diem.

Medical Society of London.

THE ninety-eighth anniversary is to be celebrated this evening (the 8th, Wednesday), when the President, Mr. Gay, will be in the chair. The Fellows assemble at half-past six, and dinner is to be on the table at seven o'clock.

The Vice-Presidency of the Royal College of Surgeons in Ireland.

As the month of June approaches candidates for the Vice-chair of the College, which will then become vacant, by the elevation of Mr. Wharton to the presidency, are making themselves known to the electors. Dr. Darby, of Bray, President of the Irish Medical Association, and Surgeon to the Rathdown Union Hospital, has announced his candidature, and two Fellows of the College, who had been named as probable candidates, have announced that they will not stand. Dr. Kirkpatrick, Surgeon to the North Dublin Union Hospital, has also declared himself a candidate. Dr. Darby will probably receive an energetic support from the Provincial Fellows of the College, in addition to the votes of his many friends in his own county, while Dr. Kirkpatrick has already shown, at previous elections, that he has many and influential supporters within the collegiate constituency.

Cyanide of Potassium and Hydrocyanic Acid.

LAST December we stated that Dr. Mazza preferred the cyanide to the acid, and found it useful in phthisis, and other lung diseases. From the far West he is corroborated, for the *Pacific Medical and Surgical Journal*, referring to it, tells us that both the salt and the acid were once in high repute in many pulmonary, cardiac and gastric affections, but of late years, in America at least, they appear to have almost fallen into disuse. Our able contemporary adds, the great uncertainty of hydrocyanic acid, in regard to strength, is a valid objection to it. Many samples of it are nearly inert. A few years ago we prescribed for a patient a three-ounce mixture containing one drachm of the medicinal acid, a tea-spoonful of which was to be taken every three hours. Twelve hours afterward, on visiting our patient, we were informed that he had taken all the medicine, and had it renewed, and that the second supply was nearly exhausted. Though the directions were plainly written on the bottle, the stupid nurse had given a table-spoonful every hour, and the sick man had swallowed two drachms of dilute hydrocyanic acid within twelve hours. The consternation created by this intelligence was scarcely removed by our failing to observe the slightest effect, for good or for evil. The fear, on the one hand, of giving an overdose of a dangerous medicine, and want of confidence in its activity, on the other hand, have led us almost entirely to abandon it, and to substitute either the distilled oil of bitter almonds, or the cyanide of potassium. We are satisfied that the cyanide is a valuable remedy, and that it is not properly appreciated by the Profession.

Chancre and Gonorrhœa.

WHILE venereal diseases are obtaining so much attention, it may be worth while to call to mind that Professor Hammond, of New York, concludes from his investigations that—1. The virus of an infecting chancre, when deposited on a secreting mucous surface upon which there is no solution of continuity, may give rise to gonorrhœa unattended by chancre, but which is syphilitic in its character, and capable of producing constitutional disease. 2. The matter of such a gonorrhœa is capable of causing an infecting chancre, either by natural or artificial inoculation, which chancre is followed by constitutional syphilis.

Vaccinating from Glass Tubes.

A SIMPLE and cleanly mode of economising vaccine lymph (which we have lately adopted) has been suggested by Dr. R. Locke Johnson. It is, to make the surface of the thumb-nail of the left hand a *pro tem.* platter, on which the contents of the tubes are deposited, to be subsequently transmitted, on a lancet point, to the arms of patients.

Middlesex Hospital.

At the quarterly general court of this charity held last week, the annual report deplored the continued disparity between the annual subscriptions and necessary annual outlay, the subscriptions amounting to £2,372, and the annual outlay to £17,658. The call on the capital for 1870, was £3,935, necessitating the sale of stock to meet that and the previous year's deficiency. Rev. Sir E. R. Jodrell, Bart., not only gave the munificent donation of £1,000, but doubled his annual subscription in consequence of reading of the sale of stock. Since the commencement of this year that noble benefactor to so many of the London Charities, "D. T. S." had presented his third donation of £1,000. The report concluded by again urging the great need of an increase in the subscriptions, a capital of £120,000 being requisite for the proper working of the institution. After the report and the various minutes had been adopted, an argument took place as to the propriety of appointing a fourth assistant-physician.

Treatment of Aneurism.

Dr. Benj. Howard, of New York, obtained the annual prize of the American Medical Association for "An Essay on the Treatment of Aneurism, with experiments for the closure of Arteries by a new method." The prize essay describes a large number of experiments performed by the author, mostly on sheep, to test the various materials for ligation, and the several modes of applying ligatures. Ligatures of silk, lead, or silver, when applied tightly so as to divide the internal coats, or even to close the vessel completely, are said to be displaced by destructive inflammation. But when applied so as only to diminish the arterial current, the vessel is effectually closed without such inflammation, and the silver ligature remains *in situ*, without injury to the surrounding parts. The author, therefore, prefers the "constricting silver ligature," which he claims as his suggestion. The *looseness* of the ligature is an essential requisite.

Hospital Sunday.

The committee of laymen and clergymen who undertook the initiation and management of "Hospital Sunday" in Liverpool, have now completed their labours so far as this year is concerned. The total amount collected was £4,740 16s. 8d. The expenses were £175, and for all practical purposes a sum of £4,500 remained for distribution among the various medical charities of Liverpool. A sub-committee was appointed to consider the claims of the various institutions, and after full and fair examination recommended the following apportionment, which, we believe, was unanimously confirmed by the general committee :—

Royal Infirmary	£1,440	0	0
Northern Hospital	720	0	0
Southern Hospital	630	0	0
Dispensaries—North, South, and East	495	0	0
District Nurses' Institution	405	0	0
Ladies' Charity and Lying-in Hospital	270	0	0
Children's Infirmary	225	0	0
Eye and Ear Infirmary	135	0	0
Homœopathic Dispensary	90	0	0
Stanley Hospital	22	10	0
Cancer and Skin Hospital	22	10	0
Consumption Hospital	22	10	0
[illegible] Dispensary	11	5	0
Skin Dispensary	11	5	0

It may be worth mentioning that the amount derived from this new source of income will liquidate almost one-half the debt now hanging on the Royal Infirmary and the Northern Hospital.

The Small-pox in Ireland.

The Irish Poor-law Commissioners have officially notified that small-pox has been making progress in the country, and has now become epidemic in Drogheda as well as Belfast Union, outbreaks have been also witnessed in other Ulster Unions, and at Tuam, Clonakilty, and Wexford, while sporadic cases have occurred on either side of the Liffey, in Dublin; and two vessels, bound on Atlantic voyages from Liverpool, have been forced to put back into Cork harbour with small-pox on board. There is a case also reported to-day from Limerick. New cases are reported to the Commissioners, almost daily, as arriving from Great Britain, either of seamen on board ships engaged in trade, Irish persons returning home from visiting friends or from employment, recruits joining their regiments in Ireland, or lastly, persons forcibly brought under orders of removal from England, Wales, or Scotland, to the places of their birth in this country.

American Medical Necrology.

The yearly report of the deaths of physicians is, as usual, extremely imperfect, owing to the failure of the sub-committees to forward information to the chairman, Dr. C. C. Cox. Of seventy-four decedents whose ages are given, the mean duration of life was fifty-six years. The oldest was ninety-five years—Dr. Anderson, of Jersey City—who is referred to as having introduced the art of wood-engraving into America. Some of the members were eighty years of age and upwards at the time of death. It appears to us that some items of interest might be condensed from these annual reports, with reference to longevity, causes of death, &c. We (*Pacific Medical and Surgical Journal*) have long entertained the opinion that anomalous and obscure forms of disease and sudden deaths are the lot of our Profession beyond the general average.

Hospital for Consumption, Brompton,

The quarterly court of this charity was held last week. The report stated that the committee had received with much regret the resignation of Dr. Sanderson, whose valuable and distinguished scientific attainments would render his retirement a great loss to the hospital. Legacies amounting to £5,200 have been announced since the last court.

What is a Successful case of Re-Vaccination?

Every dispensary medical officer is aware that he is bound to vaccinate every person who applies to him for that purpose, whether previously vaccinated or not; but a question has arisen whether the payment allowed for each case of successful primary vaccination is payable for a case of re-vaccination in which no effect has been exhibited.

In answer to many inquiries addressed to them on that point the Irish Poor-law Commissioners have stated, that the non-appearance of a vesicle in cases of this class is no criterion of success or non-success, if the operation has been properly performed; the result in the latter case showing satisfactorily that the former vaccination is still protective, and the operation must be therefore considered to have been successful, and should be included as such by the medical officer in his report to the Guardians.

Cinchona Plantation in the United States.

Dr. Antisell, of Washington, advocates the establishment of a cinchona plantation in the United States. The use of quinia has become so universal and so indispensable, and the destruction of the cinchona forests of South America so imminent, as to induce the nations of Europe to cultivate the tree in their colonial possessions; accordingly, large plantations of it exist in the East Indies, Australia, St. Helena, &c. The California State Medical Society, at a late meeting, sent a memorial to Congress, asserting the fitness of certain localities for the purpose. Dr. Antisell says: "It is on the western side of this continent, on the Pacific slopes of the California Sierras, or of the higher ridges of the coast ranges of the counties lying south of San Francisco, as Monterey, San Luis Obispo, and Santa Barbara, that the greater part, if not the whole of the conditions for the growth of the cinchona-tree may be found; on the great mountain mass of San Bernardino, or on the range of the Sierra Nevadas behind the town of San Diego, near the southern boundary line." "A plantation of not less than one thousand acres could be readily located there, on Government land; the U. S. Government might allocate two or three sections of land for the purpose."

Clinical Society.

Dr. Handfield Jones lately read two papers—one on "Puncture in Anasarca," the other on "Two Cases of Chorea." He tried the single puncture by a fine trocar, and left the canula in several hours, and thus drained off on one occasion sixty ounces, and on another 120 ounces of fluid.

Dr. Broadbent related two cases of paralysis of the soft palate, resembling diphtheritic paralysis.

How to Cheat the Doctor.

A soldier, a patient at Herbert Hospital, Shooter's Hill, a few days ago, wrote the following advice to a comrade:—"Previous to going to hospital rub your tongue with chalk, ready for the word, 'Put out your tongue;' then, when the doctor is going to feel your pulse, be sure to knock your elbow against the wall, and it will beat to any number in a minute; then, if you wish to persevere to be invalided, be on the look out for a friend to bring you a bit of raw bullock's liver every morning, in order to spit blood for the doctor; of course, have a little bit of the liver in your mouth, under your tongue, fresh, ready for him when he comes round the hospital ward, and have a good piece ready to spit out for him when he approaches your cot; then give a great sigh and a groan, and you are sure to be ordered lamb chops, chicken, rice pudding, port wine, Guinness's stout, in fact, you may live on the fat of the land for the remainder of your soldiering, which will not be long; but, depend upon it, you are sure of a pension, even under ten years' service."

We hope there are not many in hospital quite so clever as this "old soldier."

Curiosities of Representative Government.

We cull the following *morceaux* from our reports of the proceedings of Irish Guardians:—

Nenagh Union.—The Board of Guardians having been called upon to elect a relieving officer, two candidates went to the poll, and their being equal votes no election took place. The election was held a second time with some result.

Mr. Spaight, when the Board had returned to its ordinary composure, said that the two young men *might agree to cast lots*, as to which should give way for the other.

The Clerk replied that the Commissioners could not sanction such a procedure.

Mr. Spaight—Why not, if the Board agreed among themselves to appoint the man that would *win the toss*. (Laughter.)

Mr. Spaight's proposition, ultimately was abandoned.

Londonderry Union.—Having heard a communication from Dr. Browne, as to the urgency of vaccination, the Chairman said: From the statistics it would appear that vaccination and all its scientific improvements has not been as good or successful as the old vulgar style of vaccination (small-pox inoculation) practised by Dr. Lee (laughter), formerly of this neighbourhood; and I speak of his memory, because he inoculated me when I was a child—an operation which *at that time was considered very good if you escaped it with your life* (laughter), and now it appears the importance of science has brought with it no great improvements in that respect.

Another Guardian—Indeed, so it would appear.

Chairman—I was going to throw out the suggestion of knowing whether it would not be well to return to the old system.

Precious trustees of the public health!

The Coombe Hospital, Dublin.

It will be remembered that about twelve months ago this institution received a serious blow by the falling of a new building which was in course of completion, and of which the foundations were defective. We learn from the Yearly Report that the casualty entailed a total loss to the funds of the charity of more than £860. As soon as it was possible the works were recommenced, and prior to the closing of the year's accounts now to be submitted, a sum on account of £273 was paid to the contractor; and the guardians and directors are glad to say that the works are in progress, and there is every prospect of their completion early in the spring. To enable the guardians and directors to meet the necessary expenses of the new buildings, they were obliged to sell out £500 Stock, the balance of the amount paid to the contractor having been taken from the ordinary income of the hospital. But it is gratifying to state that, notwithstanding the extraordinary pressure, the balance to the credit of the hospital at the closing of the year's accounts exceeded that of the preceding year by more than £50.

The propriety of vaccinating pregnant women has been questioned. We see no reason to deprive such persons of the preventive powers of vaccination, especially as we, on one occasion, delivered a woman suffering from small-pox—immediately vaccinated the baby, and it did not contract the more serious disease.

Physiological Laws of Human Increase.

THIS is the title of a paper written for the American Medical Association by Dr. Nathan Allen, of Lowell, Mass., in which is discussed the vexed question of the diminished productiveness of American women in New England. Dr. Allen maintains that the increase of population depends on a perfect development of all the bodily organs, without the concentration of excitement in any one direction, and that this healthy balance is disturbed by the habits of life which result from the luxuries of modern society. Bodily labour is favourable to productiveness, mental labour the reverse. Excess of nutrition, and also deficiency, are unfavourable. The habits of society are unfriendly to the perfect bodily development of American women, many of whom cannot nurse their children. This fact is said to be a strong proof of physical degeneracy.

The Irish Poor-law Inspectorship.

THE Irish Poor-law Inspectorship, vacant by the death of the late Dr. Hill, has been conferred upon Dr. Burke, of Westport. Dr. Burke has been a fellow of the Royal College of Surgeons since 1844, Surgeon to South Mayo Rifles, Medical Officer to the Islandeady Dispensary, and to the Union and Fever Hospitals. The appointment appears to be one on which the Profession may be congratulated, inasmuch as Dr. Burke has occupied an influential position in the neighbourhood with which he has been connected, and been long connected with the Irish Poor-law Medical Service.

We observe that with superhuman impudence, Dr. D. T. Maunsell, the Dublin agent of the London Poor law Association, crows a feeble triumph in one of the Dublin papers, in the hope of persuading the public that his gracious influence has overshadowed Dr. Burke and the Profession with benignant benefits. The penny whistle has sounded the surrender of Paris, and, like the walls of Jericho, all impediments have abased themselves at the feet of the whistler. Happy the Profession sheltered by such an ægis.

Stitch! Stitch! Stitch!

THE sorrows of the bracemakers are described by our able contemporary, the *Eastern Post* in the following touching terms :—

"It appears that the Government contracts for soldiers' braces are made up in St. Luke's, the price, as in other cases, being 2d. or 2½d. a dozen pair—the workwomen finding our brave defenders in thread out of their own resources. The way these poor women live becomes a greater puzzle the more it is inquired into. At the chandlers' shops their purchases are made in farthing's worths —a farthing's worth of tea, a farthing's worth of sugar or a farthing's worth of dripping, according to the uppermost need of the moment. The public-houses, disdaining to vend gin by the farthing, have no custom from the bracemakers. The poor wretches are strict teetotallers, from necessity, if not from choice. A good deal of time is lost by the women in getting their work from the small contractors, and this is a great hardship in more ways than one. After waiting some two or three hours for the raw material, they get it say at two o'clock in the afternoon, with orders to bring the goods made up at one o'clock the next day. The order must be executed, but it can only be done by working nearly all through the night, burning candles or oil and wasting health. In one case two dozen pairs of braces given out at two o'clock were ordered to be finished at nine next morning; the task was done by stitching all the night through. Out of the 4d. received, of course the candles, as well as the thread, had to be paid for; it is not easy to see how much remained as 'wages of labour' after those expenses were deducted. Such is the trade of bracemaking in St. Luke's! It is time that public opinion should do something to alleviate their intolerable suffering."

Nitrated Charcoal for the Actual Cautery.

DR. H. STORER, in the *Journal of the Gynæcological Society*, recommends for the actual cautery, nitre and charcoal finely powdered and made into a pencil with mucilage. The proportion of nitre must not be too great, or the result will be a pyrotechnic display, anything but *re-assuring*, we should think, to the patient.

Digitalis in Uterine Hæmorrhage.

IN a discussion in the Boston Gynæcological Society, reported in the *Journal* for January, several members recommended digitalis in hæmorrhage following abortion and parturition, as superior to any other remedy. The dose given is ten or fifteen drops every four hours. Canabis indica was also recommended by others for the same purpose. We have long used the latter successfully, and we have always some dread of the deceptive action of digitalis.

Another Tonic and Cholagogue.

THE Philadelphia *Medical and Surgical Reporter* refers to the Ailantus (q ? Ailanthus) excelsa, of Hindostan, as a valuable tonic. It belongs to the Simarouba family, and is said to increase the flow of bile to a marked extent. Will any druggist who has it send a specimen to Prof. Burnell, of Edinburgh? He might find it as useless as podophylline, as far as the liver is concerned.

DR. MACCORMAC, of Belfast, we learn, has in the press a new treatise, entitled "Rebreathed Air and Disease."

DR. GEORGE BUCHANAN of Glasgow, has now recorded twenty-nine cases of tracheotomy.

DR. A. CLARK is to be proposed this evening as President of the Medical Society of London.

THREE cases of tetanus, successfully treated by chloral hydrate, have been recorded in our Italian contemporaries.

DRS. PARKES and Sanderson are engaged in their inquiry into the health of Liverpool.

MR. CURLING, F.R.S., is the new President of the Medical and Chirurgical Society of London. Dr. Symes Thompson is the new secretary.

MR. HILLMAN has resigned the surgeoncy to the Westminster Hospital. Mr. Mason is next in succession for promotion.

DR. GEORGE BUCHANAN has published in the *Glasgow Quarterly* an account of his year's surgical practice in the Glasgow Royal Infirmary.

THIS evening, Wednesday, the 8th, the Epidemiological Society is to discuss the epidemic of small-pox. All interested in the subject are invited to attend.

THE *Globe* is assured there is no authority for the statement that Professor Huxley is opposed to vaccination. He has, on the contrary, declared himself distinctly in its favour.

THE Liverpool Guardians have decided to reject the offer of the Admiralty of an old war ship, to be moored in the Mersey, for use as a convalescent hospital for small-pox patients.

A SECOND edition of Dr. F. J. Brown's pamphlet on "The Naval Medical Service" has been called for. We hope it may do good. Why should the Naval Medical Service be ignored in such days as these?

DR. CAMPBELL BLACK, of Glasgow, treated a case of tetanus by calabar bean, and although the patient died, he still thinks the physiological action of the drug places its use in tetanus beyond the pale of empiricism.

AT the London Medical Society, when vaccination and the supply of lymph was under discussion, the statement that the present management of the Privy Council was "shameful" elicited general applause.

THE Report of the Sanitary Commission recommends what we have often advised—a Minister of Health. But Poor-law and sanitary matters are to be under the same minister. Want of space compels us to postpone a full account of the Report.

THE Cork Guardians have received a letter from the Commissioners informing them that the responsibility of making provision for cases of contagious disease landed from vessels at Queenstown devolved upon them and not upon the Queenstown Town Commissioners. The responsibility of the board having been thus clearly ascertained, a guardian moved that the board apply to the Government for an hospital ship, arguing that this would be the best and cheapest arrangement. Another guardian, however, avowed a preference for an hospital on shore, and induced the Board to appoint a committee on the subject, with a view, we presume, to carrying out his suggestion.

THE Committee for promoting the National Memorial of Sir James Simpson, have issued a circular appeal in regard to the particular form which the Memorial should take. There was, as might have been expected, some difference of opinion. All were agreed that, while a statue, or monument and statue, erected in Edinburgh,—a city so long and so intimately associated with his fame—should be the primary object, it was also desirable that along with the statue, something should be done in addition, to perpetuate the practical character of Sir James' peculiar work, and to transmit to after-times the benefit of those discoveries by which he enriched Science. A hospital for the treatment of diseases of women seemed the best additional tribute, because, in that department of his profession, the distinguished Professor had chiefly exhibited his wonderful skill, and because he himself had frequently (and more especially during his last illness) lamented the want of such an institution in connection with the justly-celebrated Medical School of Edinburgh, and had urged its establishment. In addition, however, it seemed desirable that the metropolis of the kingdom should possess a memorial of one whose fame was anything but local; and it has, therefore, been thought proper, in accordance with the wish of the Dean of Westminster, and many of Sir James Simpson's admirers in London, that a marble bust should be placed in Westminster Abbey, in close proximity to that of Sir Humphrey Davy.

It is therefore proposed—

1st. To erect a monument and statue in Edinburgh.

2nd. To place a marble bust in Westminster Abbey.

3rd. To erect in Edinburgh a hospital for the diseases of women, constructed according to those principles which Sir James Simpson himself so often and so clearly enforced.

4th. To erect similar hospitals in London and Dublin, should sufficient funds be obtained.

SCOTLAND.

UNIVERSITY OF EDINBURGH. — The Committee appointed at last meeting of the University Council with reference to the constitution of the Curatorial Court have had a conference with a deputation representing the Town Council. It is satisfactory to know that the Town Council representatives are prepared to consider any proposal which may be made to alter the present constitution of the Court.

THE Managers of the Royal Infirmary, by a majority of ten to five, have resolved to sell the Infirmary buildings to the University for the sum of £25,000. Against this sale the Lord Provost and Councillor Willar have lodged an interdict. Their grounds of objection are (1) That in their opinion Professor Christison, Muirhead, and Balfour, being members of Senatus, should have abstained from voting in their capacity as Infirmary managers; (2) That the managers had a right to sell for a less price than the £30,000 which had been offered.

LEITH HOSPITAL.—At the Annual Meeting of this institution it was stated that there had been a considerable increase in the number of patients during the past year. There had been 112 fever cases as against 94 in the previous year, and 86 casualty against 49. The prevailing types of fever had been typhus and relapsing; the mortality had been ten out of the 112, or one in eleven. No case of small-pox had appeared.

THE post of Inspector-General of Hospitals in Scotland has become vacant by the death of Dr. Campbell Mackinnon, C.B. Dr. Mackinnon was also an honorary physician to the Queen.

Literature.

THE PATHOLOGY AND TREATMENT OF VENEREAL DISEASES.*

IN this edition of the well-known work of the learned Professor of Venereal Diseases at the College of Physicians and Surgeons of New York, the Author states that he has re-written the subject of "Stricture;" that the Second Part relating to "Syphilis and Soft Chancre" have been re-written, and that visceral syphilis has been spoken of. Dr. Loring, surgeon to the Manhattan Eye and Ear Infirmary, has written the chapter on "Syphilitic Diseases of the Eye." He acknowledges his indebtedness to MM. Lancereaux and A. Fournier. This edition was to have been enriched by plates, but this was deemed unnecessary, since the publication of M. Cullirier's "Atlas of Venereal Diseases."

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* "The Pathology and Treatment of Venereal Diseases." By F. J. Bumpstead, M.D. Philadelphia. 1870. Pp. 700. Third Edition, revised and enlarged.

According to Dr. Bumpstead, gonorrhœa has always existed. He thinks that the idea that syphilis existed in Europe prior to the close of the 15th century is inadmissible. Syphilis in infants at the breast is first mentioned by Gaspard Torella, 1498. The greater portion of the writers of that period declared that it was entirely new in the world's history, and all confessed that, so far as their own experience went, they had never seen anything like it. Philip Beroald, who died in 1505, says that all he knows with certainty is, "that this 'French' disease, characterised by enormous prominent spots, by pustules giving the face and body a hideous aspect: that can be cured by no remedy: was unknown to his ancestors." The idea that syphilis was first brought to Europe from America by the sailors under Columbus was first advanced by Leonard Schmaus, in 1518. Rodericus Insulanus, physician at Barcelona at the time syphilis made its appearance, is confident that it was brought to that city in 1493 by Columbus; but there is no statement by those who went with Columbus that they found the disease in America at the time of the first voyage. Bassereau thinks that the disease was new at that time, and says that the confusion-period commenced with physicians who had began to practise after 1495. he thinks that the venereal ulcer of the ancients was the soft chancre. Fallopius, in 1555, says there is no connection between the "caries Gallica" and the "caries non-Gallica." Dr. Bumpstead says that Rollet has ably shown that the communication of gonorrhœa, chancroid, and the initial lesion of syphilis by the sexual act are merely accidental circumstances. Gonorrhœa and syphilis are entirely distinct, the former having been known in all ages, says Dr. Bumpstead. The patient who has tertiary symptoms, and only remembers to have had gonorrhœa, is not a competent witness, unless he has been a medical man. "For all practical purposes, the idea that gonorrhœa is identical with syphilis is exploded." In 1852, the great discovery was made that chancre is quite distinct from the chancroid. Hunter was wrong as well as Abernethy on this point. Carmichael in 1814 said there were four poisons capable of affecting the constitution, some curable without mercury.

Bassereau truly says, that "If we compare persons who have bad venereal ulcers followed by general symptoms with those persons who inoculated them, or with those whom they in turn have inoculated, we find that all, without exception, have had constitutional syphilis; never in any instance has the action been merely local." Let any medical man take note," says Dr. Bumpstead, "of the not unfrequent cases where a husband gives a venereal ulcer to a wife whose fidelity cannot be called in question, and he will find that they will both escape, or both incur constitutional infection."

M. Clerc, in his "Mémoire du Chancroide Syphilitique," Paris, 1854, while admitting the perpetuity of the two kinds of sore, in successive generations, yet maintains that the soft chancre is a derivative of the hard, being the result of the syphilitic virus through the system of a person who had been contaminated by syphilis and called the soft chancre, chancroid. A chancroid once formed, he did not deny the possibility of its reverting to its original type, viz., a true chancre; but he declared he had never witnessed such an occurrence, but that it continued to be a local ulcer without constitutional reaction. Thus practically, M. Clerc may be said to be as much a dualist as M. Bassereau, although theoretically he is a unicist, and he believes in the common origin of the two venereal ulcers. M. Clerc denies that the allusions of ancient writers to ulcerations of the genitals had any reference to the chancroid, but rather to sores of simple origin: he believes in the modern appearances of syphilis in Europe about the year 1494, and that the chancroid was first known about 1520. Dr. Bumpstead seems to be coming round to M. Clerc's views; but says truly that in whatever way it is decided, the distinction between the chancre and the chancroid will continue to be as important as ever. Mr. Bumpstead on this remarks, "It is well known to the readers of the previous editions of this work, and of my translation of Cullirier's 'Précis Iconographique,' that I have been a staunch advocate of Bassereau's views; and that I have not admitted even the most remote connection between the chancroid and true syphilis. I am not now prepared to say that I have been mistaken in this matter; but truth compels me to lay before my readers certain facts, verified within the last few years, which, to say the least, render M. Clerc's views less improbable than they at first appeared." He then says truly enough that the experiments of Henry Lee, Boeck, of Christiania, and others have shown that by irritating true chancre, they may be made auto-inoculable. He thinks that there is no reason to believe that any absorption takes place from the sores resulting from the successful auto-inoculation of the secretion of true chancres, but that, on the contrary, the ulcers are entirely local. In three instances cited by Dr. Gjor, of Christiania, matter which was undoubtedly originally syphilic, after inoculation upon individuals already infected with syphilis, produced only local sores without constitutional reaction when transferred to sound persons—in other words, the syphilitic was apparently transformed into the chancroidal virus. It is true that these cases are few in number, but they are worthy of the most attentive consideration according to our author. At present, owing to the different views entertained by writers on syphilitic disease, there is some confusion in the nomenclature. Thus, the term "chancroid" has been generally used as synonymous with that of the local lesion by the French school, and "chancre" means with them the exordium of syphilis. Among the Germans again "chancre" is designated "primary syphilis," and the word chancre is used to express the local ulcer.

The only property common to the three diseases of the generative organs is that of contagion. According to Bumpstead, "the poison of gonorrhœa and of the chancroid are alike in that their action is limited and never extends to the general system: nor does one attack afford the slightest protection against a second. They differ in that the poison of gonorrhœa may arise spontaneously, while that of the chancroid, so far as we know, never thus originates; that gonorrhœa chiefly affects the surface—true ulceration being rarely induced—and, in its complications, most frequently attacks parts connected with the original seat of the disease by a continuous mucous surface, as the prostate, bladder and testicle; while the chancroid, on the contrary, is an ulcer, involving the whole thickness of the integument or mucous membrane, and its complications are seated in the absorbent vessels and ganglia. It would also appear that the poisons of these two affections are limited to one common vehicle, pus. Van Roosbrœck, on the authority of Rollet, has proved by experiment that if the discharge of gonorrhœal ophthalmia be deprived of its pus-globules by filtration the remaining fluid is innocuous; and Rollet states that he has obtained like results with the pus of chancroids. If these experiments can be relied on, they prove that the virus is not diffused throughout the purulent secretion, but is confined to the pus-globules which it contains. The conclusion is sustained by the fact that neither the poison of gonorrhœa nor that of the chancroid ever reaches the general circulation, and it is well known that pus globules are not capable of absorption. When the purulent matter of a chancroid enters the absorbent vessels, as occurs in the formation of a virulent bubo, it is arrested by the first chain of lymphatic ganglia and goes no further. The paint used in tattooing is sometimes conveyed to a ganglion in a similar manner: but neither in this case nor in the former is there complete absorption.

"The syphilitic virus is alone capable of infecting the system at large, and of affording protection by its presence against subsequent attacks. Unlike the poisons of gonorrhœa and of the chancre, it is not limited to purulent matter, but exists in the blood, in the fluids of secondary lesions, in the semen, and probably in other secretions. The secretion of one form of chancre (the superficial variety) as shown by microscopical examination, is often entirely destitute of pus-globules; and the presence of the virus in secondary symptoms is proved by their power of contagion, and as the semen by the occurrence of hereditary syphilis in the offspring when the father is alone affected."

After giving these admirable remarks upon the pathology of the venereal diseases, Dr. Bumpstead first treats of gonorrhœa and its complications, next he treats of the local contagious ulcer of the genital organs, or the chancroid, and lastly, he refers to syphilis.

In his chapter on "Gonorrhœa" is a most interesting summary of cases, where sterility has been produced by the occurrence of double orchitis. There is also an admirable section upon stricture of the male urethra and its treatment. The author seems to like Mr. Holt's operation, and to make use of it frequently. He has invented a slight modification of the instrument, which he prefers to Mr. Holt's one.

In the treatment of unmanageable phagedænic chancroids, Dr. Bumpstead advises the application of the actual cautery, the patient beimg anæsthetised. Some hesitation may be felt in applying the actual cautery to so extensive a surface as is often covered by these ulcers; but when the gravity and obstinacy of the disease are considered, it must be confessed that almost any means are justifiable which holds out a fair prospect of cure. Rollet directs that the ulcer should first be cleansed by washing it copiously with water, removing all adherent matter, and then drying it. Every portion of the secreting surface should now be deeply cauterised, carrying the hot iron into every nook and sinus, and paying special attention to the parts overlapped by the skin of the edges. These flaps of integument should be cauterised not only on the under, but also upon the outer surface, so as to be for the most part destroyed. A cold water dressing is afterwards applied, and the patient on waking, does not suffer much more than he did before the operation. Dr. Hammond gives iodine and cod oil in such cases, believing that phagedæna is common in scrofulous persons. Iodoform in powder is sometimes useful.

Having given already the views of Dr. Bumpstead with regard to the pathology of syphilis, we are able to leave out his chapters on the details of the disease with less fear of blame, and must refer the reader to these excellent sections which treat of the diagnosis of the disease. We come now to his chapter on the general treatment of syphilis. Of late years there has been a good deal of talk about this important point, and some British authorities have altogether cast aside the use of one of the so-called specifics of the disease, mercury, whilst many Parisian writers also seem to believe only in iodide of potassium, and entirely to reject mercury in all stages of syphilis. Let us hear what our author has to say on this question.

In Chapter VI. he says, "admitting that nature can sometimes cure the disease, and knowing that sometimes it cannot, can we tell just how long it is safe to procrastinate, and exactly when treatment must come in, or important organs of functions will be compromised. While, therefore, I believe in the spontaneous cure of syphilis, I cannot subscribe to the invectives against mercury of Dr Drysdale and others, when judiciously administered. Even Diday protests against Dr. Drysdale's anti-mercurial exaggerations and against his statements, that we (M. Diday) 'agree with him.'" At the same time, says Dr. Bumpstead, "I am free to confess that additional experience has led me to modify in a measure my former views as to the *curative* power of mercury (in contradistinction to its power of repressing syphilitic manifestations), and to believe that ultimate restoration to health is due in many cases, more to the self limitation of the disease than to the remedies employed; and this modification has naturally been followed by a corresponding change in practice, chiefly in respect to the length of time mercurials should be continued after the disappearance of all syphilitic symptoms." Dr. Bumpstead hardly, we thinks, gives the anti-mercurialist side its due. Dr. Drysdale and others give, we believe, large doses of iodide of potassium, instead of mercury, in all stages of mercury, which they do not think is at all useful in the disease, and which, indeed, Dr. Boeck calls the "devilish remedy" in syphilis. We are glad to see that Dr. Bumpstead forbids the use of stimulants and tobacco in the treatment of syphilis. Dr. Bumpstead prescribes, in indurated sores two scruples of Pil. hydrarg., with one scruple of sulphate of iron, and five grains of extract of opium made into twenty pills, twice or four times a day. He rarely gives more than one-tenth of a grain of bichloride of mercury thrice a day. Increased experiences on the treatment of syphilis has led Dr. Bumpstead to give a decided preference to the external over the internal use of mercury in general outbreaks, by inunction or fumigation. Calomel vapour baths he likes much; although Dr. R. McDonnell, of Dublin, has said that when not breathed they are often totally inert. Dr. Bumpstead too, is "inclined to think that the absorption through the skin is very slight, and that the effect is proportioned to the amount of mercurial vapour inhaled by the patient." We have heard of a patient, who did *not* inhale, taking Lee's vapour bath for a year without any effect. Dr. Bumpstead is very fond of inunction, and gives it in old case of syphilis with large doses of iodide of potassium internally. Abscesses are always produced by the subcutaneous injection of mercury. In a treatment of hypodermic injection by Hebra, forty-five per cent. became salivated, not a very pleasant result, we should say.

A SKETCH OF THE LIFE AND WRITINGS OF ROBERT KNOX, THE ANATOMIST.*

ROBERT KNOX, the anatomist, the "*Primus et incomparabilis Knox,*" of the Edinburgh Anatomy Class of 1828-29, was a man who certainly should not have passed away with none to record his varied and eventful life.

Mr. Lonsdale, in the preface to the interesting volume here under notice, tells us how he had hoped that some other than himself would have written the biography of Dr. Knox, and acknowledges the courtesy of Dr. James Hunt, who, having himself already commenced a life of the great anatomist, when he found that Mr. Lonsdale was at the same work, handed over to him Knox's correspondence for the years 1860-62, extracts from which are found in Chapter XIX., of Mr. Lonsdale's book.

The period when Knox flourished as the greatest of anatomical teachers, unhappily embraces a dark epoch in the history of anatomy. The difficulty of obtaining subjects for dissection in consequence, partly of popular prejudice, partly from the apathy and indifference of Governments with respect to legislation in these matters, had already produced the tribe of body-snatchers and resurrectionists who robbed churchyards by night, and so kept up a supply of subjects for the dissecting-rooms, both in London and Edinburgh. The bodies thus obtained were received at the anatomical schools, and no questions asked. How long this disgraceful state of things might have continued, it is hard to say, but some matters become at last so bad, that they must either mend or end, and so it was here, for two ruffians, notorious in history as Burke and Hare, actually took to murdering people for the sake of selling their bodies to the anatomists. After repeated successes and a very profitable run of business, Burke and Hare were at last detected, and were tried in December, 1828. Hare and his wife turned approvers, and so escaped the gallows. Burke was hanged and dissected, and his skeleton is to be found in the anatomical museum of the University,

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* "A Sketch of the Life and Writings of Robert Knox, the Anatomist." By his Pupil and Colleague, Henry Lonsdale. London: Macmillan and Co.

It was the misfortune of Dr. Knox to have had the victims of these murderers brought to his dissecting-rooms, and well would it have been for Knox if he had been the one to detect the villainy, and bring the culprits to justice. Years ago, when, in one instance, the body of a lad who had been murdered, was brought for sale to a London anatomical school, the Professor detected and brought to justice the murderer, and so stamped out the dreadful practice.

Truthful and complete as a biographer, Mr. Lonsdale gives a full and interesting account of all the Burke and Hare affair, and tells how severely poor Knox was visited from all quarters for his unhappy connexion with these bad men. At the close of Chapter IV., is published *in extenso*, the Report of the Committee, completely and fully acquitting both Knox and his assistants of all complicity in these dreadful murders.

We gladly learn this part of Knox's life, though we feel Mr. Lonsdale has done right fully to recount matters that influenced the after career of Knox, and that may not again be recorded by any writer. The passing of the "Anatomy Act" has now made all such people as body-snatchers and resurrectionists of byegone days.

No medical lecturer in the United Kingdom ever enjoyed so much public confidence as Dr. Knox. From 1826 to 1835, over a period of nine years, his students' annually averaged 335, and in the Session of 1828-9, he had 504 pupils. The old lecture-room of Dr. Barclay, would only hold 200 persons, so Knox was obliged to lecture three times daily, and on the same subject each time. Members of all the learned professions crowded to hear Knox's oratory. Lecturing was almost food and drink for Knox, and at page 136, we are treated to what at first may look like an awful instance of his rhetorical zeal.

After reading the records of Knox's discoveries and doings in the field of comparative anatomy, his dissections of whales, dolphins, and dugongs, we find him migrating to Glasgow. Here "he gained some friends and admirers, but no bread and butter," and it is sad to see the gradual decadence of this really great man.

In 1841 he came forward as a candidate for the Chair of Physiology in the University of Edinburgh, and the letter he wrote, setting forth his claims to this office, certainly appears in the present day, when there is such an overflow of adulation and lip service from man to man, a rather remarkable document for the bitter and stinging animosity in it shown to his rivals. Knox did not get the post he sought; he had the kirk powerfully against him, in consequence of his loose views in religion, and he got not one single vote.

In 1846, we find him in London, and while there he had at times a hard business to earn his daily bread by means of his pen, so Knox's life seems in a way to have been wrong-end first, for while many distinguished men have lived in their early years by the pen, and afterwards on their professional celebrity, Knox rose rapidly to eminence early in his life, and gradually descended to the level from which young aspirants seek their first ascent.

His faithful biographer tells us many little anecdotes to show what real kindness of heart there was in Knox; he would give at the cost of real privation to himself, and as a husband and a father he was loving and affectionate. On December 20th, 1862, Dr. Knox died; the event was noticed with more than a passing notice in the medical journals, and a fair tribute therein paid to his memory. His old friend and pupil, Sir William Fergusson, is about to erect a monument to his memory, in the cemetery at Woking, and whatever enemies Knox may have had in his lifetime, it seems to us that the sincere and faithful way in which his life has been portrayed by his biographer, will do much to disarm their ill-feeling, and help them to say—

> "Then be his failings covered by the tomb,
> And guardian laurels o'er his ashes bloom."

CURRENT LITERATURE.

Guy's Hospital Reports has appeared, and is full of practical matter. The volume will require further notice at our hands. Among new editions we have Sir H. Thompson's "Practical Lithotomy and Lithotrity" (J. and A. Churchill), in which three new chapters have been introduced. The appendix contains 204 consecutive cases. Dr. Horace Swete's "Handbook of Cottage Hospitals" (Hamilton, Adams, and Co.), is full of information, and must be useful to those thinking of starting such charities.

The Strand District is fortunate in having so able and energetic a Medical Officer of Health as Dr. Conway Evans, whose "Fourteenth Annual Report" (Hilton, Wellington street), is before us. It is full of valuable suggestions, and we hope the Board will not hesitate to carry out the views of their adviser.

From Dr. Kirkman's Report, we learn that many improvements have been effected in the Suffolk Lunatic Asylum last year. We regret that his Assistant Medical Officer to whom he expresses his obligations should have died while the Report was in the Press.

"Colonial Questions Pressing for Immediate Solution in the interests of the Nation and the Empire," is the title of a work we have received by R. A. Macfie, M.P. (London: Longmans; Edinburgh: Edmonston and Douglas), and which consists of a number of papers and letters of the author now collected. Those of our readers whose friends have emigrated will be much interested in this pamphlet.

Dr. A. Smith reprints "Some Notes on Spermatic Diseases" (Baillière and Co.) from this Journal, and the *Medical Mirror* which has ceased to appear. We think that sufficient publicity on these subjects is attained in the journals, and in opening our columns to them we rather desire to see the issue of pamphlets on them diminish.

Mr. Christopher Heath has reprinted with additions his "Cases of Intra-thoracic Aneurism, treated by the Distal Ligature." The pamphlet has two good lithographic plates. Another reprint is Messrs. Orton and Stanton's "What we observed at the Seat of War" (Churchill). There is nothing so new or remarkable in it as to have made it worth reprinting now events have left it so far behind.

Mr. Woodman, of Exeter, has issued a pamphlet entitled "Notes on Transplantation or Engrafting of Skin" (J. and A. Churchill). He relates impartially the cases in which he has tried it, and is strongly impressed with the comparative ease with which old and intractable ulcers may be cured by this plan, and which he strongly commends to the notice of Poor-law surgeons, as one likely to relieve them of some of their most tiresome cases.

We have on our table a copy of Dr. Joseph Bell's "Introductory Address," which has been reprinted from the January number of the *Edinburgh Monthly*, and published by Messrs. Oliver and Boyd. It is an address we can confidently commend to all students, for it sets forth our "high calling" in a worthy way, and urges every one to walk worthy of it.

"Life Assurance Made Easy" is a pamphlet by Mr. F. A. C. Hare, whose letters some time ago in our columns attracted some attention. This work (C. and E. Layton, Fleet street), explains in a most lucid way, by arithmetical demonstration, the calculation of net rates, and should be attentively studied by every policy holder, for Mr. Hare is a safe guide possessed of a profound knowledge of the scientific bases of life assurance, as well as a familiarity with its practice.

Professor Erasmus Wilson's "Lectures on Dermatology" (J. and A. Churchill), delivered last year at the Royal College of Surgeons, have now appeared in a handy volume, and are a synopsis of diseases of the skin. They have previously appeared in the journals, and may be looked upon as an introduction to dermatology, to be followed up in the author's larger works.

In this place we have been accustomed to notice occasionally some of our contemporaries. Dr. Hayes keeps his great *American Quarterly*, in which he is now assisted by

Dr. Minis Hayes, at the head of his country's medical periodicals. The new number, we may almost say volume, contains an article "On Irritable Heart," by Dr. Da Costa, which is of great interest. The *New York Medical Journal* has recently given us an excellent paper and debate "On Bloodletting," and another "On Syphilis of the Nervous System," of which we have already furnished an abstract.

The *American Practitioner* for January gives, in addition to its usual ample contents, a lecture by Dr. Parvin "On Woman and her Physician," delivered before the University of Louisville.

The *British Journal of Dental Science* contains much interesting matter on anæsthetics, and seems fairly to represent the scientific side of dentistry.

The Sixteenth Number, completing the fourth volume, of the *Journal of Cutaneous Medicine*, now ably edited by Dr. H. S. Purdon, of Belfast, is full of interesting matter to dermatologists, and we heartily wish it the success to which it is entitled. To show that its range is by no means restricted, we may name that Mr. M'Clare, M.A., gives a *resumé* of the subject of "Biogenesis and Abiogenesis." The Miscellaneous Memoranda, too, are copious and well selected.

◆

Correspondence.

VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I think it is now time that the public vaccinators should make known their experience of the system of having one instead of many vaccinators.

During the last twelve months of my office as public vaccinator to a third part of the city of Worcester I vaccinated 156 subjects; during the last twelve months of my office as public vaccinator to the whole of the city I vaccinated 789 subjects—*five times the former number*.

At the time when I was appointed sole vaccinator the Act was almost ignored, and scarcely any children were brought to the station. Being in some measure responsible (practically) for the carrying out of the Act, I made *very frequent* appeals to the Board of Guardians, the consequence of which has been "the issue of public notices on several occasions," "distribution of handbills," "appointment of a vaccination officer, and the successful prosecution of defaulters before the magistrates," &c., &c. There has lately been a good attendance of applicants for vaccination at the station (which was appointed, at my suggestion, in the centre of the city), and I believe that in a short time almost every child will be accounted for.

The advantage of using *fresh lymph* (which I have done in every case since I have been sole vaccinator), and having a large number of subjects to select from is, beyond all doubt, very great. It is no small advantage either for local and surrounding practitioners to know where they can always obtain lymph without fail. I have scarcely refused one applicant as yet. Last week I supplied one country practitioner with three dozen points for re-vaccination, and to-morrow I shall send four or five dozen to two more. This, in itself, is no slight aid to the extension of the benefits of vaccination.

I am, Sir, your obedient servant,
Wm. Woodward, M.D.,
Public Vaccinator to the Worcester Union.

◆

THE HOPITAL DU MIDI BOMBARDED.

The following is a quotation from a letter addressed to Dr. C. R. Drysdale from M. Charles Mauriac, physician to the Hôpital du Midi, of Paris:—

"Monsieur et cher Collegue,—I have been very sensible of the recollection you have had of myself, in sending me, under the form of the Medical Press and Circular, the article you have written recently upon one of my notes upon syphilis in women. I received the journal yesterday morning, and hasten to thank you very cordially. After an isolation of the completest kind of four long months, everything which comes from our friends, our relations, or from persons who are dear to us, in any way, acquires a value of which no one can form any idea who has not traversed this terrible crisis. . . . . I have often thought of you, as I returned home through the Luxembourg Gardens. Poor garden; has it not suffered from projectiles, although its flowers never declared war against the Prussians. The whole of this quarter has been one of the most injured by the bombardment. On the 19th January, the Hôpital du Midi received at one o'clock in the morning three enormous shells, which fell in my ward, No. 8, on the first floor—that large and fine ward of 40 beds, which you doubtless recollect to have visited. A piece of the wall was knocked down, all the windows were broken, the beds smashed and pulverised, the flooring thrown down to the basement, and, what was worst of all, one poor patient was killed and four more grievously wounded. Since the commencement of the siege, I have had no syphilitic patients to treat, but only cases of old age and of fever in civilians and soldiers. The ward is uninhabitable and not yet repaired; my service is completely disorganised. I was fortunate enough to get out of this safe and sound. The shells respected me; but one had the impudence to pass at from thirty to fifty centimetres from me in the Rue de Vaugirard. It entered, at four metres behind me, into a plaster wall, and, fortunately for me, burst only when inside of the house. This bombardment has been something quite horrible. It has only struck innocent persons, or, at any rate, such as had nothing whatever to do with the affairs of this war. We have also suffered much from hunger, and I promise you, the English provisions have been indeed welcome. A thousand thanks to the City of London.

"And to say that in the noontide of the XIXth Century, man can be so savage, and so hostile to his fellow man, as when he quitted the mud of the primitive world. And that all these calamities have been showered down upon us, because the German women have the fecundity of rabbits, and the German men the selfishness of a brutal sexual appetite, without forethought. But I shall never finish, so must ask you once more to believe in my best sentiments, and remain

"(Signed) Charles Mauriac.
"Paris, 22nd February, 1871."

Dr. Drysdale writes to say, that Dr. Charles Mauriac, like many of the scientific men of Paris, has a perfect horror of all kinds of warfare, and has frequently expressed himself to the effect that he had never even had the slightest pleasure in seeing any animal killed or wounded for "sport." Had such humane and medical views of human affairs been represented in the Councils of the Nations, this disgraceful war would not, perhaps, have taken place, from which he draws the conclusion, that the members of the Medical Profession are far too careless as to becoming Members of Parliament, and thus humanising their less humane brethren of the other professions.

◆

Obituary.

WILLIAM RICHARDSON, L.S.A.

On Saturday week Mr. William Richardson, died at his house in Stockton-on-Tees, of paralysis, at the age of fifty-seven. For upwards of thirty-five years he had resided and practised in that town. He was Mayor of Stockton in 1857-8, and alderman and J.P. for many years, taking an active share in all public matters.

◆

Medical News.

College of Surgeons.—At a meeting of the Council, hel on Thursday last, Mr. Solly's resignation as a member of th Board of Examiners was accepted. Mr. Solly hoped to b able to resume his attendance at the Council Board in th course of a few months. The draft scheme for an Examinin Board in England, prepared by the Committees of the Roya Colleges of Physicians and Surgeons and the Society Apothecaries, and given in our last week's leader, was take into consideration. An amendment to the proposal that th Council do agree to the first resolution—viz., "That o Board of Examiners, in this division of the United Kingd be appointed by the Royal College of Physicians of London, the Royal College of Surgeons of England, and the Society of Apothecaries of London, for the examination of candidates who desire to practise medicine, surgery, and midwifery,"—was moved by Mr. Simon, and seconded by Dr. Humphry, and carried by a majority of one, to the effect that the Council of the College do remit the scheme to the Committees for further consideration, especially in respect of two points: the one being that it leaves to the Colleges of Physicians and Surgeons the power of granting licences to practise through diplomas for the Fellowships respectively; the other, that it excludes the Universities from any participation in the appointment of the Board. Mr. Simon, Dr. Humphry, Mr. Birkett, Mr. Hewett, Mr. Curling, Mr. Lee, and Mr. Lane, voted aye; Mr. Busk, Mr. Hancock, Mr. Holden, Mr. South, Mr. Hilton, and Mr. Wilson, were the minority.

Naval Medical Service.—The following are the names of the successful candidates who passed the recent competitive examination for admission into the Medical Service of the Royal Navy, held at the University of London between the 20th and 27th of February, in the order of merit in which they passed, and with the number of marks obtained:—Thomas Harvey, Westminster Hospital, 1,770 marks; William Algeo, Royal College of Surgeons, Ireland, 1,720; Michael Kearney, M.D., Queen's College, Cork, 1,515; John Lyon, M.B., Glasgow University, 1,365; William Brown, Carmichael School of Medicine, Dublin, 1,340; John Tyndall, Royal College of Surgeons, Ireland, 1,340; Mathew Reed, M.D., Queen's College, Galway, 1,315; Alex. Richard Joyce, Royal College of Surgeons, Ireland, 1,255; Charles Atkinson Rathborne, M.D., Queen's College, Galway, 1,245; Thomas Power, Queen's College, Cork, 1,225. The following competed successfully for assistant-surgeoncies in the Royal Navy, on the 20th ult.:—A. Crombie, 2,670; G. B. Stuart, 2,420; I. A. McCracken, 2,130; L. A. Irving, 2,120; I. M. Beamish, 2,105; I. A. Clery, 2,105; I. Coats, 2,035; R. B. Cruickshank, 1,960; O. Molloy, 1,930; W. J. Fawcett, 1,910; J. G. Williamson 1,895; D. Leckie, 1,855; H. W. Joynt, 1,850; W. J. Moylan, 1,840; G. D. N. Leake, 1,835; W. Tobin, 1,825; J. McNamara, 1,815, H. Bradford, 1,795; R. H. Robinson, 1,795; W. J. Charlton, 1,755; J. W. Martin, 1,750; P. R. D. Gabbett, 1,740; E. H. Joynt, 1,735; W. E. Saunders, 1,725; C. De M. Palmer, 1,710; A. H. Anthonisz, 1,670; W. Finlay, 1,670; W. L. White, 1,655; R. Exham, 1,615; M. D. O'Connell, 1,605; W. P. Sullivan, 1,600; R. Harman, 1,590; I. Ruxton, 1,570; I. B. Wilson, 1,570; E. B. R. 1,485; I. R. Dickson, 1,465.

Action to Enforce the payment of Fees.—On Thursday, at the Bloomsbury County Court, Mr. Slyman, M.R.C.S., sued Mr. Murdoch for the sum of £7 2s. for attendance. The defendant's wife had a healthy male child on the 17th of February, 1870, and Mr. Slyman attended her. On the 28th of June this child, which was admitted by the plaintiff to be a healthy one, was taken to be vaccinated. The plaintiff informed the mother that it would be quite safe to vaccinate it, and he accordingly performed the operation. After eight days he saw the child again, apparently doing well, and gave the mother a certificate of the successful operation. Six days elapsed, and the child's arm was so inflamed and swollen that Mr. Slyman was sent for. The child was dangerously ill, and its arm had several abscesses on it. The doctor visited the child every day for some time, and eventually it recovered. The defendant refused to pay the doctor's bill, on the ground that the plaintiff had not taken due care in vaccinating the child, and that the illness was the result of bad vaccination. Mr. Slyman said that the child was successfully vaccinated, but that erysipelas had supervened. He produced several letters from the parents of other children who were vaccinated on the same day from the same vaccine, and they had done well. He denied the charge of carelessness. The Judge summed up, and pointed out to the jury that the question they should consider was, whether or not the plaintiff had exercised a reasonable amount of skill and care. Both the plaintiff and the nurse could not say that the erysipelas resulted from the vaccination. The Judge after a short consultation, returned a verdict for the plaintiff; and the Judge ordered the defendant to pay the amount claimed.

University of Dublin.—At the Hilary Term Examinations, 1871, for the degrees of M.B. and M.Ch., the following candidates passed in the order assinged to their names.—*Bachelors in Medicine.*—1. Edward M. Courtenay. 2. Francis C. Crooslè, 3. Thomas S. Floyd, 4. Edward Charles Thompson. 5. Hugh B. Stoney. 6. William R. White. 7. Rickard E. Lloyd. *Masters in Surgery.*—1. William R. White. 2. Francis C. Crooslè. At the Spring Commencement, held on Shrove Tuesday, February 21st, in the Examination Hall, Trinity College, the following degrees in Medicine and Surgery were conferred by the Right Hon. Sir Joseph Napier, Bart., Vice-Chancellor of the University. *Bachelors in Medicine.*—Ebenezer John Hatchell, Francis Clement Crooslè, Edward Charles Thompson, William Rogerson White, Rickard Edward Lloyd, John Morgan, Hugh Baker Stoney. *Masters in Surgery.*—Francis C. Crooslè, William R. White. *Doctors in Medicine.*—John Ellis, John Morgan.

Catalepsy.—A case of catalepsy is at present engrossing considerable attention at Berwick. The person attacked, is a servant girl, named M'Cade, about seventeen years of age. She was suddenly seized with a fit on Saturday week, and afterwards fell into a profound sleep, in which she has continued only with intervals of wakefulness and consciousness ever since. She is under the care of Drs. Jamieson and Maclagan, but their efforts have as yet been unsuccessful. While the brief periods of consciousness last, the girl appears in her usual health; but suddenly the stupor comes on, and she continues in profound sleep for many hours, unconscious of all that is going on around her. About a quarter of an hour before she was attacked on Saturday week, she had been struck on the face by a youth with whom she had quarrelled.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

Mr. Morgan.—The Second Part of your paper, with woodcuts, arrived too late for insertion in our present number.

Mr. Milton.—We are still unfortunately compelled to hold over your contribution "On Skin Diseases," through pressure on our space.

Dr. Crichton Browne, "On Laburnum Poisoning;" Dr. Roe's "Obstetric Notes;" Dr. Dickson, "On the Sanitary Wants of the People," see reply to Mr. Milton.

Mr. Teevan.—Your paper on "Some of the Functional Derangements of the Male Genital Organs" is accepted, and will appear as soon as space permits.

Student.—Write to Mr. Trimmer at the College of Surgeons of England.

Mr. H. G. E.—Charing Cross although a small school is a very good one. As you say it is the most convenient for you, you cannot do better than enter.

Dr. D. O'Brien.—You do not specify what particular number or numbers you require. As there were so many at different times containing reports or leading articles upon the Government Medical Bill, you must kindly furnish our publishers with approximate *data*, and the copies will be sent you.

Messrs. Domeier and Co., London.—Your communication upon "Chloral Hydrate" partakes so unquestionably of the nature of an advertisement, that it can only appear in that portion of the journal devoted to trade announcements.

Dr. Taylor, North Staffordshire Infirmary.—We do not review contemporary periodicals, but will be glad to afford you any information respecting the *Dublin Quarterly Journal* which you may desire.

Dr. W. Moore, Dublin.—Communication on "Stimulation in Fever" received, and shall appear in an early number.

Dr. MacCormac, Belfast.—Letter on "Parasites and Sewage" to hand for early publication.

Dr. Hayes, Shanagolden.—Reply to Dr. Drysdale's letter "On Celibacy" received, and shall be inserted as soon as possible. Having already devoted much space to the discussion of this and alllied subjects, we shall feel obliged if our friends will take the hint before given, "not to send us further communications thereon for the present."

Erratum.—At page 155 in our issue of the 22nd of February, 1871, the name of Dr. C. F. Moore was accidentally omitted, in connection with his paper, which should have been headed as follows:—

ON THE CONNECTION BETWEEN CERTAIN DEFECTIVE SANITARY CONDITIONS AND DISEASE.

By Charles Fredk. Moore, M.D., F.R.C.S.I.,
Medical Inspector of Seamen, One of the Physicians to Cork street Hospital, Medical Officer South City Dispensary.

"THE VOLUNTEERS AND THEIR SURGEONS."

To the Editor of "The Medical Press and Circular."

Sir,—Now that I see the subject of uniforms of our Volunteers is drawing attention, I wish the due attendance of the surgeons on their corps on field-days and marchings out were enforced, likewise that the surgeon be made to wear the usual *insignia* of his appointment the same as those of the Line, namely, a cocked hat; but, all very well, these are not times to play at soldiers, and that a man may shirk field work, but put his uniform on at concerts and theatricals in the drill hall is, I maintain, not a right state of things, and that it should be imperative on him to accompany his regiment to all reviews.

Yours, &c.,
CHIRURGUS.

March 6th, 1871.

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MEETINGS OF THE LONDON SOCIETIES.

Royal College of Surgeons of England.—Wednesday, March 8th, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

Royal College of Physicians.—5 p.m. Gulstonian Lectures; Dr. Gee, "On the Heat of the Body."

Hunterian.—7½ p.m. Council Meeting.—8 p.m. Dr. H. G. Sutton, "On Small-pox."

Epidemiological.—8 p.m. The President (Dr. Seaton), "On the present Epidemic of Small-pox." Dr. Grieve, "An Analysis of 800 Cases of Small-pox observed in the Hampstead Hospital during the present Epidemic."

Obstetrical.—8 p.m. Drs. Braxton Hicks and Phillips, "Remarks on Tables of Mortality after Obstetric Operations" (continued). Dr. Brunton, "A Case in which the Ovum was born entire, and the Child rescued alive fifteen minutes after."

Royal Institution.—Thursday, March 9th, 3 p.m. Dr. Odling, "On Davy's Discoveries."

Royal College of Surgeons of England.—Friday, March 10th, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

Royal College of Physicians.—5 p.m. Gulstonian Lectures; Dr. Gee, "On the Heat of the Body."

Clinical Society of London.—8½ p.m. Dr. Tilbury Fox, "Three Cases of Tinea Circinata communicated from the Horse." Mr. H. Lee, "On a Case of Removal of the Tongue for Cancer." Dr. Duffin, "Case of Roseola Variolosa." Mr. Christopher Heath, "On a Case of Complicated Stricture of the Urethra treated by Mr. Syme's Operation for Impermeable Urethra."

Royal Institution.—9 p.m. Dr. W. B. Carpenter, "The latest Scientific Researches in the Mediterranean and Straits of Gibraltar."

Royal Institution.—Tuesday, March 11th, 3 p.m. Mr. O'Neil, "On the Spirit of the Age."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Stricture of the Urethra. Second Edition. By C O. Aspray, M.D. London: Renshaw.

Suggestions as to the Reorganization of the Army Medical Department.

Lectures on Obstetric Medicine. Second Edition. By Robert Barnes, M.D. London: J. and A. Churchill.

Dr. Dobell's Reports on the Progress of Medicine in all parts of the World. Vol. II. London: Longmans, Green, and Co.

On Animal Vaccination. By A. Vintras, M.D. London: Churchill.

The Electro-Chemical Bath. Part I. By J. F. I. Caplin, M.D.

Pacific Medical Journal; The Gynæcological Journal; British Journal of Dental Science; Australian Medical Gazette; Nature; Berliner Klinische Wochenschrift Centralblatt für Med.

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APPOINTMENTS.

Boutflower, A., M.R.C.S.E., of Strangeways, Manchester, late Senior House-Surgeon to the Manchester Royal Infirmary, has been elected Honorary Surgeon to the Salford Hospital.

Brady, Dr. D. F., Inspector of Anatomy for Ireland.

Brew, H. B., L.R.C.P.E., L.R.C.S.I., Medical Officer to the Wicklow County Gaol.

Rudge, C. K., L.R.C.P.L., M.R.C.S.E., Resident District Surgeon to the Bristol Dispensary.

Sleman, J. C., M.R.C.S.E., Assistant House-Surgeon to the Kent and Canterbury Hospital.

Wagstaffe, W. W., B.A., F.R.C.S.E., Resident Assistant-Surgeon at St. Thomas's Hospital.

The following Naval Appointments are Gazetted:—John Breakey, M.D., to the Royal Adelaide for temporary services at Plymouth Hospital: John C. Ingles, of the Achilles, is promoted to the rank of Staff-Surgeon in Her Majesty's fleet.

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VACANCIES.

Westminster Hospital.—Resident Obstetric Assistant without salary.

Metropolitan Free Hospital.—House-Surgeon. Salary £80, with residence.

London Hospital for Women.—Assistant-Physician.

Hartlepool Hospital.—Resident House-Surgeon. Salary £80.

Wigan Union.—Medical Officer. Salary, with fees, about £200.

Kent Ophthalmic Hospital.—Consulting-Surgeon. Election 18th.

Royal Surrey Hospital.—Assistant Honorary Medical Officer.

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Deaths.

Bogg.—On March 1st, at Brompton, E. B. Bogg, M.D., M.R.C.P. and S.

Bradley.—On Feb. 20th, J. B. Bradley, M.D., of Hill-bank, Buxton, aged 80.

Geary.—At Limerick, Wm. J. Geary, M.D.

Golder.—On Feb. 19th, James Golder, M.D., L.R.C.S.Ed., of South Portland street, Glasgow.

Heyward.—On Feb. 22nd, G. P. Heyward, M.R.C.S.E., of Charnhill Hurst, Englefield green, aged 62.

Hubert.—On Dec. 22nd, at Nelson, New Zealand, Theodore Kelsall Hubert, M.D., late of Billingshurst, Sussex.

Matheson.—On Jan. 26th, at Alexandria, John Matheson, M.D., C.M., aged 33.

Menzies.—On Feb. 17th, at Lothian road, Edinburgh, Dr. Wm. Ingram Menzies.

Richards.—On Feb. 23rd, F. W. Richards, M.B., F.R.C.P.E., of Winchester, aged 29.

Symonds.—On Feb. 25th, at Clifton, Bristol, John Addington Symonds, M.D., aged 63.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

FOR DISPOSAL—AN OLD ESTABLISHED GENERAL MEDICAL PRIVATE PRACTICE, in the South of England, successfully carried on by the present proprietors for 60 years. Average annual receipts for many years past over £1,000. To a Gentleman of activity and energy the above affords an excellent opportunity, as Six Months' Introduction would be given, with the advantage of renting a large Private Residence with Surgery adjoining, fixtures of which (Drugs and Instruments) to be taken by agreement or valuation. To Principals the fullest investigation allowed.—Address, Beta, care of Messrs. Whinfield, Horn, and Co., 58 Minories; or Messrs. Corbyn and Co., 300 Holborn, London.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Osnaburgh place, Regent's Park, N.W.—Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

Fee for Three Months, One Guinea.

ESTABLISHMENT FOR GENTLEWOMEN DURING ILLNESS, 90 HARLEY STREET.

This Institution, which has now been in operation for upwards of twenty years, affords (at a small weekly payment) to the relatives of professional men, artists and others, the comforts of a home combined with the best medical and surgical advice. It is now greatly in WANT OF FUNDS, and Subscriptions and Donations are earnestly requested. They may be paid to the Lady-superintendent at the establishment, or to the Treasurer, at Messrs. Coutts', 59 Strand.

W. C. SPRING RICE, Hon. Sec.

SOCIETY FOR THE RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN. Founded 1788. Incorporated by Royal Charter 1864.—The Members are reminded that a Quarterly Court of Directors will be held on the 12th of April next, at which Candidates for admission into the Society can be proposed. It is desirable that the Forms of Proposal be filled up and forwarded to the Secretary at least a Week before the Meeting. The Forms of Proposal may be obtained of the Secretary. The Benefits of the Society are restricted to the Families of Deceased Members of not less than Two Years' standing. The Secretary attends at the Office every Wednesday and Friday from 4 to 5 o'Clock.

J. B. BLACKETT, Secretary.

53 Berners street, *March 1st*, 1871.

CARLOW UNION.—MIDWIFE WANTED for the BAGENALSTOWN DISPENSARY DISTRICT.—The Committee of Management of the above Dispensary District will, at a meeting to be held at the Dispensary, at Bagenalstown, on Wednesday, the First day of March next, at the hour of Twelve o'clock, noon, proceed to appoint a properly-qualified person to fill the office of Midwife for the above district at a salary of £20 per annum, with apartments. Sealed applications, enclosing diplomas and testimonials, to be sent to Mr. JOHN MAGRATH, Hon. Sec. to the Dispensary Committee, Bagenalstown, on or before the 28th February instant.

Personal attendance of Candidates will be required on the day of Election.

By Order, EDWARD L. JAMESON,
Workhouse, Carlow, 2nd February, 1871. Clerk of the Union.

ADJOURNED ELECTION.

TULLAMORE UNION.—KILBEGGAN DISPENSARY DISTRICT.—MEDICAL OFFICER WANTED.—The Committee of Management of the above Dispensary District will, at their Adjourned Meeting, to be held at the Dispensary House, Kilbeggan, on Monday, the 13th day of March, 1871, at Twelve o'clock, noon, proceed to Elect a properly-qualified MEDICAL OFFICER for the DISTRICT, at a Salary of £90 per Annum, exclusive of Vaccination and Registration Fees.

Personal attendance of Candidates required on the day of Election. The person appointed to reside in the District.

Applications, with Testimonials and Diplomas, will be received up to 12 o'clock on the above-named day, by

MATHIAS M'MANUS, Hon. Sec.

Kilbeggan, 21st February, 1871.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 15, 1871.

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Licentiate of the Royal College of Surgeons in Ireland, Licentiate of the King and Queen's College of Physicians, Member of the Surgical, Obstetrical and Pathological Societies, Surgeon to Mercer's Hospital, and Senior Surgeon to the Lock Hospital, and Professor of Materia Medica in the Ledwich School of Surgery, &c.

(*Continued from page* 153.)

In the last issue of your Journal, an article appears (on the "Nature of the Venereal Poison"), from the pen of your most flippant contributor, Mr. John Morgan. The sudden shift in his position does him infinite credit, it was performed with alacrity and judgment, on the principle, no doubt, of "discretion, &c." It gives him a wider field for speculation and conjecture, a broader and more philosophic range for his imagination; in the *Med. Times and Gaz.* for December 3, and in the Surgical Society of Ireland, we find this modern experimenter on syphilis dilating on the "Duality of Venereal Sores," and the "Duality of the Venereal Virus," and speaking with authority on all the cases in Dublin: and now we find him, by a rapid flank-movement, presenting a new front, and engaged in what ought to be a calm and philosophic dissertation on the nature of the venereal poison, but which is really a dogmatic tirade against me, because I have the boldness to assert my opinions, based on a practical experience of something like treble his, in the very same position, and with the same data for observation upon which he avowedly bases his argument. I regret that Mr. Morgan does not relish the repetition of my syphilitic doctrines. It is natural that, when his recently acquired hobby is assailed, he should feel nervous for its safety. He does not like the word "farrago" either; it grates upon his sensitive ear—to one accustomed to such delicate and conciliating phraseology, such a word is naturally harsh and distasteful; this I regret also. Nevertheless, I repeat it, and I do so advisedly, as being one, in my mind, eminently suited to the heterogeneous collection of mutilated facts that he has paraded before the Profession as an ultimatum in favour of the "unity" of the syphilitic poison. I am well aware that the readers of this Journal are no schoolboys in their studies, but I believe it would do Mr. Morgan himself, in his impetuous ardour, some good to sit at the feet of some recognised "Gamaliel" to reflect, before he rushed into print, seeking "the bubble reputation," where he should "tread lightly." It is evident, for example, on his own showing that, if he had placed himself at the feet of Wallace a few months ago, which he now confesses he is doing, he would, perhaps, have seen the propriety of not bringing before the Obstetrical and Surgical Societies the well-known fact that inoculation on the delicate tissues of a child will produce an irritable syphilitic sore, with a shorter than usual incubative period, and he would not have made the mucous patch on his own child, to which he called my attention at the Surgical Society,—a turnpike (so to speak) or "focus" (to use his own word) to lead him from one domain of pathology into another. Mr. Morgan says he wants "facts, not theories," and he says, "if we really seek to elucidate or discuss the arguments, we must ascertain that our premises are undoubtedly correct; for this purpose, to my mind, the only decisive test is that of auto-inoculation." But what are *his* facts? He comes forward with the aforesaid farrago of cases of auto-inoculated prostitutes, bathed in every form of contagion, and hopes by them, together with a number of models of the parts of generation in men, in whose cases, it will be remembered, he did not try his infallible dogmatic criterion of inoculation, to solve this delicate question, and make an intelligent profession believe there is but one poison for all the manifestations of syphilis. Surely, your readers are paid a high compliment by Mr. Morgan, who tries to pawn off an unparalleled refinement of sophistry upon them for sound reasoning. Now, I do not object to Mr. Morgan's really believing in the unity of the virus, and I can quite understand his being sincere in his adhesion to this doctrine. It is a very convenient one,—there are no powers of diagnosis required in its supporters; and many difficulties which confessedly obtain in the Dual theory are, of course, blinked. Moreover, Mr. Morgan has plenty of supporters in this view. It is not *his* theory. In his characteristic self-sufficient enthusiasm, he must not run away with this idea. But what I *do* object to is the *materials* upon which he bases his arguments, and from which, of course, he draws his conclusions, and coolly expects the profession to believe and endorse them. The test by auto-inoculation in prostitutes, I re-assert from experience, is, in four-fifths of the cases, as utterly valueless and delusive, as a means of diagnosis, as the cases of syphilis which Mr. Morgan has reported as being "invariably cured" by his new method of treatment by inoculation are utterly unreliable. Nevertheless, we here find Mr. Morgan, before he has had time absolutely to treat one case of syphilis to a termination, coming forward with great plausibility publicly to advance, as new, a doctrine, which the great majority of eminent witnesses, examined before the Venereal Commission in 1864 (four years before Mr. Morgan's experience commences), have sworn their adhesion to, "according to the best of their knowledge and belief!" It may reasonably be asked, What has Mr. Morgan added to this? I say, nothing; he has gone with the crowd,—he has elected to flow with the stream; but, with a peculiar form of modesty, he wants "the brush," although coming in at "the heel of the hunt." It is yet, however, to be seen whether he be right. I, for my part, take the view of the Commissioners on the subject, as judged of philosophically from the evidence presented to them, and embodied in their report. I do not pretend to superior knowledge, or to infallibility either; but I suppose I have leave to express my opinions. Mr. Morgan quotes the case of a medical gentleman, aged twenty-seven, who suffered from an ulcer on the thumb, which Mr. Morgan immediately perceived was syphilitic. This gentleman got a wound from a nail in the thumb; and in a few days after, while examining a syphilitic child of four weeks old, he removed with this same thumb the secretion from the mucous patches about its face. In four days, he is quite positive, from this examination the sore showed a specific appearance, becoming painful, and steadily increasing in size, until it had now assumed the figure and appearance represented in the accompanying illustration. Well, in the name of heaven, it may be fairly asked, What does this case add to our information on the subject, assuming it to be true? Does not every first year's student know that the mucous patch is one of the most contagious forms of secondary syphilis,—that children will acquire it from their nurses,—nurses from infants on the breast,—tobacco-smokers and bottle-blowers from their comrades, &c.? The gist of the case, no doubt, consists in its assuming "a specific appearance in four days;" but this is directly at variance with the observations of others conducted on a large scale, and I, for my part, simply do not believe it; and as to its auto-inoculability, we are given so little definite information on this, that it goes for nothing. According to my theory, although it has shocked Mr. Morgan, this mucous tubercle, the contaminating nature of which he has just given an example himself, is one of the most frequent causes of the spread of syphilis; and I am inclined to think, that, when he has a little more experience, he will agree with me.

Mr. Morgan next, wonderful to relate, quotes Wallace. *I* am taunted with making use of any authorities, while we now behold Mr. Morgan himself in the humiliating, but, I think, laudable, condition of being prostrate at the feet of Wallace, whose aid he invokes in support of his assumptions. But I suppose he thinks that because Mr. Byrne (to whose recently-altered opinions Mr. Morgan, no doubt, pins his faith) confessed himself deficient in information as to Wallace's inoculations, when examined before the Venereal Commission in 1864, that *he* would take care to make himself informed on the subject. I commend Mr. Morgan for this display of timely prudence, and for putting himself in possession absolutely of the manuscripts of Wallace's writings, in anticipation of another Government commission. I now repeat that I am certain, however much Mr. Morgan may cavil at my "oracular *dicta*," and notwithstanding his chaste simile that mucous tubercles hold a prominent place in the propagation of syphilis; and at the same time I repeat the "strange statement" that it did not, whenever I tried it, *per se*, produce the characteristic pustule of the simple chancre. This is the result of my researches so far, and I honestly confess it. Mr. Richardson, of Dublin, H. Kobner, and Mr. Morgan, succeeded in producing the soft sore from the mucous patch; but against this we have the evidence of Mr. Egan, an accurate and conscientious observer, formerly for *five* years Surgeon to the Lock Hospital, who says that, "I have frequently endeavoured to reproduce them by inoculation; but in every attempt which I made with this view I was unsuccessful." So, also, we have the evidence of that distinguished syphilographer, Mr. Victor De Meric, who says, in his evidence before the Venereal Commission, "I made a great many inoculations, particularly from mucous tubercles, and always failed." I have, in addition, to observe that I have, in a great number of cases, tried the inoculation of the mucous tubercle, *per se*, but without characteristic results, in the following cases:—Twice in cases on the breast; three times in cases on the scrotum; twice from cases in the mouth; in one case between the toes; in one case at the umbilicus; and in many from the genital organs. In most instances there was no result at all. In some there was a blush of redness, or a papule, and, in one case, a chronic form of sore, which resisted further inoculation. I must here repeat what I stated at the Surgical Society, that in those occurring on the genital organs of prostitutes, contagious properties are conferred upon the mucous tubercle, so that this test of auto-inoculation must be received with the greatest caution in this class of patients. Mr. Morgan now alludes to my confession that the soft sore occasionally infects the constitution. This, I repeat, without "advancing backwards;" and Mr. Morgan will be a little further enlightened before I have done: but, at present, I may observe that Mr. Morgan must be very "soft" if he supposes that double inoculation, or the engrafting of the two poisons, may not take place (which he admits, from what he has written), and this often does happen in prostitutes, for obvious reasons; but it is passing strange that while Mr. Morgan asks me this question, he does not answer the plain interogatory I put to him in my last paper on this same subject, namely,—Why it is that the simple sore fails to contaminate the blood, in the great majority of cases? and even, according to his own showing, in prostitutes? It is a completely new pathological idea for Mr. Morgan to elevate the simple sore—the contagious ulcer of the genitals—to the character of a blood poison, such as measles, scarlatina, or small-pox, and draw comparisons between them. It needs an elasticity of imagination worthy of the Professor himself to realise this. It is an eminently unphilosophical proposition.

It is not necessary for Mr. Morgan to dilate upon the nature, or the clinical or scientific value of abrasions of the os uteri (so called); I do not require to be lectured by him, neither do your readers, I presume; I know Ricord's views on the subject, and I know the generally-received views of obstetricians. Mr. Morgan has nothing new, I presume, to add to Egan's opinions. What I before stated I now repeat, and quote the case in which a married woman was the subject, and whose soft sores were auto-inoculable, and who had an abrasion of the os uteri, whose secretion was *not* auto-inoculable, but who had indurated glands in the groin; which, together with the non-auto-inoculable abrasion, I looked upon as pathognomonic of syphilis in this case, and the true source of the contagion. This I have seen in many cases. It is another "oracular dictum" for Mr. Morgan to digest. Mr. Morgan has been so hard up for reliable data that he has seen the necessity to drag into this discussion the case of a gentleman who placed himself under my care in the first instance, and has continued under my treatment, without interruption, to this day. With what propriety Mr. Morgan has introduced this solitary case I leave to others to judge. It is, however, "quite conclusive" to Mr. Morgan's mind, especially as it is furnished by my diagnosis. Now, I beg to inform Mr. Morgan that he is the subject of another delusion; and as a proof that I recognised the syphilitic nature of the solitary sore from which this gentleman suffered, that I ordered him mercurial treatment *the very day he consulted me!* this gentleman can produce my prescription in proof of this; as he was a student of the same hospital, I suppose he thought a "travelling opinion" from Mr. Morgan would do him no harm. With regard to my using a caustic, during the treatment, I frankly confess it; and I give it as a hint to Mr. Morgan, which I have no doubt he will find useful as his experience extends, and particularly in men, that the application of a caustic in certain torpid states of syphilitic sores, will often be of great service by altering the character of the sore, and promoting cicatrization.

Mr. Morgan appears disturbed by my using the term "typical non-syphilitic induration," but I have done so advisedly. Mr. Morgan is so wedded to softness (having only seen three hard sores in his life) that it really is a kindness to inform him that there are *two* species of induration, and that the sooner he makes himself acquainted with them, for the benefit of his patients, the better. The date of this case was August, 1870.

(To be continued.)

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LEGISLATIVE MEASURES FOR PREVENTING THE ADULTERATION OF FOOD, DRINK, AND DRUGS.*

By H. Letheby, M.B., M.A., &c.,

Professor of Chemistry in the College of the London Hospital, and Medical Officer of Health and Food Analyst for the City of London.

Legislative enactments, forbidding the sale of unsound and unwholesome food, have been in operation from the earliest time. At first they were chiefly directed against the use of diseased and unsound meat. Among the Jews, for example, there has been a prohibition of this kind from the days of Moses, whose commandments concerning the slaughtering of animals for food, and the examination of their bodies for disease, are supposed to have been of Divine origin, and have, therefore, been regarded with pious consideration; in fact, according to the Hebrew law, no flesh is fit for food, or shall be eaten, except it be of animals that have been killed and searched, or examined, by the officer (*bodek*) appointed for that purpose; and the most precise rules are laid down for his guidance in these matters—he being bound by very solemn obligations to declare of every animal that he kills, whether the flesh is proper to be eaten (*caser*), or is unfit for food, by reason of its being diseased or torn (*trefa*). The rules are traditional, for they are not found in the written law, and are said to have been communicated orally by Moses to the people of Israel, directly after his descent from Mount Sinai; for his words are, "Thou shalt kill of thy herd, and of thy flock, which the Lord hath given thee, *as I have commanded thee.*" (Deut. xii., 21.) They are, however, so severe, as to cause the rejection of a very large proportion of the slaughtered animals; and hence it is customary for the *bodek* to make a bargain with the unorthodox butcher, to take only those animals which he considers lawful, leaving the rest for the food of the less particular Christian. I dare say this has been the practice at all times, for there is frequent reference to it in our legal and domestic records: in *Liber Albus*, for example, there is a memorandum to the effect, that on the 24th of June, 1274, certain discreet men of the city were summoned before the king's council, to answer the question as to what was done with the unclean flesh of the Jews, and whether it was lawful for Christians to buy and eat the same? The answer was, "that if any citizen bought such flesh of a Jew he would be expelled, and if convicted by the sheriff, he would forfeit the meat, which would be given to lepers or dogs, and he, in addition, would be heavily fined." To which the council replied, that they commanded them, in the king's name, to have the custom strictly observed. I fear, however, from the legal records of *Liber Albus*, that less attention was paid in those days to the sale of diseased meat than to that of putrid meat; for, on examining the accounts of the citizens made and rendered in divers courts of the king, I find that while "judgment of the pillory or the thew" is recorded in twenty-three cases for selling putrid meat, poultry, or fish, there is not a single instance of a like punishment for selling the unclean meat of the Jews. There is one account of a butcher who was paraded on horseback through the streets of the city, with his face to the horse's tail, for selling measly bacon at market, and the next day he was put in the pillory, with two great pieces of his measly bacon over his head, and a writing which set forth his crimes.

In ancient Rome there were overseers appointed to examine the meat in the public markets before it was sold, and butchers were often fined for neglecting the law in this respect. Mr. Charles Reed has given us an instance of this from the *Acta diurna*, or Roman Gazette, of 585 years after the building of Rome, which, when translated, runs thus: A.U.C. DLXXXV. Fourth of the Kalends of April. The fasces, with Licinius, the consul, and Lertinus, ædile, fined the butchers for selling meat which had not been inspected by the overseers of the market. The fine is to be employed towards building a chapel in the Temple of the goddess Tellus.

In modern times also severe regulations have been made in all the States of Europe for the government of this matter, and in many cases particular instructions are given as to the kind of disease, &c., which renders meat unfit for human food—it being the practice to examine the animal while alive, and its carcass when dead.

But ordinances prohibiting the sale of other kinds of unsound food, and especially concerning the sophistication of food and drink, are not nearly so common or so precise in their character. The *Assisa panis* is, perhaps, an exception; for as set forth in *Liber Albus*, it is not only an ancient institution, but it also governs in the strictest manner the business of the baker; "if any default," it says, "shall be found in the bread of a baker in the city, the first time, let him be drawn upon a hurdle from the Guildhall to his own house through the great street where there be most people assembled, and through the great streets which are most dirty, with the faulty loaf hanging from his neck; if a second time he shall be found committing the same offence, let him be drawn from the great street of Cheepe, in the manner aforesaid, to the pillory, and let him be put upon the pillory, and remain there at least one hour in the day: and the third time that such default shall be found, he shall be drawn, and the oven shall be pulled down, and the baker made to forswear the trade of the city for ever." It further tells us that William de Stratford suffered this punishment for selling bread of short weight, and John de Strode for making bread of filth and cobwebs, and of eleven other bakers who were sentenced to the pillory or the thew for their unlawful dealings. Vintners, spicers, grocers, and regrators were also subject to wholesome restrictions in their commercial dealings, and were liable, in case of default, to amercement, or to the more rough and ready punishment of the pillory.

These were the legislative practices of our forefathers, and although effective in checking the frauds of dishonest dealers, they have given way before the irresistible advance of free trade, which puts no such restrictions upon the action of commerce, unless it affects the revenue of the country. In point of fact, until recently, the only legislative hindrance to any kind of sophistication has been from the Excise, and that has rarely been exercised for the public weal. As might be expected, therefore, the practice of adulteration is not only extremely common, but it has grown to such perfection as to have become an art of no mean scientific pretention. Fifty years ago it attracted the notice of one of the most expert chemists of the day, I mean Mr. Frederick Accum, who declared of it, even at that time, that it was managed with all the order and method of a regular trade, and that it might claim to be distinguished as an "*Art and Mystery.*" His well-known "Treatise on Adulterations of Food, and Culinary Poisons," which was published in 1820, with the startling motto from the Book of Kings—"There is death in the pot," commanded so much attention that, within a month of its appearance, a thousand copies of it were sold, and a second edition of it required. The success of Accum has been a sufficient inducement to try the like experiment upon the public, and not a few sensational works of the same style have issued from the press. In illustration of this I may refer to the reports of the so-called "Analytical Sanitary Commission of the *Lancet*," which appeared in that journal during the years 1851 to 1854, inclusive; and which were republished in 1855 by Dr. Hassall, who described himself as the chief analyst of the commission. The effect of these articles was to create a sort of alarm, amounting to almost a panic, which was followed by the usual prostration of over-excitement, but during the fever of the public mind a select parliamentary committee, under the chairmanship of the late Mr. Scholefield, was appointed to inquire into the subject of the Adulteration of Food, Drinks, and Drugs, and their first report appeared within a month of their appointment. This was followed by the Adulteration of Food Act of 1860, which I need not describe, for it is a dead letter: in fact, the public mind had collapsed, and had passed from the frenzy of fever into the apathy of despair. Attempts have been made to revive the feeling, and to improve the law, which is manifestly imperfect, but with no practical effect. In 1869, for example, there was the Bill of Mr. Dixon, Mr. Kinnaird, and Mr. Goldney, to amend "the Adulteration of Articles of Food and Drink Act, 1860," and to extend its provisions to drugs, but it made no progress in the House of Commons; and now there is before Parliament the like Bill of Mr. Muntz, Mr. Whitwell, and Mr. Dixon, to amend the law for the prevention of the Adulteration of Food and Drink, and of Drugs, but I do not anticipate that it will become law in its present form; for, like its predecessors, it entirely fails to comprehend the right principles of the subject, or to meet the real difficulties of the question. Experience, in fact, has shown that a measure of this kind, to be effective, must not only contain a clear definition of the subject, stating what is meant by adulteration, but it must also be practical as well as decisive in the working of its machinery, and it must be compulsory instead of permissive.

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* Read before the National Association for the Promotion of Social Science, Monday, March 6, 1871.

As regards the definition of the subject, it is manifestly of prime importance that there should be a clear understanding of what is meant by adulteration; for although there are many practices which are regarded in some quarters as adulterations, yet as they are either called for by the public, or are concerned in an actual improvement of the article, they cannot, in my opinion, be said to be adulterations. As examples of this I would refer to the harmless mixture of flour with mustard, of chicory with coffee, of inferior starches with arrow-root, of gelatine with isinglass, of glucose with sugar-cane, of dripping or other fat with butter, of water with milk, vinegar, or spirituous liquors; for in all these cases the mixture is harmless, and is generally expressed by the price at which the article is sold—besides which it is the simple and almost natural result of that kind of competition in trade which the public encourage, and from which in the end the public derive advantage. What good reason, in fact, is there, why we should prevent the dealer from increasing the bulk of an article, or improving its appearance, or adding to its flavour, providing he does it without injury to the nutritive quality, the dietetical uses, or the wholesome nature of the substance. All that is required to guard against fraud in such cases is that the dealer should sell the article for what it really is, and should specify by means of a distinct label what the mixture is composed of, and the proportion of the several constituents. If he failed to do this, and sold a mixture of things for a genuine article, he should be liable to a penalty for fraudulent dealing; and with these safeguards I would let the manufacturer employ whatever materials he likes to cheapen or improve his wares, provided always that the materials are harmless.

It must be otherwise, however, with the use of mineral, poisonous, or unwholesome compounds—the addition of alum to bread, of mineral pigments to confectionery, or indeed of any mineral substance to food, as well as the use of unsound or decayed articles of diet should be regarded as adulterations of a serious nature, and should be strictly prohibited.

In defining the term, therefore, I would limit its application to the use of unwholesome substances—permitting wholesome mixtures to be sold provided they are clearly designated at the time of the sale by means of a proper label, the absence of which should be evidence of fraud.

With respect to the machinery which is necessary for the Act, my experience in the city has led me to the conclusion that it should be as follows :—

(1.) There should be an officer appointed by the local authority to purchase samples of food in his district. In most towns there are inspectors of nuisances or inspectors of meat and markets, and these officers may easily perform the duty of inspecting the shops of the district, and of purchasing articles of food, or drink, when they suspect them to be adulterated, or to be sold in fraud of Her Majesty's subjects.

Under the present and the proposed law, the duty of beginning an inquiry of this nature rests with the public, and experience has shown that although the public are the parties interested in the matter, yet they will not incur the trouble and responsibility of commencing legal proceedings against a dealer. To take the case of the city as an illustration, although at the time of the passing of the Adulteration of Food Act, the public were invited by the sanitary board to take measures for the due observance of the law, and the poor were invited to bring articles of food, suspected to be adulterated, to the public analyst, and he was empowered to make the analysis without charge, yet no case of prosecution has occurred—but many analyses have been made at the instigation of the dealers themselves, for the purpose of obtaining a trade certificate.

(2.) There should be a public analyst appointed by the local authority, in exactly the same manner as the gas examiners are appointed under the recent Metropolitan Gas Acts, and he should make the analysis of articles brought to him by the inspector, or by any other purchaser who had taken the necessary precautions to preserve the identity of the article, and this should be secured by proper regulations. In all cases of adulteration, or of mixtures in fraud of the public, his certificate should be forwarded to the local authority, who should immediately send a copy of it to the dealer, and it should be regarded as *primâ facie* evidence of adulteration or of fraud, but the dealer should, in case he thinks himself aggrieved by the certificate, have the power of appealing to a central authority, as the Board of Trade, or the Excise, who should refer the matter to a chief analyst, whose decision should be final and conclusive, and the expense of this should be defrayed by the parties in default. This provision is of the utmost importance to guard against the possible errors of local analysts, as well as the prejudices which they may entertain on the subject of adulteration. The process to which I refer is not at all difficult, for it is already in operation, in the case of many of the gas companies of London.

(3.) In case of a certificate of adulteration from the local analyst, or from the chief analyst on appeal, the local authority should be required to prosecute the matter before a justice in the way provided for in the Act.

And with respect to penalties on conviction, the justice should be empowered to fine the defaulter, or to imprison him, or make him advertise his default, in a manner to be described by the justice, either in the public newspaper of the place, or upon his own shop window; and the penalties should be accumulative, so as to increase with each successive conviction of the same offender. And the execution of the Act should be confided to the local authorities in a compulsory manner.

As regards the question of the adulteration of drugs, it appears to be beyond the scope of a local authority, and should be committed to some medical body whose knowledge of this difficult subject is sufficiently large to enable them to deal with it; for the question of the adulteration of a drug is not merely too difficult for an ordinary analyst to settle, but it is altogether a specialty which belongs to a competent tribunal. In many cases it would be impossible to declare whether an article was adulterated or not, seeing that its strength and peculiar action on the human body are often dependent on the age of the preparation and on the climate where it is grown—this is so with almost every vegetable preparation, and notably with senna, rhubarb, opium, and sarsaparilla. It does not appear to me, therefore, that drugs have any place whatever in a Bill for preventing the adulteration of food or drink, but should be made the subject of independent legislation.

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TREATMENT OF TYPHUS AND TYPHOID (ENTERIC) FEVER;*

BEING A CLINICAL RECORD OF TWENTY-SEVEN CASES TREATED IN SIR P. DUN'S HOSPITAL.

By **William Moore**, M.D., Tr. Coll., Dub.,

Fellow of the College of Physicians, "King's" Professor of the Practice of Medicine, Professor of Clinical Medicine and Physician to Sir P. Dun's Hospital, Physician to the Institution for Diseases of Children, &c.

The following cases of fever which were treated in Sir P. Dun's Hospital during my recent period of duty, do not include the cases of fever which I took up the treatment of when going on duty (all of which recovered), nor five cases of fever which I left in the hospital on the 31st of December last, when my period of duty terminated. The subjoined twenty-seven cases were under my care during the whole course of their respective fevers, with two additional (cases of typhus), which were treated on the same plan, but inasmuch as the *exact daily record* has been mislaid, I have not included them.†

Typhus Fever.

Case I.—Mary R., aged thirty; married. Admitted into Sir P. Dun's Hospital, on the 18th of October last, about four days in fever.

Oct. 18.—Ordered six ounces of wine.

Oct. 22.—She was extensively maculated and delirious; ordered eight ounces of whiskey in the twenty-four hours.

Oct. 26.—She was very delirious, noisy, and deeply maculated; ordered a table-spoonful of whiskey every hour.

Oct. 30.—Whiskey omitted; ordered twelve ounces of wine, which was continued till—

Nov. 12—When she got ten ounces of wine.

Nov. 19.—She was discharged well.

Stay in hospital thirty-two days; average quantity of stimulants per day of all kinds, seven ounces.

Case II.—John R., aged thirty-eight, labourer, some days in fever, was admitted into hospital on the 25th of November, with well-marked typhus (his wife left the hospital on the 19th of November, having passed through severe typhus fever). This patient left the hospital, well, on the 15th of December, having taken, during his fever, 110 ounces of whiskey, or an average of seven ounces daily, the greatest quantity in twenty-four hours being twelve ounces of whiskey.

Case III.—Harriet M., aged twenty-five, was admitted into Sir P. Dun's Hospital, on the 7th of December last, about five days in typhus fever.

Dec. 8.—She was maculated from the forehead to the toes.

Dec. 9.—She was wakeful, delirious, with retention of urine; maculæ having become of a "petechial" character; very tympanitic; urine drawn off.

Dec. 10.—Much the same state; much meteorism; with retention of urine, urine drawn off.

Dec. 11.—In much the same state.

Dec. 12.—Looked better, more conscious; passed water freely; no albumen in the urine; temperature, 103·2; eruption fading.

Dec. 13.—Improvement continued.

Dec. 14.—Profuse perspiration established, which saturated the bed-clothes, and continued over the 15th.

Dec. 16.—Perspiration gone; pulse and temperature almost normal; had rapid convalescence, and left the hospital on the 27th.

The amount of whiskey taken by this patient was eighty-eight ounces in all, or a daily average of four ounces of whiskey. The greatest amount of stimulants taken in twenty-four hours being six ounces of whiskey in half-ounce doses.

Case IV.—Mary R., aged twelve, was admitted into Sir P. Dun's Hospital on the 25th of November (mother just convalescent from typhus). This girl was well maculated, was delirious, and very noisy during the fever. She got in all sixty ounces of wine during her stay in hospital, or an average of about two and a-half ounces of wine daily. She left the hospital, well, on the 18th of December.

Case V.—Richard S., aged twelve, admitted the 15th of October, with typhus fever. Eruption was well-marked. He became delirious, and very noisy during his stay in hospital (twenty-three days). He got an average allowance of four-and-a-half ounces of wine daily.

Case VI.—Ellen P., aged twelve, was admitted into Sir P. Dun's Hospital on the 27th of October last, with typhus fever. She was faintly maculated, delirious, and very excited during the course of her fever. She left the hospital on the 25th November, having been twenty-nine days under treatment, and having taken an average of eight ounces of wine daily.

Case VII.—John R., aged four (father, mother, and sister in hospital with severe typhus). This child was not spotted; he had what I should call mild typhus. He got no stimulants, and left the hospital after fourteen days, quite well.

Enteric Fever.

Case VIII.—Thomas M., aged twenty-nine, schoolmaster (this was one of ten cases admitted with enteric fever, from the training school, North St. George's street, where the water has been found, on analysis by the Rev. J. Jellett and by Professor Cameron, to be grossly impure), was admitted into Sir P. Dun's Hospital on the 5th of October, about five days in fever.

Oct. 6.—He had "twitchings" and "subsultus," and his temperature was 103°; ordered six ounces of wine.

Oct. 7.—Some well-marked rose spots over the abdomen; wine increased to eight ounces.

Oct. 8.—Subsultus; diarrhœa; some delirium; wine increased to ten ounces.

Oct. 9.—Slept none; delirium increasing; difficult to keep in bed; wine increased to twelve ounces; very congested appearance; slight retraction of the head; respiration quick and irregular.

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* Read before the Medical Society of the King and Queen's College of Physicians, Ireland.

† I am indebted to Mr. F. P. MacLaughlin, Resident Medical Student, Sir P. Dun's Hospital for the careful reports of these cases.

Oct. 10.—Patient convulsed, very violent at times; conjunctiva very congested; continual twitchings of the face; great subsultus; involuntary dejections. Obliged to put on the "straight waistcoat." Ordered twelve ounces of brandy (and as the patient would not swallow), to be injected; blister to the vertex, and twenty grains of the bromide of ammonia three times a day. For the next ten days this patient varied little, and he was steadily kept on the twelve ounces of brandy in the twenty-four hours (given when he could swallow it), in half-ounce doses every hour, at other times injected.

Oct. 24.—This morning the patient showed signs of amendment; he was more conscious, gave warning, had slept, and the subsultus was less; brandy reduced to *six ounces*, to be given in table-spoonful doses *every second hour;* six ounces of wine to be given at intervals during the twenty-four hours.

Oct. 25.—Same stimulants continued.

Oct. 26.—Brandy was omitted, and ten ounces of wine ordered in the twenty-four hours.

Nov. 4.—Wine reduced to eight ounces in the twenty-four hours.

Nov. 7.—Discharged, well.

The highest temperature registered in this case was 105° Fahr. Average quantity of stimulants per day (of all kinds), six ounces. Stay in hospital, thirty-three days.

Case IX.—Robert J., aged twenty-two (teacher), was admitted to Sir P. Dun's Hospital on the 4th of November last, about six days in fever.

Nov. 5.—He got eight ounces of wine in the twenty-four hours.

Nov. 6.—Same quantity of wine.

Nov. 7.—Well-marked lenticular spots over the abdomen; some diarrhœa; wine increased to twelve ounces.

Nov. 8.—He was delirious, but quiet; there was tympany, with diarrhœa; ordered a table-spoonful of whiskey every hour (twelve ounces).

Nov. 9.—The patient was more unconscious, and the diarrhœa very frequent; great tympany; ordered a table-spoonful of brandy in cold water every hour (twelve ounces).

Nov. 10.—This quantity of stimulation was continued when the patient's condition was as follows: He lay on his back with his mouth open; tongue, dark brown, dry; teeth and lips covered with sordes; muttering delirium; involuntary passing of fæces and urine, with "floccitatio." In this state he remained for days.

Nov. 20, till *Dec.* 2.—He got eight ounces of wine in the twenty-four hours.

Dec. 3, till *Dec.* 9.—He got four ounces of wine. He left the hospital on the 10th December, quite recovered.

Average quantity per day (of all kinds) eight and a-half ounces, during his stay in the hospital, thirty-seven days.

Case X.—Dennis L., aged twenty, admitted into hospital on the 19th of October, with well-marked enteric fever. Rose spots over chest and abdomen, with tympany, cæcal gurgling, and diarrhœa. This patient left the hospital, well, on the 19th November. During his stay he got an average of seven and a-half ounces of wine daily.

Case XI.—Ann C., aged thirty, cook, was admitted on the 18th of October, suffering from continued fever, without eruption, but complicated with severe pain over the back of the head and down the spine, cerebro-spinal symptoms, analogous to what prevailed about three years ago. At the end of a fornight she was apparently convalescent, when she had a relapse, the fever now having assumed a well-marked "enteric" type, accompanied with rose spots, diarrhœa, low, quiet delirium, and involuntary dejections, from which she had a tardy recovery. She left the hospital, well, on the 24th November, having taken during her stay an average of seven ounces of wine daily.

Case XII.—John H., aged eighteen, schoolmaster, admitted the 12th of October, with well-marked rose spots, very severe diarrhœa, and all the symptoms of enteric fever. This patient left the hospital, well, on the 7th of November, having taken during the course of his fever an average of six and a-half ounces of stimulants daily.

Case XIII.—William P., aged twenty, was admitted into Sir P. Dun's Hospital on the 5th of October, with well-marked rose spots; diarrhœa, very severe. He remained eighteen days under treatment, during which time he got an average of seven ounces of whiskey, daily.

Case XIV.—James C., aged thirty-three, admitted into hospital on the 10th of November. A few well-marked rose spots over the abdomen, afterwards, quiet delirium. After twenty-one day's treatment he left the hospital, having taken an average amount of four ounces (two of whiskey and two of wine) *daily.*

Case XV.—Thomas E., aged twenty-nine, admitted into hospital on the 4th of November, with enteric fever, rose spots, diarrhœa, tympany, slight subsultus, deafness; altogether a severe case. He remained twenty-nine days under treatment, having taken an average *daily* allowance of wine and whiskey combined, of eight ounces.

(To be continued.)

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GYNÆCOLOGICAL NOTES.

By William Roe, M.D., F.R.C.S.I.,

Assistant Physician to the Coombe Lying-in-Hospital, Member of Council of the Dublin Obstetrical Society, &c.

Case 1.—*Pelvic Cellulitis; Abscess; Discharge per Vagina; Recovery.*—B. M., aged thirty-eight years, came under observation on the 21st of March, 1870. She has had six living children, and two miscarriages. She had a miscarriage six weeks previously, being then about three months pregnant. About a fortnight afterwards she received a blow in the back, which shook her considerably; she felt great soreness in the back and hips, and very great pain in both sides, especially the right. The vagina was very hot and painful when touched, and, in fact, she had felt sick and feverish ever since she received the blow, and had much difficulty in retaining her urine for any length of time.

On examination, I found a large tumour occupying the anterior half of the pelvis. The uterus was in its normal position, and its cavity measured two and a-half inches. The os was patulous, and the posterior lip ulcerated; she also suffered from cervical catarrh, which was evidenced by the transparent albumenoid discharge from the os and cervical canal, which was very profuse; her pulse was 84, and the temperature, 100 3-5ths. I ordered her to be well poulticed, and to have saline aperients, with perfect rest in bed, and to have good nutritious diet, &c.

The following are the daily notes of pulse and temperature:—

		Pulse.	Temperature.
March	23	64	100 2-5ths.
"	24	60	100 2-5ths.
"	25	64	99 4-5ths.
"	26	66	99 2-5ths.
"	27	72	99 2-5ths.
"	28	74	99 2-5ths.
"	29	88	99 2-5ths.
"	30	82	99
"	31	31	98 4-5ths.
April	1	86	99
"	2	86	98 3-5ths.
"	3	88	98 4-5ths.
"	4	76	99 1-5th.
"	5	84	98 2-5ths.
"	6	76	99 1-5th.
"	7	76	99
"	8	78	99 1-5th.
"	9	80	99
"	10	84	99 2-5ths.
"	11	80	99

The poultices were continued; the vagina was syringed out with warm water twice a day, there being a free discharge from the abscess through the vagina.

		Pulse.	Temperature.
April	12	86	98 3-5ths.
„	13	88	98 4-5ths.
„	14	82	98 3-5ths.
„	15	80	98 1-5th.
„	16	76	98

The discharge having now ceased, and the tumour having almost entirely disappeared, the poultices and syringing were stopped, and a blister applied over the lower part of the abdomen. She made a good recovery, the temperature never rising above 98; she was discharged well on the 22nd April.

The above case is interesting, as showing (although there was some slight fluctuation), the gradual fall in the temperature in those cases about to get better and where there is no new formation of matter.

CASE 2.—*Menorrhagia of six weeks' duration; Polypus; Removal; Recovery.*—Mrs. L—, aged forty, came under my observation on the 12th of May, 1870. She had been married sixteen years; had eight living children, and three miscarriages—the last about six weeks ago, since which she has had flooding almost incessantly; although under the treatment of her medical adviser, it occasionally abated a little, but never ceased altogether. My friend, under whose treatment she was, has informed me that he tried almost every remedy which is usually found effective in those hæmorrhages, but without any good result. She was very weak and quite broken down in spirits.

On examination, I found the vagina normal; the uterus in its proper position—its cavity measured three inches and a-half. There was no ulceration of the os, which, however, was patulous; and two small polypi about the size of peas, could be seen and felt hanging from the posterior wall of the cervix. In consultation with my friend, we decided upon exploring the uterus. Accordingly, on the 16th May, 1870, I introduced seven pieces of sea-tangle (No. 4), into the uterus in the usual manner, and administered a-quarter of a grain of morphia in the form of a suppository at bed time.

On the 17th, I removed the sea-tangle tents, which had been in for twenty-two hours, and found the cavity of the uterus quite dilated. On exploring the uterus, I found seven or eight small cystic nodules, which I removed with a vulsellum, and mopped the entire cavity of the uterus out with strong nitric acid (the two small polypi which were at the os were broken down by the pressure of the tents), and ordered her to have a suppository of morphia (a-quarter grain), to be repeated at bed time if necessary.

May 18th, 1870.—Doing well; had a very good night. Pulse, 84; temperature, 98 4-5ths.

		Pulse.	Temperature.
May	19	72	98 3-5ths.
„	20	72	98 2-5ths.
„	21	72	98 2-5ths.
„	22	74	98 3-5ths.
„	23	72	98 2-5ths.
„	24	74	99 2-5ths.
„	25	76	100
„	26	76	99 2-5ths.
„	27	76	99 2-5ths.
„	28	74	98 3-5ths.
„	29	74	99 2-5ths.

From this she made a rapid recovery; there was no treatment more than syringing the vagina twice daily, and administering a suppository occasionally.

This case illustrates plainly the worthlessness of drugs in those cases of menorrhagia which depend upon a mechanical or intra-uterine cause, such as polypi, tumours, &c. It also shows that we may apply strong agents to the mucous membranes of the cavity of the uterus without danger, although a great deal of timidity is shown by surgeons to adopt this treatment, which they occasionally style an innovation, but which is really a very old practice, recommended even by Ambrose Paré. It may be observed from the above thermometrical notes that on the eighth and ninth days the temperature had risen. I ordered the bowels to be relieved by a mild aperient, and a warm water enema, when the temperature again came down; she made a good recovery, and is now in perfect health.

CASE 3.—*Sterility; Dysmenorrhœa; Pin-hole Os; Operation, followed by Conception.*—M. M—, aged thirty-seven, was first seen by me on the 28th March, 1870. She was then married seven years; had no children or miscarriage. Menstruated at regular intervals since she was thirteen years of age; but always suffered very great pain during the menstrual flow. This pain had latterly become so bad that she always had to make herself drunk (I use her own words), to be able to bear it. She had great pain in the region of the ovaries, and suffered from a fœtid vaginal discharge.

I found on examination the vagina healthy, with the exception of slight vaginitis; the os very small—a regular pin-hole, in fact—a sound would not pass, and with difficulty I introduced a small probe. The uterus was in its normal position, and its cavity was not quite two and a-half inches in length.

On the 1st April, I slit the os in the usual way with Savage's knife, afterwards dividing the vaginal portion with a pair of scissors, and mopped the surface of the wound with a solution of perchloride of iron in glycerine; had the vagina syringed every day, and occasionally passed my fingers through the wound and a sound into the uterus. The wound healed in about three weeks. She afterwards menstruated painlessly, and I hear that she is now pregnant.

CASE 4.—*Dysmenorrhœa; Small os; Relieved by Operation.*—M. C., aged twenty-five years, admitted into the Coombe Hospital on the 18th November, 1870. She had been married two years; had no children or miscarriage; menstruation was always very irregular and painful, but became much worse after marriage; otherwise, she enjoyed very good health.

I found the vagina healthy; no vaginitis or leucorrhœa; the os very small; with some difficulty I could pass the sound, which showed the uterus to be normal both in position and size of cavity.

On the 20th November, I slit the os in the usual way. The after treatment was the same as in the last case, except that I had occasionally for the first week to administer a suppository of morphia, as she complained of a good deal of pain. On the 2nd December, menstruation commenced, and lasted for four days, during which time she had not the least pain, although the wound could not have been perfectly healed. She was discharged on the 15th December, since which time I have lost sight of her, as she left Dublin.

This case and the last prove beyond question the success of this simple operation in suitable cases. In the first, we find the cause of the dysmenorrhœa removed, the patient saved the trouble of getting drunk once every twenty-eight days, and last, not least, the mental comfort of being able to look forward to offspring; in the last case, all the pain has disappeared, and whether or not she will be as blessed as the other patient I am not able to say; but I do say that nothing but this operation could have brought those results, for although I have tried dilating the os by other means, such as sea-tangle, &c., I have only been disappointed with the results.

CASE 5.—*Inversion or Prolapse of the Mucous Membrane of the Urethra.*—Mrs. M., aged thirty-eight years, came under observation last July; she had been married thirteen years, had four children, all living; never had a miscarriage; menstruation was always regular but scanty; she complained of much difficulty and pain in passing water, with great soreness and itching of the external genitals; but otherwise appeared in perfect health. I found, on making a careful examination, that there was a small reddish tumour at the meatus urinarius which, at first sight, I believed to be the vascular; but, on more minute examination, I discovered it was the protruded mucous membrane of the urethra, which was inflamed from the passage of the urine and friction of the clothes. I applied a solution of nitrate of silver (gr. xl., ad ℥j.) to the inflamed part and returned it. I saw her again in a few days. It was still protruded, but the inflammation had subsided. I now applied strong nitric acid at two or three points, and again returned it; and after seven or eight applications, extending over a period of six weeks, she was quite relieved. I may mention that her symptoms were much aggravated by the advice of some friend, who desired her to drink plenty of gin, telling her that she suffered from the gravel.

Case 6.—*Vascular Tumour of the Meatus Urinarius.*—Mrs. D., aged forty years, married ten years, the mother of five children; always a healthy woman; menstruation regular. Came under observation last May. She was suffering great pain and difficulty in passing water, which was occasionally tinged with blood; had soreness and itchiness about the genitals, and suffered much pain at sexual intercourse. On examining this case I found a vascular tumour about the size of a small nut, of a bright scarlet colour, situated at the meatus. It was very sensitive and painful, and bled freely when touched. I twisted it off with the vulsellum, and applied nitric acid to the bleeding surface. She felt no unpleasantness after a few days, and was very well when I saw her last November.

The two preceding cases are, in a diagnostic point of view, most interesting, for it was by no means at first sight easy to distinguish the prolapse, in Case 5, from the vascular tumour (described by Sir C. Clarke). In Case 6, however, with a little care the diagnosis is readily made. In the vascular tumour we always find three distinguishing points, viz.,—1. Extreme scarlet redness; 2. Excessive sensibility; and, 3. It bleeds freely on being touched. In cases of prolapse of the urethra these three characteristic symptoms are mostly absent. The treatment in each case being quite different, a correct diagnosis is the more important.

LABURNUM POISONING.

By J. Crichton Browne, M.D. Univ. Edin., F.R.S.E.,
Medical Director of the West Riding Asylum.

The interesting case of poisoning by the pods of *Cysticus Laburnum* described by Mr. Wheelhouse in the *British Medical Journal* of January 22nd, 1870, has suggested to me the propriety of recording two illustrations of the toxic effects of the legumes and leaves of the same tree which came under my observations in this Asylum some time ago.

At eight o'clock on the evening of August 22nd, 1869, Mr. Aldridge, the Assistant Medical Officer of the female division, was called to visit C. H., aged twenty-eight, labouring under chronic mania, whom he found upon her hands and knees on the floor of her bedroom, exceedingly pale and retching violently. On enquiring as to the origin of her illness, he was informed that, when out walking about one hour previously, she had plucked and eaten a quantity of pods from what she called "the kidney bean tree," which proved to be a laburnum growing on the lawn in front of the Asylum. It was impossible to procure accurate information as to the quantity eaten, but it appeared that about a handful had been consumed in the space of a quarter of an hour. As she was finishing her repast she was met by a nurse who told her to throw away those poisonous beans—a monition which alarmed her greatly—as she is always very solicitous about her own health, and had swallowed the beans in total ignorance of their pernicious properties. In a quarter of an hour from this time, that is to say, half-an-hour from the introduction into the stomach of the first bean, she was seized suddenly by sickness, giddiness, and pain in the bowels, which were followed by a copious, but feculent stool. In fifteen minutes more, as she kept getting worse, she confessed her dietetic delinquencies and asked that medical aid might be obtained. She had vomited some partially digested food, mixed with green laburnum pods before she was seen by Mr. Aldridge at eight o'clock.

At this time she was found in a state approaching collapse, with a pale skin, cold extremities, and pinched and cadaverous features. When raised from the floor she could not stand without assistance, and declared that the room whirled round, and that she could scarcely see. When put to bed and examined carefully, it was noted that her mental condition presented its usual characteristics of general incoherence, combined with a prompt and correct comprehension of all questions or remarks addressed to her, and a power of accurately describing her own sensations—that her muscles were in a state which might be called tremulous quivering or sub-shivering, so that, although they communicated no visible movements to the skin or limbs, they were felt to thrill or quiver under the hand when it was laid upon them, that the pupils were dilated but sensitive to sight, and that there was some anæsthesia of the surface generally, so that pinching and pricking which ought to have occasioned considerable pain were borne without complaint. The pulse was 63, small, feeble, but regular, the heart's action was slow and laboured, with prolongation of the first sound at the base; the respirations were 21 per minute, and the temperature in the axilla was 96 4-5ths; the deadly pallor still pervaded the face, and an icy coldness on the hands and feet. She experienced a strange tingling all over the body, a severe pain in the scalp, and an intolerable dragging sensation in the stomach and bowels, and particularly round the umbilicus. While the examination was taking place vomiting recurred, numerous laburnum seeds and pods being mixed in the rejected matter with food and tenacious mucous. As it was thought desirable at this stage to encourage the vomiting an emetic of twenty grains of sulphate of zinc, aided by copious draughts of warm water was administered, and was followed by a further evacuation of the contents of the stomach, still presenting laburnum débris. Warm bottles were, at the same time, applied round the body, friction to the limbs, and a sinapism to the epigastrium. At 9.30, her condition continued just as it has been sketched above, except that the vomiting had somewhat abated. Small quantities of strong coffee and brandy were given and retained, as was also a nutrient enema of essence of beef and brandy. At 11.30, she had vomited again. The thorax and abdomen felt cold to the touch, and the general tingling and pain in the bowels were very distressing. The strong coffee and brandy were continued every hour. At 1.30 a.m., vomited again only coffee and mucous. She then expressed herself as feeling somewhat relieved. She was not permitted to sleep in the early part of the night and manifested no disposition to do so until about 3 a.m., when an overpowering drowsiness affected her. At 9.30 a.m., she was found free from pain, but complaining of a sense of great weakness and a feeling of intense cold all down the back. She was exceedingly emotional and burst into a paroxysm of weeping. Her pupils were dilated but active, her pulse, 80, and somewhat irregular, and her feet were cold to the touch, but the temperature in the axilla was 99°. She was ordered eggs, arrowroot, and gruel, with small doses of spiritus chloroformi, under which treatment she continued to improve steadily until about 7 o'clock in the evening, when she underwent a temporary and peculiar relapse, in which the pulse fell to 60, and the temperature to 97 1-5th. From this state she rallied at 10 p.m., and thereafter recovered rapidly. On the following day, August 24th, she was in her usual health.

While the patient C. H., whose case has just been described, was being watched about 10 p.m. on August 22nd, she confided to the nurse in charge of her, that she had had a partner in her dangerous meal, a patient, H. T., aged thirty-eight, who had, she alleged, partaken of the pods along with her, and who was accordingly at once visited. H. T. acknowledged that she had chewed a handful of the beans, and intimated that she had been sick twice since going to bed, having also been purged upon two occasions. On examination, she was noticed to be very sleepy and stupid, the pulse being 60, and the surface of the body and extremities warm. While getting out of bed with the view of changing her room so that she might be more closely observed, she vomited a quantity of half-digested food, mixed with numerous laburnum seeds and fragments of pods. An hour later (11 p.m.), after an emetic of zinci sulphatus had secured copious vomiting, the pulse was 65, the temperature in the axilla after the thermometer had remained in for eight minutes, 96 2-5ths, the face very pale, the pupils dilated and active. She said that she had no pain either in the head or abdomen, but her drowsiness, together with her natural reserve and stolidity, rendered her statements unreliable. Her muscles were tremulous, and jerkings were once or twice noticed in those of the neck. Vomiting recurred at midnight, and at 1 and 2.30 a.m., but not afterwards, she seemed overcome by sleep, and closed her eyes as if to slumber even in the intervals of retching, requiring energetic shaking to keep her awake. A sinapism was applied to the abdomen, and strong coffee and brandy administered often in small amounts. The next morning at 9 a.m., she was found decidedly better, free from drowsiness or mental disturbance, with dilated but sensitive pupils, and a peculiar injection of the capillaries of the head and face, giving her a highly flushed appearance. The conjunctival vessels shared the facial engorgement. The pulse was 66, and very feeble; the temperature 98 3-5ths; and the body and extremities warm to the hand. With eggs, arrowroot, and spiritus chloroformi, continuous convalescence was established. The following day H. T. was in her ordinary health.

These cases illustrate very well the poisonous actions of laburnum, which place it in the class of narcotic acrids. In some of the cases of laburnum-poisoning which I have found described its narcotic properties have been most markedly manifested, and in others almost altogether absent. In the great majority, however, the symptoms throughout have been very uniform and have consisted in 1. Vomiting; 2. Purging; 3. Epigastric pain; 4. Slowness and feebleness of the pulse; 5. Singular depression of temperature; 6. Drowsiness; 7. Dilatation of the pupils; 8. Rigors. If Dr. Grey be correct in attributing the first three of these phenomena to laburnic acid, and the remaining five to cystinea, we have, in the unequal distribution of these active principles in different parts of the plant, and in different seasons of the year, a ready explanation of the varying characteristics of cases of laburnum poisoning to which we have adverted. Huseman and Marmé have stated that the leaves of the tree are most active in April and May, and the seeds and pods in October. In cystinea will probably be found an agent influential for good in many nervous disorders. Its peculiar and indubitable power of reducing the temperature suggests that it ought to be tried in various pyrexial disorders. The few experiments that have as yet been made seem to indicate that it would be beneficial in whooping-cough and symptomatic vomiting.

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Hospital Reports.

LONDON HOSPITAL.

Cases of Hernia.

(Under the care of Mr. Rivington.)

C[illegible]—*Left Femoral Hernia; Six days' Strangulation*[illegible] *of the Wound; Death.*—M. E.—, aged forty-three, widow, had had an irreducible femoral hernia, on the left side for seven months. On Tuesday, May 17th, 1864, she had vomiting, which became stercoraceous, accompanied with pain, both at the seat of rupture and over the abdomen. She positively stated that the hernia had not increased in size. She was under a practitioner for several days, and was treated with opium and ice. On the following Sunday afternoon, she came to the hospital; all the symptoms of strangulation were marked. The pulse was full and firm. There was no pain, and the vomiting had ceased. There was no peritonitis, the abdomen not experiencing any tenderness on pressure. There was slight pain when the tumour was handled freely. The tumour itself was small, and did not yield any impulse when the patient coughed. It was decided to operate the moment vomiting recurred. A few hours afterwards, the symptoms returned (probably it had been suspended by the previous treatment), and an operation was performed by Mr. Rivington in the usual manner. There was no external constriction; the sac was opened, and the stricture which existed at the neck of the sac was divided. The exposed bowel, a portion of the small intestine, although dark red from congestion, showed no appearance of gangrene, nor any deep constriction at the obstructed points. A few hours after the operation, the patient passed six or seven stools in quick succession. She went on favourably till Tuesday 24th, when the left groin became emphysematous. There was no peritonitis, but a little local pain. The opium, wine and porter which she had been taking since the operation, were continued.

Wednesday 25th.—The wound appeared to be gangrenous, and the gangrene to be spreading along the subcutaneous connective tissue and fascia round the loin; abdomen slightly tympanitic.

Thursday.—Patient weaker; abdomen more tympanitic; wound smells badly; bowels again relieved.

Friday.—Death.

Post-mortem Examination.—Gangrene strictly local, and confined to the soft parts. The hernial bowel (jejunum) congested, but quite firm in texture, and perfectly viable-chyle passing through it. Near the wound, the gut was slightly adherent, but there was no peritonitis whatever. Not a drop of lymph.

Case 2.—*Right Femoral Hernia; Seven hours' Strangulation; Operation without Opening the Sac; Peritonitis; Recovery.*—J. R—, aged forty-nine, was admitted into the London Hospital, on the 24th July, 1864. When Mr. Rivington was called to her, the hernia had been strangulated for seven hours. There were the usual symptoms. Taxis failing under chloroform, an operation was performed. The incision was made near the inner aspect of the neck of the sac. Hey's ligament was divided, and Gimbernat's ligament nicked. These two ligaments caused the stricture, and after their division, the hernia was reduced immediately. There was no bleeding vessel to secure, and the wound was at once sewn up. It healed by first intention.

The patient went on well for twenty-four hours, when she began to complain of pain and tenderness over the abdomen. She was sick; her pulse was wiry, hard, and small, and not more than fifty-four. There was anxiety. Her knees were drawn up. Twenty leeches were ordered, to be followed by poultices, and accompanied by ice and opium (*without* calomel). Subsequently, thirty more leeches were applied. In two or three days, the symptoms subsided, and on the 29th, five days after the operation, the bowels relieved themselves. She continued to progress favourably, and rapidly regained her strength.

The following case illustrates the practice of removing omentum.

Case 3.—*Right Femoral Hernia; Four days' Strangulation; Operation; Sac Opened; Removal of Omentum; Recovery.*—E. D—, aged thirty-nine, wife of a mechanic, was admitted into the London Hospital, on Saturday, January 28th, 1865, with a femoral hernia on the right side, about as large as a duck's egg. The hernia had been down, and been strangulated for four days. There were the usual constitutional and local symptoms. The taxis was tried, and failed again under chloroform. An operation was performed. Some bands, external to the sac and Gimbernat's ligament were divided, but the hernia could not be reduced. The sac, which was very much thickened, was opened, and found to contain omentum, the lower part was much thickened, and adherent to the sac. In a nest of omentum, was discovered a knuckle of intestine, of a red but not purple colour; this was easily returned. Mr. Rivington removed some omentum, a very peculiar looking body, apparently consisting of altered and conglomerated omentum. Two ligatures were applied to bleeding points of omentum, the sac was sponged quite dry, bleeding stopped, and the wound sewn up. The patient was ordered a grain of opium.

Sunday 29th, Evening.—The patient had passed a good night after the operation. The bowels had been relieved; no pain, but slight cough; opium repeated.

Friday, February 3rd.—Patient has been going on well all the week without a bad symptom; wound healing; ligature separated; opium was discontinued on Tuesday. Subsequently a truss was ordered, and the patient discharged.

ROYAL FREE HOSPITAL.

At a recent visit to this admirable charity we were shown round the new wards and other rooms, and were much gratified with the complete state of efficiency in which we found everything. The operating theatre is now quite in order, and one of the best lighted and constructed in London, and the adjoining ward, now occupied by women, is quite worth a visit to the hospital to see—so fresh and clean and cheerful has it been made. The board room is adorned by a fine portrait of Dr. Marston. The kitchens are admirably arranged. In the wards we saw a case we had seen before, under the care of Mr. J. D. Hill, of plastic operation for obviating the contraction caused by an extensive burn in the region of the neck, in a boy, aged about thirteen. Mr. Hill had transplanted a piece of integument, which was inserted into the cicatrix on the 17th January. In order to keep the parts immoveable, the boy was fed entirely by enemata, consisting of one and a-half ounce of brandy, with half-a-pint of beef-tea, occasionally, for a week. We also noticed the case of an elderly man, aged sixty, who had been operated on for epithelioma of the lower lip, extending to mental depression, and 1½″ broad at the top. The wound had healed by first intention in a week, and the man was anxious to leave the wards. Mr. Hill informed us that of late he has almost entirely abandoned the ligature of arteries, and has performed torsion in all his amputations. We are surprised that the Royal Free Hospital is not, as yet, utilised as a school of medicine. It abounds in cases of interest, and its medical staff is composed of men of very great ability and reputation.

METROPOLITAN FREE HOSPITAL.

Mr. Sheffield has been trying the effect of transplantation of pieces of integument, in the case of a patient named Hurlock, with an extensive ulceration on the left leg, probably specific in character, and about $4'' + 2''$ in extent. On the 3rd February he snipped off two pieces from the brachial region—the one about the size of a fourpenny piece, the other about the size of sixpence. The former was divided into two pieces, and, being inserted, had taken good root, and was doing well on February 17th; the other was inserted without division, and had taken root, but looked rather sloughy, and as if it were likely not to do very well. We saw in one of the wards a boy, of the age of twelve, who had been operated on some six years ago for stone in the bladder, which had left a rubo vesicle fistula, so that the unfortunate patient passes all his urine per rectum. Mr. Sheffield proposes to try the effect of a plastic operation in this case.

Dr. C. R. Drysdale has a case well illustrating the difficulty of diagnosing between acute tuberculous and typhoid fever. A young woman, aged twenty, was brought to the hospital on the 21st February, in whom the symptoms were as follows:—Pulse, 130 weak; great prostration; temperature, 102 Fah. in axilla; anorexia; constipation of bowels. She had been ill for a week. Cough and expectoration profuse. Nausea on coughing, and occasional attacks of retching. No rose spots seen on abdomen. Sonorous rhonchus over both lungs, without any notable dulness. On the whole, Dr. Drysdale was inclined to look upon this as a case of acute tuberculosis, and thus to give a bad prognosis. Mr. Sheffield also excised the anterior wall of the antrum in a man of about forty, for malignant disease quite recently, by an incision through the upper lip in the middle line, and the use of the trephine. The fluid from the tumour removed contained cancer cells.

LONDON SURGICAL HOME.

March 2nd.

Mr. Brown gave his third clinique to-day, and on account of some cases—presumably ovarian—having been received during the week, he made a *resumé* of the points of his last lecture, and added some remarks on the varieties of the tumours and cysts found in ovarian disease, the different effects on the menstrual flow produced by tumours of the uterus and of the ovaries, and the value of this difference in diagnosis; the class was then invited to witness and assist at the examination of a case about which there were many conflicting opinions, held by the various gentlemen who had previously examined it. One pronounced it to be a tumour of the uterus; another ovarian cystic tumour. After a careful and prolonged examination, the patient being under chloroform the while, Mr. Brown, in unison with the medical men present, expressed his opinion that the case was not one of ovarian disease. He decided that she should be kept for a time under observation, and another examination should then be made. Mr. Brown remarked that from the report of his last lecture, which appeared in the Medical Press and Circular, it would seem that he had only operated 61 times for ovarian disease. He gave the following statistics to the class:—Since 1851 Mr. Brown's operations for complete extirpation of the ovary amounted to 122—of these 36 died. 61 of the 122 cases occurred since 1864, when Mr. Brown commenced the use of the cautery, and of these 61 only 8 died.

March 9th.—Mr. Brown took for the subject of this day's lecture the interesting class of cases—intra-uterine fibroid tumours—which cause such troublesome hæmorrhages, and detailed his experience of the various modes of treatment, and his preference for the *one* he instituted—incising freely the os and cervix uteri, plugging the uterus with lint soaked in liq. ferri perchlor, and plugging the vagina with oiled lint, and a sufficiency of cotton to exclude the air. The success of this mode of treatment was well demonstrated by a case operated upon twelve days before. At the time of the operation the uterus was found as large as a fœtal head at the seventh month above the pubis; but to-day it was found to be considerably less than half the original bulk. The class was then invited to examine a case of vesico-vaginal fistula presenting peculiar difficulties, the vagina being very much contracted, concealing the os uteri—in fact, scarcely leaving room for the examination by the speculum; the vagina is undergoing dilatation to permit of operation. Mr. Brown read to the class his statistics of vesico-vaginal fistula, and explained the various operations. Some time was subsequently devoted to conversation on the points of the cases under consideration.

⁂ For Transactions of Societies, see page 230.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 15, 1871.

MEDICAL REFORM.

As we stated some time ago, the Government determined not to bring in a Bill this year. Still we have not declined to enter into the discussion of the schemes that have been proposed—that being a legitimate function of the Press, although we have happily not indulged in the jealousy and ill-temper that has lately been exhibited by our contemporaries, who continue to write more severely against each other than against any of the wrongs and quackeries that afflict our Profession. A deputation has been received by Mr. Forster to press the acceptance of the *Lancet* Bill. The right hon. gentleman declined to make any move, and contented himself with a few platitudes as to the propriety of regulating matters medical, which is, in fact, an interference with free trade. Of course, we all know that well enough—just as we know it is an equally great breach of free trade to restrict the practice of law to regularly qualified men. All Governments refuse free trade in law and in physic. In the latter it is really of greater importance to the public weal, for doctors deal with health and life, while lawyers deal with property. The propertied classes too—as most educated—are better judges of the abilities of their lawyers than the ignorant poor can possibly be of their doctors. Again, our present system is such that under the pretence of protection, we have all the evils and none of the benefits of free trade. The Government pretends to regulate the Profession for the good of the State, but, in effect, does not carry out the scheme, but hands us over to irresponsible corporations, which grant us our diplomas; and, having pocketed the fees, care no more about us.

For our part we do not assert, as Mr. Forster seems to imply, that the doctors want to protect the country against bad doctoring. We do assert that the Government pretends to protect the country, but egregiously fails to do so.

But the *Lancet* Bill may be considered, we suppose, as doomed by the Government reply.

The scheme of the Reform Committee of the Medical Association has collapsed more thoroughly still. It had no vitality in it after the committee tricked the Association at Leeds. It did not represent the views of the Association. Ten days ago we were told by the *Journal* that Mr. Headlam would bring in its Bill, but last Saturday, it is said, he had thought better of it. No stronger proof could be given that neither of these schemes possess sufficient breadth to give them any claim to the attention of the Legislature, than the personalities into which the discussion has degenerated. The intense rivalry that has disfigured the arguments of both sides, convinces impartial readers that each cares more to destroy its rival than to carry its scheme, or to promote the general welfare of the Profession. In presence of so grave a scandal we cannot but be satisfied at the dignified attitude maintained in our columns, and feel assured of the support of the Profession, in making our Journal the impartial arena for the debate of all professional questions.

The deputation mentioned above was introduced by Mr. Mundella, M.P., and Dr. Lush, M.P. The reply of Mr. Forster, as reported in the *Lancet*, is as follows:—

> "Mr. Forster then entered with some minuteness into the history of the attempt at medical reform last year, and said that the Government would be unable to undertake the matter in the present Session. There were some very important elements of the *Lancet* scheme upon which questions would arise. With regard, for example, to the principle of representation in the choice of examiners—that is a point upon which he could only say the Government were not convinced. He did not say that they should oppose it, but they were not convinced of its desirableness. 'Two things have to be done. We have to consider what's best for the country, and you have to consider what would be best in the management of your affairs. In the first place, we have to consider whether we are to protect the country at all against bad doctoring, which is in itself an interference with free trade, and if we are, how are we to do it. It is a very serious thing to say that we will protect the country against bad doctoring by means of the doctor. I do not mean to say that that is not the right way of doing it.'"

As reported by the *Medical Times*, Mr. Forster's reply reads even more unpleasantly. The *ipsissima verba* are as follows:—

> "Their Bill was of a character to excite opposition, which would make the passing of the Bill hopeless, and they would have to educate up to it, not only the public, but the Profession, and that, so far as his information extended, the Profession did not agree with the scheme now laid before him, and that it had no backing. If it ever got into the House of Commons, it would have to reckon with the nineteen Corporations with which they summarily dealt. They seemed to distrust the Privy Council as much as the General Medical Council, and he could hold out no hope of Government support. Mr. Mundella would be able to inform them what chances such a Bill would have if introduced. He had understood that the Government Bill in its general features was considered as a boon by the Profession at large; and this had been confirmed to him by the statements of the British Medical Association. He was not a little surprised at being told the contrary. He thought it best to be candid; and he wished them good morning."

The *Lancet* declines to accept the snub diplomatic, and assumes its Bill will now be put before the House of Commons in a few days, not with any hope of a measure being passed this Session, but simply to gain a place for it as one of the matters that claim the early attention of Parliament. This once accomplished, the rest will depend upon the Profession; and its members, if they will meet and petition and address their representatives, may carry any reasonable enactments that are asked for in their name.

It is of the utmost importance that the impression should be removed from the Ministerial mind, that the Profession asks Government to "protect the country from bad doctoring." We do *not* think that such protection is outside the function of Parliament, or that "bad doctoring" is an expansion of legitimate free trade. That unfortunate dogma has been already pressed into the service of trade frauds, and it seems the present Government desires to use it for the palliation of medical deceptions. But the Profession does not ask for the suppression of what we have called legitimate quackery. If the purveyors of billioneths of medicine and dusts of starch, can draw round them a lucrative following of fools, our only impression therefrom is one of deep despair for the intellectual future of the human race. We don't ask that such practitioners should be put down, or that idiots should be controlled in the fullest application of their idiotcy to their own vile bodies, but we do demand that a sick man who wishes for scientific medicine in his treatment, should be allowed to know where he can have it. He is obviously unable to judge for himself, and if the Legislature does not protect him, he is absolutely without resource. We ask, then, that Government should draw a line between doctors and quacks, and leave all the world to choose which it will have without the risk of error.

We have only to add that the scheme for a conjoint examining board, by which the London licensing bodies hoped to anticipate the reforms of the future has miscarried by a majority of one. An amendment has been adopted by the Council of the College of Surgeons, which sends back the Committee's recommendations. The grounds on which it does so, are—firstly, that the Licensing Bodies who are to join in the examination are still allowed to retain their privilege of separate licensing; and, secondly, because the Universities do not co-operate.

EDWARD JENNER, M.D.

Born May 17th, 1749.—Died February, 1823.

To the county of Gloucester belongs the honour of producing that greatest benefactor of his kind, Edward Jenner, whose immortal discovery of the protective influence of vaccination over those exposed to the contagion of small-pox has now grown and borne fruit in all quarters of the habitable globe.

Just now, when we are passing through the most severe epidemic of small-pox that has visited London within the last thirty years, it may not be out of place to present our readers with a short account of Jenner and his discovery.

Edward Jenner was the third son of the Vicar of Berkeley, in Gloucestershire, and was born on the 17th of May, 1749. The family was one of great antiquity in the county, and possessed considerable landed property.

Jenner received his early education in the school of Dr. Washbourn, at Cirencester, and early in life he showed a strong and growing predilection for inquiries in Natural History. On making choice of medicine as his profession, he was removed from school, and placed, as an apprentice, with Mr. Ludlow, a surgeon of great repute at Sudbury, near Bristol. At the age of twenty-one Jenner came to London to pursue his studies under the care of John Hunter, in whose house he resided as a pupil, during two years; and during this time a warm and lasting friendship sprang up between the master and his pupil, Hunter being much charmed by the industry and zeal displayed by Jenner, and by the excellence and delicacy with which he made some most valuable dissections. After his return to Berkeley some years later, Jenner frequently corresponded with Hunter, and some of the letters, preserved in Dr. Baron's "Memoir," are full of lively interest on subjects of natural history and physiology. At Berkeley Jenner soon acquired a large practice, his surgical attainments, together with his very general information, and his amiable and polished manners, secured him a welcome reception from the most distinguished families in the district. His long country rides served to gratify his keen relish for the picturesque beauty in which the neighbourhood abounded; and friends were often glad to accompany him twenty miles in his morning rides, eagerly listening to the overflowings of an enthusiastic admirer of nature and art.

The dress of Mr. Jenner, the Berkeley surgeon, is described as having been usually a blue coat with yellow buttons, buckskins, well polished jockey boots with handsome silver spurs, and his hair after the fashion of the day, done up in a club, was surmounted by a broad-brimmed hat.

In 1788, Jenner married Miss Catharine Kingscote, a lady of elegant manners, accomplished mind, and vigorous understanding; in her council and sympathy he found support in many of the future trials of his life. About this time, too, he gained much distinction by papers on natural history read before the Royal Society. Finding the fatigues of general practice becoming too laborious for him, Jenner resolved to confine himself now to the practice of medicine, and obtained, in 1792, from the University of St. Andrew's the degree of M.D.

At the close of 1794, just as Jenner was on the eve of making his great discovery, he was attacked with typhus fever, and well nigh died of the disease; thanks, however, to the good hand of Providence, and the attentions of Dr. Parry, of Bath, Jenner was happily brought through his dangerous illness, and soon after his recovery, we find him earnestly investigating the cow-pox, as it affected the human subject.

It happened that while Jenner was pursuing his professional education with Mr. Ludlow, of Sudbury, a young woman chanced to be in the surgery, and hearing mention made of small-pox, she remarked that she could not take that disease as she had already had the cow-pox. On inquiry Jenner found it to be a popular notion in the district that those who had once had cow-pox were never attacked by small-pox. It appeared that, in Dorsetshire, a pustular eruption showing itself on the hands of those who milked cows, similarly diseased, had already attracted the attention of Sir George Baker, but he, at that time was in the heat of controversy respecting the endemial colic of Devonshire, and did not pursue the subject.

Jenner, in one of his note-books dated 1799, says that he can find no direct allusion to the cow-pox disease in any ancient writer, though the following Jenner thought bore some relation to it. When the Duchess of Cleveland was taunted by her companions, Lady Mary Davis and others, that she might soon have to deplore the loss of that beauty which was then her boast, as virulent small-pox was raging in London, she made reply that she had had a disorder which would prevent her from even catching the small-pox.

In 1788, Jenner carried a drawing of the cow-pox pustules, as seen on the hands of milkers, to London, and showed it to Sir Everard Home and John Hunter, and this last often alluded to the interest of the question at his lectures. Mr. Cline went further than Hunter in encouraging and stimulating Jenner in the prosecution of his subject, with a view to making it useful to mankind. The great experiment was made May 13th, 1796, when matter was taken from the hand of Sarah Nelmes, who had been infected from her master's cows, and inserted by two superficial incisions into the arms of James Phipps, a healthy boy of eight. This boy went through an eruption of true vaccine pox, and in the following

July variolous matter, taken from a small-pox pustule, was inserted in his arm by incisions, but no disease followed.

Patient enquiry was necessary to determine the true vaccine disease, as it was found that cows had, at times, eruptions on the teat, that were not capable of communicating the true protective cow-pox; these difficulties being overcome, Jenner, in June, 1798, published his first memoir and record of his experiments.

In this work Jenner announced the security against small-pox afforded by true cow-pox, and he traced the origin of that disease to a similar affection of the heel of the horse.

Various disappointments and difficulties darkened the outset of this inestimable discovery, but first among Jenner's supporters and friends was Mr. Cline, who strongly urged him to quit the country, and establish himself in London; but the natural modesty of Jenner, and his love for quiet and rural scenes were proof against the powerful inducements held forth by his friend, and he remained at Berkeley till his death, from an attack of apoplexy in 1823, working to the last at such inquiries, as tended to confirm and elucidate the great discovery of his life.

Although much hostility was shown by men of repute to vaccination, when first promulgated, yet, by degrees, facts grew so strong in support of what Jenner had stated, that a re-action set in. Everyone took to being vaccinated, and ignorant pretenders sprang up, who sought merely to trade on the popular demand—hence, failures were not uncommon, and the progress of the great discovery was retarded.

In 1799, however, we find that thirty-three leading physicians and forty great surgeons signed a document expressive of their confidence in the protective efficacy of the cow-pox. Persons high in the State, too, were warm in aiding Jenner; among them the Duke of Clarence; and in 1800 Jenner was introduced to the Duke of York and then to the King, the Prince of Wales, and the Queen — all of whom did themselves honour by the attention they bestowed upon him.

Much was done to introduce vaccination into other countries than England, and with great success. Condorcet, in recommending the adoption of vaccination in France, exclaimed "La petite vérole nous décime." And we learn from Woodwill's "History of Small-pox," that in Russia this disease carried away two millions in one year. The blessing on the introduction of vaccination can be judged from these statements.

Honours from foreign princes were freely bestowed upon Jenner, and rather tardily it is true. The Parliament of great Britain in 1807 awarded him a grant of £20,000, in addition to £10,000 awarded in 1802.

Five medals were struck in honour of Jenner; three of these being from Germany, and of the two others one was given him by the Surgeons of the British Navy, and the other by the Medical Society of London, of which Jenner was one of the founders. His portrait can be seen in the picture of its early founders, which is in the possession of the Medical Society.

Such is a short sketch of the history of Edward Jenner, the discoverer of vaccination—a discovery, the good results of which must be felt so long as flesh is heir to ills.

Jenner needs no statue of bronze or stone to help him to live in the mind of his grateful fellow men; for none can more truly adopt the words of the Poet and say—

> "Exegi monumentum aere perennius
> Regalique situ pyramidum altius
> Quod non imber edax non aquilo impotens
> Possit diruere."

◆

The Surgical Society of Ireland will hold its next meeting on Friday next, when the question of Re-vaccination will be brought under discussion by Mr. MacNamara.

Notes on Current Topics.

The Medical Society of London.

The Annual Meeting of this the oldest society in the Metropolis was held last Wednesday when a goodly number of Fellows sat down to the annual dinner, which was presided over by Mr. Gay, President, supported on one side by the President-elect, Dr. Andrew Clark, and on the other by Sir William Fergusson.

The Annual Report of the Treasurer shows the Society to be in a flourishing condition. Thus we are told by him:—

"I find, in referring to my former Reports, that on my accession to office there was a balance in hand of £55 11s. 7d., which I advised you should be increased, on the 1st October, 1869, to £160 4s. 2d., it was actually £169 2s. 4d.; on the second occasion I pointed out that our surplus would be £164 0s. 7d., I found it £162 12s. 9d., and I am now sanguine enough to predict that on the 1st October, 1871, we shall have a proximate amount of £228 7s. 7d., and let me here remark this is not an over-statement, for I have included in our liabilities many doubtful annual subscriptions, which I might have put on the credit side of the account.

"So far Mr. Chairman I have shown that we are prosperous, but let it not be overlooked that we must keep as large a surplus as possible to meet extraordinary demands which, in the course of a year or two, may be made upon the Society; besides which we may not always be so successful in letting the rooms, or enlisting in our ranks so many country members, two causes which have assisted materially in favouring the surplus. This warning is the more imperative, as I find the second of this source of revenue already on the wane: as in the year 1868-69 we had 68 Fellows of that class, in the year 1869-70, the number had fallen to 23, and this year, 1870-71, we have failed to secure more than 13. The expenditure during the past year has been of an average character, viz., £329 13s. 2d., or £4 13s. less than the preceding year, when it was £334 6s. 2d."

The usual loyal toasts having been disposed of, the toast of the evening, "Success to the Medical Society of London," was drunk with all the honours; as also were "The President," "President-elect," and "The Officers," who, especially the hon-secretaries, have worked with a will all the year. A copy of Mr. Gay's admirable Address at the opening of the session, was placed at each seat. We gave an abstract of it at the time.

Safety of Vaccination.

The Registrar-General for Scotland shows in his report on the year 1868, recently issued, that in that year there were vaccinated in Scotland 106,181 children, and only two recorded to have died from the consequences of vaccination—that is, one death in 53,000 cases. So groundless is the prejudice against vaccination as being dangerous to life. It must be borne in mind that the constitutions of some children are such that the slightest scratch or abrasion of the skin is followed by inflammation and death The Registrar-General is of opinion that had vaccination been no more perfect than it was ten years ago in Scotland, it is probable that 500 of these children would have died from small-pox; but, in fact, only 15 deaths from small-pox were registered in Scotland in that year. It is the smallest number ever registered in that country in a year.

St. Thomas's Hospital.

At a General Court of Governors of St. Thomas's Hospital, held last week, William MacCormac, Esq., F.R.C.S., 13 Harley street, was elected assistant-surgeon to the hospital. At the same court Dr. Richard Liebreich was appointed ophthalmic surgeon. Some months ago we announced that Dr. MacCormac was a probably successful candidate for the office, and, on representation from him, we subsequently modified the statement. It appears now that our information was perfectly accurate.

Agreeable Physic.

Messrs. May Davis and Co., of Esher street, Westminster, have sent us a sample of chalybeate lemonade and of saline chalybeate lemonade. They tell us that each bottle contains five grains of citrate of iron, and that the latter preparation has also a scruple of citrate of potash. As we had not in a single bottle enough to make any chemical estimate, we submitted it to the test, which the public are invited to try, that of taste, and can assure Messrs. Davis that their preparation is one that is both elegant and agreeable.

No one could object to take medicine in this form, and if they will see that every bottle they send out contains the quantities stated, they may reckon on the support of large numbers of the Profession. The great thing is to guarantee that each bottle contains the quantity of the drugs—a point which some employers have found a difficulty in securing.

Royal College of Surgeons of England.

At the meeting of the Council, to consider the scheme for a Conjoint Examining Board for England, the expiration of Mr. Harrison's term of office as a member of the Board of Examiners in Dental Surgery was reported, and it was stated that the vacancy would be filled up in April. A letter was read from Dr. Saunders, of Hayward's Heath, a member of the College, advocating the enactment by the Council of a bye-law enabling graduates of British Universities to be admitted to a modified examination for the Fellowship. A special Council was ordered to be summoned for the 15th instant to elect an examiner in the room of Mr. Solly, resigned. The following Fellows of the College were nominated for the office of Examiner—viz., Mr. Campbell De Morgan, Mr. Timothy Holmes, and Mr. Henry Power.

At the special meeting of the Council, respecting the proposed conjoint examination, to be held this afternoon, it is probable that some recommendation may be adopted to lay before the next ordinary meeting on the 22nd.

A protest against Homœopathy.

The *Canada Medical Journal* publishes in its last number the following protest addressed by the legitimate practitioners in Canada, to the profession against association with homœopathy. It is signed by sixty-two members of the profession, headed by two Honorary Fellows of the Royal College of Surgeons of England.

"We think it incumbent on all of us loyal to our profession to protest against, and endeavour to obtain the repeal of those clauses of the present Medical Act, which would force us into a degrading and hitherto unheard of association with persons styling themselves homœopaths and electics, the Act not only giving to such persons a large representation in the Medical Council, and thereby great power in determining what medical education in this Province shall hereafter be, but also providing that there shall be a college of physicians and surgeons composed of the orthodox practitioners of medicine and surgery, and of homœopaths and eclectics *made surgeons by Act of Parliament!*—licensed surgeons of Ontario! A Medical Council or College so composed is not elsewhere to be found, and we are sure that the physicians and surgeons of all other countries would feel themselves aggrieved and degraded by a Legislative Act associating them, *nolentes, volentes*, with such persons. We, therefore, call upon you, for the credit of our profession and of ourselves, if for nothing else, to join with us in protesting against any association with a class of persons not elsewhere recognized by the practitioners of scientific medicine and surgery. The Royal College of Surgeons in Ireland, in 1861, passed an ordinance that 'no Fellow or Licentiate of the College shall pretend or profess to cure diseases by the deception called Homœopathy, or the practice called Mesmerism, or by any other form of quackery;' * * * 'that no Fellow or Licentiate of the College shall consult with, meet, advise, direct, or assist, any person engaged in such deceptions.'

"This is so thoroughly in accordance with our views that we hereby declare that we will not willingly meet in consultation any Homœopath, Eclectic, Hydropath, Mesmerist, or the like."

Chloral as an Antiseptic.

Mr. Stodart, of Bristol, has recently examined the stomach, lung, heart, kidney, and spleen of a patient who died from an overdose of chloral hydrate. "The first thing," he says, "that struck me was the very extraordinary way in which the several portions were preserved. Even now, although more than a week has elapsed since death, yet not the slightest sign of decomposition has taken place, nor any unpleasant odour. This doubtless is the effect of chloroform in the tissues."

Bronzed Skin.

What is Addison's disease? At first the primary disease was considered to be in the supra-renal capsules, but it was soon found that all the symptoms of Addison's disease might be where no lesion of the supra-renals was discovered after death. The capsules have, on the other hand, been diseased when no symptoms have existed during life. Moreover, the capsules have no special nervous apparatus. Excision of the capsules in animals is not followed by the symptoms of Addison's disease. The sympathetic nervous system has been blamed, but the known functions of the sympathetic give no countenance to the theory, while the semilunar ganglion of animals has been sometimes extirpated without giving rise to the phenomena that have passed under the name of Addison's disease. Dr. J. M. Rossbach, of Würzburg, has collected a number of cases upon which he contributes a singular paper in *Virchow's Archiv.* Observing that many nervous symptoms and interference with the mental faculties are usually reported from the time of Addison, who referred to a peculiar mental change as constantly to be noticed, Dr. Rosbach suggests that Addison's disease is clearly related to hysteria. Both present prominent nervous and mental phenomena. In the one case the uterus is usually affected, in the other the supra-renal capsules. Addison's disease is then, says Dr. Rossbach, a neurosis, that is to say, a functional disease of the entire nervous system, which is not yet anatomically recognisable, and stands in close but not necessary relation to disease of the supra-renal capsules. Psychical disturbance, extreme anæmia, extraordinary sickness, and very frequently abnormal pigmentation of the skin are the characteristics of the disease, and it may be grouped with hysteria, as "diffused neurosis with unknown anatomical basis."

Professor William Moore's case, published in our last issue, in which the bronzing of the skin was, perhaps, deeper than any yet seen, and yet there was no disease whatever of the capsules on *post-mortem* examination by Dr. Moore, assisted by Drs. Bennett and Little—all most able and competent observers will, with the coloured lithograph, enable the reader to form his own opinion respecting some of the questions in dispute.

The Royal Commission on the Contagious Diseases Acts.

A correspondent of the *North British Mail* who should be well informed writes:—In your Friday's issue, your London correspondent stated that the Royal Commission on the Contagious Diseases Acts were to give a report against the Acts, and that they will be blotted out from the statute book during the present session of Parliament. I have the very best authority for contradicting this statement. Its circulation can only be accounted for by the fact that the supporters of these Acts are trying to stop, if they can, the present agitation, both on the part of the press and of the people, and so prepare the way for advancing their cause. The truth rather is, that the majority of the Commissioners will report in favour of the Acts; but it is expected that the minority, who are not few, will lay on the table of the House a protest against the decision of the majority.

Royal Society.

The Annual *Soirée* of the Royal Society took place last Saturday evening, and was as brilliant as usual. Among the most interesting objects exhibited, was the little press, which produced, with common printer's ink, some beautiful prints by the new heliotype process.

A medical paper should hardly omit reference to the soap-bubble experiments of Dr. Norris, intended to illustrate the physical principles concerned in the formation of rouleaux in the blood and in the passage of the corpuscles *de toute pièce* through the walls of the minute blood-vessels, without rupture of the latter, as observed by Waller in 1846 and Cohnheim in 1867. A film of soap solution was taken up by a metal ring of a foot or more in diameter, and upon it a soap bubble blown from a pipe was thrown; the bubble was caught by the film, and held suspended midway or along the equator of the thin hollow sphere. The bubbles were then forced through and drawn through without rupture of the films. An orange was dropped, and glass rods and other solid objects, with wetted surfaces, were passed in like manner without rupture of the films.

The University of Aberdeen has conferred the degree of LL.D. on Dr. Neil Arnott.

Purity of Trisnitrate of Bismuth.

The *Practitioner*, which has recently done good service in calling attention to the impurity of the commercial spirits, ammoniæ aromaticus, has published a report on six specimens of trisnitrate of bismuth, which it finds very satisfactory. The amount of oxide in pure subnitrate is 73·6 per cent., while all the specimens examined contain even a higher proportion, and none of them even a trace of arsenic or any other important adulteration.

The National Society for Aiding the Sick and Wounded have begun to dispose of their surplus stores to the London hospitals. Twenty-one packages of bandages, old linen, &c., have been presented to the Charing-cross Hospital, which institution was in great need of such articles.

The Board of Trustees of the Chicago College of Pharmacy have recently elected Mr. C. C. Tichborne, of Dublin, an honorary member of their College in "consideration and appreciation of his assiduous and valuable labour to promote the advancement of scientific pharmacy." This is the second similar recognition that that gentleman has received from America within the last twelve months.

The next Evening Meeting of the Pharmaceutical Society will be held on April 5th, 1871.

The following papers will be read:—

"Alterations in Pharmacopœia Nomenclature necessitated by the Advancement of Chemistry." By Professor Attfield.

"Note on Vinum Ferri." By Professor Attfield.

"A Concentrated Form of Mistura Ferri Composita." By Mr. C. A. Staples.

The mortality of new-born children in France during the war has been recently calculated by M. Berthillon, and the result is frightful. The author shows that for every 1,000 infants under one year of age there died in the Department of the Marne, 288; in the Department of the Oise, 295; in the Seine-et-Marne, 307; in Seine Inferieure, 318; and in Eure-et-Loire no less than 370.

This terrible mortality is, undoubtedly, one of the principal causes of the depopulation of France.

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SCOTLAND.

Action against Miss Jex Blake.—This case comes up for trial on the 30th May.

Surgeon's Hall.—At a meeting of the lecturers in Surgeon's Hall it was resolved to postpone the consideration of a motion to rescind the permission granted to ladies to attend this school till after the conclusion of the summer session, as the sanction at present accorded includes the course of lectures delivered in summer.

Dr. John Low has been appointed superintendent of the Edinburgh Medical Mission Training Institution and Dispensary.

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University College Hospital.—A munificent donation of £2,000, has been presented to this charity by Richard Wallace, Esq., through General the Hon. Thomas Ashburnham, C.B.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

February 27th, 1871.

John Gay, Esq., President.

The President announced the gift of his "Lectures on Dermatology" by Prof. Erasmus Wilson, F.R.S.

Mr. Barnes showed the larynx of a man, aged sixty-seven, who had been accidentally choked by swallowing a piece of orange. Some time previously, he had had an apopletic fit, and the impression of his friends was, that he had been seized with another. On opening the trachea, however, the piece of orange was found completely blocking up the entrance to the larynx, as seen in the specimen handed round. No further examination of the body was made.

Mr. Henry Smith was reminded of a case that happened twenty years ago at Uxbridge. Two men were fighting after dinner, and one fell down and died at once. Mr. Wakley, the Coroner, directed the man's windpipe to be carefully examined at the *post-mortem*, and in it was found fixed a large piece of meat, which had caused sudden death by choking. Thus, the charge of manslaughter against the other man was set aside.

Mr. Davy drew attention to the complete way in which the wedge of orange had adapted itself to the anatomical conformation of the parts, so causing complete obstruction.

Dr. Webster narrated a case where a page boy was suffocated by a lump of jelly, which he was surreptitiously bolting, when he stumbled and fell down the stairs, he was picked up dead with the jelly in his larynx.

Mr. Harris remembered a case where a man was brought in dead at the Middlesex Hospital, and at the dissection, a mutton chop, which he seemed to have stolen, was found impacted in his larynx.

LICHEN MARGINATUS.

Professor Erasmus Wilson, F.R.S., read a paper on "The Lichen Circumscriptus of Willan." Diagrams were handed round, showing the concentric rings and segments of rings which this disease formed. The disease was an inflammatory affection of the follicles, "a folliculitis," a cluster of follicular papillæ formed the ring, a line or two broad, it had a tendency to spread in a serpiginous way. There was usually severe itching, and in some cases a gummy exudation. The details of two cases were very exactly given by Mr. Wilson. One was that of a man, who had the disease chiefly about the perinæum, and who seemed to have got well on a course of mercurial inunction and tonics. The other was a most inveterate case, and occurred in a lady affecting the whole body, temporary improvement only was obtained. The disease is known as the "Dartre of Hindostan, or Indian ringworm," it prevailed also in China, and Mr. Wilson had put into his hands by Mr. Gay, as a communication from Mr. Thomas Powell, Medical Missionary in the South Pacific Islands, an account of the disease, as it was met with in the Island of Samoa, having been imported thither by two men who arrived in a boat from one of the neighbouring Islands. Mr. Powell had called it "Herpes Desquamans." Lately, Mr. Powell had discovered an insect of the order muscidæ in all stages of development, on the skin of persons attacked. The application of the tincture of iodine had been useful in two or three cases. Mr. Wilson then went on to say that he considered the disease to lie between eczema and lichen. Hebra and Willan regarded it as an eczema, but as follicular inflammation is the pathognomonic character of the disease, it seemed to Mr. Wilson more allied to lichen, and hence he called it "Lichen Marginatus." In speaking of treatment, Mr. Wilson alluded to the experience of Mr. Nicholson, with whom he agreed as to the value of firm inunction of mercurial ointments and solutions, while tonics and the ferro arsenical mixture were given internally.

Dr. Tilbury Fox admired the excellent delineation conveyed by the author's description, he had seen the disease prior to the papillary stage. The term lichen marginatus would embrace all forms of Indian ringworm. Firm friction, with a mixture of iodine and colourless oil of tar, had proved a good plan of treatment in the hands of Dr. Fox.

The paper of the evening was then read by Dr. E. Crisp, on

SMALL-POX AND ITS PREVENTION, WITH A RECORD OF EXPERIMENTS UPON THE LOWER ANIMALS.

The subjoined are some of the conclusions arrived at by the author. That no deleterious effect is produced on the human constitution by the introduction of cow pock matter, and that this inference is greatly strengthened by the fact that since the introduction of vaccination the population of the United Kingdom has nearly doubled. That Government hospitals should be established in the Metropolis in suitable locailties, and provided with proper vehicles for the conveyance of patients, and for proper heat chambers for disinfection. That, looking to the important fact that in ten years 1851 to 1860, 42,071 deaths occured in England and Wales from small-pox, and that 37,007 of these deaths were in young children under fifteen years of age, the recommendation given by the Privy Council, and by the London College of Physicians, should not be followed but where there is danger of infection; children of all ages should be re-vaccinated. That there is no sufficient reason why lymph during the time of an epidemic, when it is often difficult to procure, should not be taken from adult persons, provided they are free from disease, and the vesicle presents a normal appearance. That more extended observations are needed before we can come to the conclusion that the amount of exemption from small-pox depends upon the number of marks upon the arm from previous vaccination. That before this and other contagious diseases are likely to be greatly arrested, a Central Board of Health should be established to regulate all matters relating to the health of the people; and that, irrespective of Medical Officers of Health that should exist in all large cities and towns, an inspector for each county should be appointed, whose duty it should be to collect and arrange all important information from the Medical Officers of Health, and from the Poor-law Medical Officers, and report weekly to the Central authority respecting the prevailing diseases and other sanitary matters.

March 6th.

Mr. Pennefather read a paper on

OBSTRUCTION IN THE EUSTACHIAN TUBES.

He briefly described their anatomical construction, and demonstrated to the Society that the assertion of the late Mr. Toynbee with regard to the closure of the Eustachian ducts, except during the act of deglutition, was erroneous, and that the tubes were slightly opened on every movement of the velum pendulum palati. He condemned Politzer's bag as having no remedial power in true diseased conditions, but considered it valuable as a means of diagnosis. The obstructions it was capable of overcoming could be as readily removed by the natural appliances of the patient. If artificial inflation of the tympanum was attempted, it had better be carried out by means of an elastic tube and the surgeon's mouth, as in an inflamed condition of the mucous lining of the Eustachian tubes and tympanum the blast of cold air delivered by Politzer's bag was absolutely injurious, though it might, for a time, relieve the deafness. Mr. Pennefather confined himself to the consideration of those forms of deafness arising from recent irritation, or inflammation of the mucous membrane, and from enlarged amygdalæ. He dissented from those authors who contended that hypertrophied tonsils were seldom a cause of impaired hearing; close observance of a large number of cases had led him to form a contrary opinion. It was not from actual mechanical pressure of the enlarged gland, but from the impeded action of the muscles in its neighbourhood consequent on its enlargement. In the treatment of catarrhal affections in this region, he placed chief reliance on the preparations of potash, together with the internal administration of the drug; he was in the habit of applying it in solution to the nasal passages and Eustachian openings, with very satisfactory results, by means of a spray producer, which he exhibited to the Society.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Wednesday, March 1st, 1871.

Dr. Burrows, F.R.S., President.

ANNUAL MEETING.

The Report of the President and Council stated that the number of the Fellows was 665, that the new elections had been about the average, and that there had been fifteen deaths, principally among the non-resident Fellows. The income of the Society was £1,421 18s., and the ordinary expenditure £951 19s. 8d. The number of subscriptions (301) was larger than in any previous year since the foundation of the Society with the exception of 1853-4. During the year 456 works had been added to the library, and the Library Committee had made their triennial inspection, and found it in excellent order and the most satisfactory condition. A general index to the Society's "Transactions" was in a forward state for publication. It was also mentioned that the Council had appointed a Committee on the subject of further library accommodation, the Library Committee having reported that there was no further room in the present bookcases for the constantly accruing additions. The Committee strongly recommended the building a large additional reading-room at the back of the present meeting-room. The further consideration of the subject had been referred to a sub-committee to make the necessary inquiries as to cost. The Council recommended an alteration of the times of meetings to the second and fourth Tuesdays from October to May, instead of from November to June as at present, and also the discontinuance of the separate publication of the Society's "Proceedings." It was also stated that no action had yet been taken on the resolution of the Fellows at the meeting of October 25th, which had superseded the scheme for amalgamation of the different medical societies.

At the conclusion of the report, **Dr. Barclay** moved, and **Mr. Brudenell Carter** seconded, its reception, which was carried; its adoption being postponed till the alterations recommended in it had been separately considered.

Dr. Barclay then moved the adoption of the Council's recommendation as to the alteration in the times of its meetings, which was seconded by **Mr. Carter**, and carried unanimously.

Dr. Barclay then moved the adoption of the other recommendation for the discontinuance of the "Proceedings," which led to a prolonged discussion on the feasibility of the change. Dr. Barclay stated the circumstances attending, and the objects contemplated in, the commencement of the "Proceedings" in 1857, the chief one of which was the publishing *in extenso*, of short papers not of sufficient length or suitable character for the "Transactions."

After a long discussion, an amendment was moved by **Dr. Webster**, and seconded by **Dr. Pavy**, "That the question be recommitted to the Council, to be considered how the 'Proceedings' may be published in an improved form." This amendment was carried by 16 against 14, and on being put as a substantive motion was again carried by 16 against 12.

Dr. Barclay then moved the alterations of the bye-laws made necessary by the adoption of the Council's recommendations as to the change in the dates of the meetings, and afterwards that the report of the Council be adopted with the exception of the portion recommending the discontinuance of the publication of the "Proceedings," both of which were seconded by **Mr. B. Carter**, and carried unanimously.

The **President** announced the result of the ballot for officers and Council for 1871-2 as follows:—President: Mr. Curling. Vice-Presidents: Dr. Pitman, Dr. Stewart, Mr. Pollock, Mr. Bostock. Treasurers: Dr. Basham and Mr. Birkett. Secretaries: Dr. E. S. Thompson and Mr. Thomas Smith. Librarians: Dr. Chambers and Mr. Charles Brooke. Council: Drs. Fincham, Greenhalgh, Harley, Marcet, Murchison, and Messrs. Gascoyen, Hulke, Noverre, Salter, and Savory.

PRESIDENT'S ADDRESS.

The **President** commenced by alluding to the internal commotion which had been going forward in the Society during the last few years with regard to the proposed changes in its name and organisation, and adverted to the fluctuating character of a Society in which the individual elements, as president, officers, and council are constantly giving way to successors, to whom it is useless for the retiring Council to leave any legacy of particular measures, but who must be left to act according to their own judgment for the benefit of the Society. After a casual allusion to the illustrious roll of names of former presidents, and the important services the Society had rendered to the Profession, both by its "Transactions" and its library, the President commenced the annual obituary notices of Fellows who had been lost to the Society during the past year, which included the names of Dr. James Copland, Dr. Thomas Mayo, Professor Syme, Dr. W. D. Chowne, Dr. Maclachlan, Mr. Charles Hewitt Moore, Dr. Samuel John Jeaffreson (Leamington), Mr. Thomas Nunneley (Leeds), Mr. Arnold Rogers (consulting dental surgeon to St. Bartholomew's Hospital), Mr. John Soden (Bath), Mr. John Badley (Dudley, Worcestershire), Dr. John Christopher Franz, Dr. T. Bacon Phillips (Brighton), and Dr. James Abercrombie (Cape of Good Hope). The President entered into details of the principal events of their lives, introducing many of his own personal recollections of them, and referring to their contributions to the "Transactions" of the Society, and their other published works. Among the points on which he more particularly dwelt were the *magnum opus* of Dr. Copland, his "Dictionary of Practical Medicine," occupying twenty-eight years of the life of its untiring and indefatigable author, an example of indomitable energy impelling natural ability and solid acquirements to a lofty position among contemporaries. The classical learning of Dr. Mayo, and his retentive memory, which enabled him to recite long passages from the ancient poets of Greece and Rome, and which placed him in a class of physicians gradually becoming extinct, which did much to sustain the prestige of physicians, and to entitle medicine to be regarded as one of the learned professions. Professor Syme's early surgical skill, his position in the foremost rank of surgeons in Scotland, his removal to London in 1848 and speedy return to his northern home, his long retention of the Professorship of Clinical Surgery there, and his position as one of the highest authorities in surgery in the United Kingdom; his plainness of speech and irritable temperament, which did not interfere with his generosity and hospitality and the cultivation of the warmest friendships. The quiet, thoughtful, and painstaking manner of the late Mr. Moore, and his conscientious discharge of duties entrusted to him; his career as Lecturer on Anatomy and Surgery and Surgeon to the Middlesex Hospital; the time and energy he devoted to the service of the Society in the different offices he held, from those of librarian and secretary, in 1858-62, to his resignation of the treasurership in 1870, only a few months previous to his death, during which period, not content with the devotion of his time to the management of the affairs of the Society, he had contributed numerous valuable papers to our Transactions. In the notice of Mr. John Soden reference was made to the valuable gift of medical portraits collected by his father, which on the death of the latter he had presented to the Society, and which became the nucleus of the extensive collection now possessed by the Society. After concluding the biographical notices of deceased Fellows, the President alluded more particularly to the failure of the renewed attempt to accomplish an amalgamation of the medical societies, and to establish a conjoint society on a broad basis, under the title of a "Royal Society of Medicine;" a similar attempt about eight years ago, during the Presidency of the late Dr. B. Babington, having been made with the same want of success. The combination of the *disjecta membra* of scientific medicine into one body, contemplated by its promoters, would undoubtedly have conferred many advantages on all who hereafter entered the Society; but it was necessary to conciliate the separate interests, the feelings, and, he might say, the prejudices of the existing members of the different societies, which seemed insuperable. But when, after oft-repeated meetings of Councils and Societies, and protracted and acrimonious discussions, they appeared almost overcome, the scheme was superseded by a resolution of our own Society to the effect "That the Council be requested to consider whether, while maintaining the charter and the constitution of the Royal Medical and Chirurgical Society, it may be possible to obtain a more complete co-operation with the Pathological Clinical, Obstetrical, and Epidemiological or other societies for the promotion of medical science." No action had been taken by the out-going Council on this resolution, but it had been left for the new Council, should it think fit, to take up its consideration. The President regretted that it had fallen to his lot to preside at so many meetings on this topic, and to have seen so much energy and painstaking ending in an abortive issue; but however favourably he may have looked upon the scheme, he could not, when he witnessed the strenuous and decided opposition it met from many of our own Fellows, and the opposition or lukewarm support of the other societies, desire that it should succeed. The agitation of the last two years had, he believed, been attended with unfavourble effects on the scientific work and material prosperity of the Society, but he earnestly hoped it would now be allowed a period of repose from the disturbing influences of projected changes. He added that his experience on the Council had convinced him that some new regulations for sending papers to referees for reports on their merits would be desirable, and might tend to ensure a more steady supply of papers for discussion at the meetings. In closing his address, the President rendered his acknowledgments and thanks to those who had contributed papers during his term of office, to the Council and officers of the Society for the support, assistance, and advice he had received from them in carrying on the affairs of the Society; to the sub-librarian for the admirable manner in which he performed his duties; and, apologising for anything by which, in the performance of the invidious duties of President at the various extraordinary meetings at which so much discordance of opinion had existed, he had by word of manner hurt the feeling of any Fellow, he concluded his address in these words:—"In the midst of the good fortune which has attended me in my professional career, I shall never forget the honour you paid me by electing me to preside over this distinguished Society. 'Floreat semper.'"

The thanks of the Society were voted to the President, Dr. Burrows; Dr. Black, Treasurer; Dr. W. Ogle, Secretary; and other retiring members of Council, and the meeting then adjourned.

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Literature.

DICKINSON ON GOUT.*

We feel perfectly justified in introducing this very practical treatise on the treatment of gout to the notice of the profession. The style in which it has been written is fluent, trite, and comprehensive. Many standard authorities on the subject are freely introduced, including Todd, Cullen, Copland, Sydenham, &c, which, together with the opinions of the author, derived from considerable professional experience, make the volume a welcome addition to our medical literature.

VINTRAS ON ANIMAL VACCINATION.

Dr. Vintras has published an English version of the report written last year in French. His pamphlet "On Some Advantages of Animal Vaccination for the Prevention of Small-pox," is well worth perusal. When in France during the epidemic, we were surprised at the frequent failures of the heifer-vaccination, at that time so popular. Dr. Vintras thinks this due to imposition—the vaccinators making money out of the panic, indifferent as to the degree of protection. We think there is something in this, and yet that some other cause was also at work. For safety, as bovine diseases are not generally transmissible to the human being, we admit something is to be said, but we cannot believe but that the dangers of vaccination have been grossly exaggerated.

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Correspondence.

DR. DRYSDALE ON CELIBACY AMONG SOLDIERS AND OTHERS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I must again crave your indulgence for trespassing on your valuable space, with a few additional "criticisms" on Dr. Drysdale's captivating, but, to me, not convincing letter in your issue of the 1st instant.

I still hold that the evils of celibacy are the result of vicious habits, acquired long before marriage could be thought of; and that where chastity is observed, and moral control exercised, no evil results follow. Physiology teaches us that the sexual secretions go on continuously, but that the secreting organs are capable of increased action, by stimulation, exciting causes or disease. I believe that the sexual passions may be controlled like other passions; and that, like other passions, indulgence gives them an ascendancy over us.

I understood Sir Benjamin's Brodie's observations to have reference to *immoral* celibacy, and that *relatively* only; that is, that *individual cases* of insanity, resulting from *solitary* practices, were more calamitous in their effects than individual cases of contagious sexual disease. On any other assumption it would be difficult to entertain the assertion, that "the evils of celibacy are fully equal to those of prostitution," for we know that there are many potent contributing causes to insanity in married, as well as in celibate life; and that insane celibates do not unduly preponderate over insane married people, and that the insane of all classes bear only a fractional ratio to the victims of prostitution. How, then, could it be possible for the evils of celibacy to equalise those of prostitution?

I believe that the evils of celibacy are greatly exaggerated, and that the practices which engender them are mostly confined to *very young* people, who, I have ascertained, are *able to control* the habits when they learn the dangers which attend them—which is an *à fortiori* reason for believing that moral control is an easy condition to those who have never known indulgence. I must confess to have never known an instance where strict chastity was followed with bad results, as far as men at least are concerned.

I do not view the *intention* of the Contagious Diseases Acts in the same light as Dr. Drysdale. I think on the *utilitarian* principle of "the happiness of the greatest numbers," that it would be better for both soldiers and women not to have syphilis added to their miseries. I believe it would be more correct to say that the "supposition" on which the Act is founded is, that the health, the happiness, even the lives of the soldiers, their money, the money and safety of the State, are not to be sacrificed in order that a contagious disease—which, like a two-edged sword, wounds both ways—should remain unmolested. Dr. Drysdale knows that "we have to deal with things as they are, and not as we would wish them to be," and that as long as we have unmarried soldiers and prostitution in their wake, it will be a utilitarian gain to both men and women to be free from syphilis—a gain in which the State and future generations will largely participate.

Dr. Drysdale says I cannot "stomach" his suggestion of "*very small families in place of prostitution.*" Dr. Drysdale knows that families, large or small, are no barriers to prostitution, and he cannot suppose that any practice so *unnatural* would have any effect in even lessening the evils of prostitution; for if, according to his suggestion, marriage were adopted as a matter of expediency, to satisfy the sex-appetite alone, man and woman would find it convenient to gratify the appetite *according to his suggestion*, without any other obligation to each other; and as no *result* or exposure would follow, it would lead to general prostitution.

I do not, after all, see any difference between the *rusé paysan* practice and the habits which Dr. Drysdale says leads to such alarming results in celibate life. It does not appear to me that there is much difference between the *rusé paysan* couple who *defraud* each other *jointly*, or those who do the same thing *solitarily;* the effect on the health would be the same, and, in proof, I need only bring to Dr. Drysdale's recollection a case in point, which occurred a few days ago in high life, where eminent medical gentlemen proved that the lady had repeated attacks of illness in consequence of *incurable fraudulent* practices on the husband's part, and on account of which she was granted a divorce.

Well, then, I object to *frauds* of every kind, especially those against the natural law—for no animal in Nature tries to thwart Nature's proper functions by checking its own offspring.

I object to diminish by unnatural means the power of "natural selection," possessed by the best, the most intellectual and most civilized race in the world, and thereby give an undue advantage to the savage and barbarous races who would never appreciate the philosophy of the small family system. I believe that England has made herself mistress of the world by rapid breeding, and by taking an enlarged and enlightened view of Bentham's utilitarian principle of "the happiness of the greatest number," by making the accession of additional numbers contribute to increase the happiness of all, and taking care that the numbers *in posse* were not sacrificed on any narrow, crotchety view to the numbers *in esse*.

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* "The Tonic Treatment of Gout." By James C. Dickinson, M.R.C.S., formerly Staff-Surgeon Crimean Army. London: Baillière, Tindall, and Cox.

I cannot forget the sweet words of my magnanimous and philanthropic countryman, that—

> "Ill fares the hand to hastening ills a prey,
> Where wealth accumulates, and where men decay."

I hope the day will never arrive when large families will be looked upon in the same light as drunkenness, for if that should happen, baby-farming and infanticide would be inevitable.

I cannot suppose that Dr. Drysdale is serious when he says that "among the casuists of the Roman Catholic Church morality seems to mean merely chastity!" I believed the Roman Catholic Church, casuists and all, connect morality with every precept of the Decalogue. I used morality in the sense that I understood Dr. Drysdale to employ it, when, after discussing the evils of celibacy, prostitution, &c., he wound up by saying that "no advance in morality is compatible with the rapid breeding of England and Ireland." In my poor essay at criticism, I have taken the "scientific" standpoint of "natural knowledge and reason" alone—a religious aspect being, according to *my opinion*, quite out of place in such a discussion.

Yours, very faithfully,

THOMAS HAYES, M.D., M.R.C.S.L.

Shanagolden, Co. Limerick.

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SMALL-POX.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The public mind is so much disturbed by publications respecting small-pox that it becomes the duty of any one, who has reason to think he can give some useful information or suggestion on the subject, to do so.

Between the years 1810 and 1838 I vaccinated many children, and many of more mature ages. For the more comfortable classes I was paid; for the poor I merely exacted a deposit of one shilling, or of sixpence, to ensure the patient's return, when I wished to inspect the result, which was on the eighth and twelfth days after the operation. Amongst both classes, but more amongst the second, it not unfrequently happened that the vesicle, which appeared satisfactory on the eighth day, was disturbed in its progress by the friction of the clothes, or by being picked (a habit of the lower classes), so that when seen on the 12th day it was evident that the case had not undergone the usual satisfactory course; and, in these instances, *the febrile symptoms*, which usually occur, especially in infants, the eighth or ninth day, were absent. Some mothers would be satisfied with any inflammatory appearance in the part operated on, and were surprised that I insisted on re-vaccinating; but when the child was not said to be slightly febrile, and when the appearance of the vesicle was not quite regular, I always insisted on re-vaccinating.

In every case I insisted on seeing the patient on the twelfth as well as the eighth day. By steadily pursuing this course, I have no recollection that any of the several hundred persons of all ages that I had vaccinated, had become affected with small-pox, though many of them were within the sphere of its contagion.

The London National Vaccination Report, for the year 1852, states: "We continue to regret the want of sufficient care in vaccinators, who do not prosecute with adequate attention the question, whether in each case the vesicle has duly run its course." And the same authority directs that no case of primary vaccination be registered as successful, unless the course of the vesicle has been strictly according to the description given by the Board, which is the appearance presented on the eighth, tenth, and eleventh days. These appearances, and the slight febrile symptoms, can only be learned by the inspection on or about the twelfth day."

Up to 1864 vaccination was admittedly defective in Ireland. In their Report for that year the Poor-law Commissioners direct that all children born after the 1st of January of that year shall be brought for vaccination, and shall be "again brought on the eighth day for inspection." And the same obligation is imposed on Workhouse masters, with respect to children born in the workhouse. But there is no direction for any subsequent inspection of the child, until the year 1870, when the Commissioners directed that the child should he brought not only on the eighth day, but "on such days as the Medical Officer may direct, in order to ensure the successful issue of the case"—which direction is a repetition of the seventeenth clause of the English Vaccination Act of 1867. Now, as there was no legal obligation on the parents of children born after the 1st of January, 1864, to bring them to the Medical Officer after the eighth day, nor on any of the numerous elder persons that were vaccinated, to come back even on that day, it is possible that not a few that were seen on the eighth day had not gone through the regular course of vaccination. I will not say, nor insinuate, that an equally careful inspection as I usually made, was not made by the Dispensary Medical Officers, in respect to the cases returned as successful, but if they had not an opportunity of examining them after the eighth day, they could not "prosecute with adequate attention whether in each case the vesicle had duly run its course." Since 1870, this defect is remedied, as the vaccinator can now demand that the child be produced on the 11th or 12th days; but he cannot enforce the return of any except children six months' old, and, as many beyond that age have been vaccinated, it is not unlikely that some of them have not returned, and have not been inspected so as to decide the case to be "successful." The Poor-law Commissioners' Report for 1870, shows that since the passing of the Compulsory Vaccination Act, 574,242 children, born after 1st January, 1864, have been vaccinated (they do not say successfully, but I suppose that is meant), and 309,563 "other cases," of course born before that period. This shows that a considerable number of the vaccinated cannot be compelled to return, even on the eighth day, and probably have not been adequately inspected or vaccinated. My suggestion would be that if any of these apply for remuneration, it ought to be complied with, and a regular attendance enforced for inspection.

It may be observed that the directions of the English Poor-law Board are only to bring the child for inspection "the same day in the following week;" but this is mended by the words, "or at such other *times*, or places, as the Guardians shall determine;" and, further, that the vaccinator "may give such directions, and treat the cases as upon such inspection shall appear to him to be necessary."

The English Act of 1867 provides that the vaccinator, "if he sees fit, may take from such child lymph for the performance of other vaccinations," and as some Irish mothers—and probably some British—object to lymph being taken from their children, this provision should be included in any amendment of the Act.

It is very humiliating that, with nearly twice the population of Scotland, and, of course, twice as many births, our supply of vaccine lymph is procured from Scotland. Dr. Hubbard's tubes are obtained charged with lymph from Aberdeen, Dumfries, Dundee, Glasgow, Inverness, and Perth, and, of course, Edinburgh. Now, why should not arrangements be made that Dublin, Cork, Belfast, and Limerick, which have greater populations, should supply lymph, as I once suggested.

Your obedient servant,

March 2, 1871. DENIS PHELAN.

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ON PUBLICATION IN MEDICAL JOURNALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—That cases possessing little interest, whose symptomatology and treatment vary nothing from the ordinary course of events are published, and that others, alike instructive, interesting and unique, are consigned to the obscurity of oblivion, is a fact little to be wondered at, nor is it surprising that wide difference of opinion should exist as to the advisability of medical publication. The *tot homines tot sententiæ* truism is as much a matter of fact with regard to this, as to every other subject concerning which difference of opinion is possible, and difference of opinion, we are well aware, by the promotion of discussion, generally disseminates truth. I have heard some members of our Profession boast of never having forwarded a single report to a public periodical; and others, again, evincing anxiety to eliminate truth from the result of cases occurring under their own immediate sphere of observation, and to promulgate it by means of literary contribution. Ignorance (it must be admitted, but let us face the truth), indolence, negligence, apathy, procrastination, or inability, prohibits some from proclaiming the result of their experience, whilst, on the other hand, self-opinion, fear of criticism, or some such kindred and contemptible attribute of a weak mind, deters others.

But inasmuch as the pages of all special publications, open alike to the members of any individual profession, are frequently converted into an arena for acquiring publicity, and making display by the sordid and unhumbled aspirant to unearned celebrity; men possessing none of these inferior qualities, scholars rather than ignorant, hardworking than indolent, energetic than negligent, perspicuous than apathetic, quick and talented rather than procrastinating or inefficient, forgetful of the real objects to be kept in view when faithfully recording medical or surgical experiences, or remarking on points therein involved, eschew doing so altogether, lest once embarked in a literary canoe, they might, perchance, be wafted against the tide of scientific advancement, by opposing gales of unkind censure, alike unfounded and untrue to the shores of ignominy and contempt, at which an aspiring hypocrite irrevocably arrives. Nor, on the other hand, are contributors to medical journals necessarily talented, or *de ipso facto* the possessors of justly estimated qualifications; those of only passable abilities and pretensions, if any, lower than mediocrity, are amongst the number, as well as those with brilliant genius, and of rare accomplishments; some are there who, by the aid of talent and energy, have reached the top of the ladder, others having just stepped off the ground and slowly seem beginning to ascend, and others again whose attempts have been in vain. He who, *bonâ fide*, takes part in the periodical literature of his profession, does so without self-pretension or egotism, and feeble though his attempt may be, humbly endeavours to present his fellow-labourers with records of facts, from which, possibly, at some period or other, practical advantages may accrue, or advances critical observations which may be utilized as an addition to the store of scientific learning, by means of which medicine and surgery exercise their beneficent influence for the sanation of mankind. There are a few, I am aware, who opine that the medical journal should be, as it were, the peculiar property of the "Hospital man," or lecturer, and alone contributed to by them, but in the very humble opinion of the writer, no more untenable proposition, no greater fallacy, could possible be adduced. The medical journal rather, on the contrary, I hold, possesses features of particular interest to the country practitioner, who has frequently, under the most adverse circumstances, to wage war against practical difficulties of no small magnitude, and who, like myself, through residence perhaps in remote rural localities, is unfortunately removed from immediate intercourse with medico-scientific circles, the congenial atmosphere of learning and refinement, constant attrition with which—a superior advantage possessed by our city brethren—is almost altogether denied us; intercourse which redounds with social and professional advancement, assists study, refines the mind, elevates the aspirations, develops talent, and tends to promote mutual cordiality and fraternal courtesy among ourselves, and those nicer feelings to others, so essentially characteristic of the professional gentleman.

At the terminal meeting of the Surgical Society of Ireland last Session, Mr. Macnamara, in his farewell address as President, through the medium of your comprehensive columns, is reported to have expressed his conviction that a mine of surgical wealth existed, and was being lost in the provinces, and at the same time eulogised the zeal and praiseworthy fidelity to the science of their Profession, which prompted two provincial members to contribute respectively during the Session then about to terminate, to the papers laid before them for discussion. Such surely is the case! A mine of medical and surgical instructive wealth exists in the country as in the city, and so long as you, Sir, in common with other editors of journals appertaining to the theory and practice of our Profession, like yours,—as impartial as it is influential—assist in the promulgation of professional instruction, it is the duty of any man to communicate who has ought worthy of communication.

The professional journal assists the country practitioner to keep himself *au courant* with the times, and maintains intercourse more or less betwixt himself and those labouring in the same cause, and whilst used by him in common with his city brother for their intellectual refinement, let him once and for ever repudiate the idea of making it the medium of contentions which, arising so frequently as they do, have caused us rather to deteriorate than otherwise in the social scale. The medical journal as a mirror of description, and a channel through which scientific observation may flow from mind to mind, is of use to us individually and collectively, and the greater the number of sources from whence it originates may be, the magnitude of each being necessarily small, the fountain itself in some instances necessarily obscure, so long as they are pure and free from unfaithful dregs or unrighteous scum, the more effectually will it irrigate the intellect of those desirous continually to add to the knowledge they may possess on a subject of which, though learning ever, they may become masters never.

Feeling I have already trespassed unpardonably on space usually fructifying with instructive material, unlike the prosy verbiage of my present commentary, the prolixity of which I beg of you to excuse.

I have the honour to remain, Sir,
Your obedient servant,
Francis E. Clarke, M.B. Dub., &c.
Oughterard, Galway; Feb. 24, 1871.

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VACCINATION IN SECONDARY SYPHILIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Would you consider it unadvisable to revaccinate while any trace of secondary syphilis remained in the system?

I am, Sir, yours, &c.,
P. M. W.

[We do not think it *un*advisable to vaccinate or revaccinate a person suffering from secondary syphilis; but would not take the lymph from the vaccine vesicle so produced, and use it on another. We have vaccinated cases of secondary syphilis in the ordinary way, and, as we believe, produced in two instances, a copious fine papular rash; in another a good deal of febrile disturbance; and in another apparently no impression or result in the system. We certainly attribute the rashes produced to the vaccination. One was in a woman about thirty-five; the other (and the most abundant) in a girl about seventeen. Both had cicatrices in the arm.—Ed. M. P.]

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PARASITES AND SEWAGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read your recent article, having this heading, with much interest. The subject is a truly important one. In a work on physiology, published a few years since, Carl Vogt's *Physiologic*, the author states that the Dutch practise what may be termed feculent irrigation with their pot herbs by hand, and that to this is owing the prevalence of tape and other intestinal parasites in Holland. Vogt has a bantering way with him, but the statement is made circumstantially enough notwithstanding. As the very same practice of hand feculent sewage prevails in Japan, it would be of interest to learn how the Japanese stand in regard of intestinal parasitic worms. The Dutch esteem human feculence so highly, as a compost, that they erect public necessaries along the high roads, in order to accommodate travellers. While in Japan every house, it seems, has facilities for the wayfarer. My object, at present, however, is to suggest that artificial means should be employed to destroy the worm germs in feculence as employed for sewage irrigation. Arsenical preparations, zinc chloride, would certainly destroy parasitic vermin. But would the ensuing mixture be objectionable as a compost therefore. Grain is occasionally steeped in poisonous solutions without injury, I believe, to the ensuing crop. Crude carbolic acid, crude petroleum, and the like, stirred up in sewage matters, would destroy parasitic vermin, and deodorise the material as well. Some years ago, measled pork, that is to say pork abounding in the scolices, if that be the correct designation of tapeworm, was common in Belfast. Petty dealers, I have heard, would actually give it a preference by reason of getting it cheaper. And persons have told me that when pork in this condition was put down to boil, or fry, it began to crepitate, like salt thrown on the fire—doubtless owing to the bursting of the small bladder which, along with the crown of hooklets, constitutes the embryo condition of tapeworm. I have some years since examined pork in Belfast, microscopically and otherwise, which was simply full of cysticeri. I have seen pigs, dead ones I mean, otherwise fine looking animals, but measly, condemned as human food. The tongue and psoas muscles appear to be particularly implicated. The intelligent inspector—this was some years since—told me that "measled pork" had become very rare. I am sure I hope so. The importance of clean food for pigs ought to be strictly insisted on. These animals, as kept, eat almost anything; and yet, I suppose, they have no especial predilection for diet, naturally, more than other creatures. Dogs and cats, I believe, contribute considerably, through the scattering of their excrements, to the furtherance of tape. Certainly, with proper precautions, the prevalence of intestinal worms might be greatly diminished.

I am, Sir, obediently yours,

HENRY MACCORMAC, M.D.

Belfast, 22nd February, 1871.

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Gleanings.

Personal Experience during the Epidemic of Yellow Fever on Governor's Island, N. Y. Harbour, from October 5th to November 4th, 1870. By W. E. Whitehead, M.D., David's Island, N. Y. Harbour.

(*From the Pacific Medical and Surgical Journal*).

I SHALL give you in this brief description my own individual symptoms and sensations during my attack of yellow fever. I reported for duty, at Fort Columbus, October 5, 1870, at about eleven o'clock, a.m., in the best of health; went at once to duty; visited the patients at sick-call and in the wards of the Post Hospital, as well as to take some cases down to the West Bank Quarantine Hospital in the Lower Bay; and while there visited the wards. On the evening of October 10th, after a hearty dinner, I took a walk, in company with Drs. Page and McParlin, to the billiard-room of the Post, smoked my pipe, as is my habit, several times, when, at half past seven o'clock, I felt a strong desire to visit a water-closet; this desire increased with some gripings and a sick, prostrated feeling, till cold sweat appeared upon my face and hands. At about eight o'clock I left the billiard-room for the water-closet, which after some difficulty I reached, owing to my extreme weakness and sense of utter prostration. After a free watery and fæcal discharge, with a free discharge of urine, I went at once to my bed-room, a well heated one; after a great deal of difficulty, by reason of my great weakness I got into bed, but, notwithstanding an abundance of blankets, I felt chilly, hot and cold sensations running up the back and limbs, in the course of the great nerves; these sensations were not momentary but lasting and intensely disagreeable, causing the muscles to quiver and shake, as when affected by the electric battery. This condition lasted for more than an hour, when the paroxysms of fever began and continued for seventy-two hours. The fever was more of the asthenic than sthenic type; the heat of the skin was not so appreciably intense to touch as in typhus, typhoid, or the exanthematous fevers; the pulse was not so bounding, full, or rapid, seldom over one hundred or one hundred and ten pulsations to the minute; temperature not taken. I had little or no pain in the head (supra-orbital headache) or pains in the back of the neck, lumbar region, or calves of the legs, but had an indescribable prostration or break-bone sensation, considerable yellowness of the skin, and the most intensely disgusting odour of the excretions from the skin; in fact, this odour was the most disgustingly disagreeable symptom of all to me; to smell the exhalations from my person almost always nauseated my stomach. My tongue was coated with a white or yellowish-white fur, bright red edges, and some of the larger papillæ peeping through the furry coat, somewhat like what may be seen in the "strawberry tongue" of scarlatina. My eyes presented but little of the ferrety, injected, and wild expression characteristic of yellow fever. My kidneys acted well throughout the attack, as also did the bowels and skin. I only took one tumblerful of the citrate of magnesia during my illness. The urine was highly offensive in odour, ammoniacally fœtid, as also were the alvine discharges. The period of calm, or the next stage of the disease, lasted for about four days, in which condition I was perfectly indifferent to all surroundings, could not sleep, but still felt perfectly quiescent and satisfied, was in the most delightfully indifferent frame of mind, with no inclination to read, talk, or even to think; in fact, I could not think connectedly for two or three weeks, for my ideas seemed disjointed, and it was almost impossible for me to collect my ideas into a coherent form.

I remained in bed for fifteen days, as my prostration was great. I lost nearly thirty pounds in weight during that time, and in less than four weeks I was able to perform my duties, but have up to this time not fully regained my vigour and usual avoirdupois.

Medical News.

Medical Society of London.—This Society held its 98th annual meeting at Willis' rooms, King street, St. James's, on Wednesday the 8th inst. The President, John Gay, Esq, F.R.C.S., was in the chair, supported on his right hand by the President of the Royal College of Surgeons, Sir William Fergusson, Bart., and on the left by the President-elect, Dr. Andrew Clark, F.R.C.P. The usual loyal toasts having been drunk, the "Medical Society" was given in proposing which the President took occasion to express his great pleasure to the assembly upon its prosperous and flourishing condition, due, he most emphatically said, to the unanimity and good feeling which prevailed among them, he thanked the Fellows generally for the hearty support they had rendered him during his presidency. In responding to the toast of the "Examining Bodies," Sir William Fergusson congratulated the Society on arriving at so mature an age in these times of change and in such a healthy condition. Among the visitors were the Presidents of the Hunterian Society, the Harveian Society, the Medico-Psychological Society, and the Pharmaceutical Society. The Fellows to the number of sixty sat down to dinner. The following is the result of the ballot:—*President:* Andrew Clark, M.D., F.R.C.P.; *Vice-Presidents:* T. C. Weeden Cooke, W. Cholmeley, F.R.C.P., Francis Mason, E. Symes Thompson, M.D.; *Treasurer:* John Gay, *Librarian:* S. Day Goss, M.D.; *Secretaries in Ordinary:* J. C. Thorowgood, M.D. H. Royes Bell; *Secretary for For. Correspondence:* A. E. Sansom, M.D., ; *Orator:* F. J. Gant; *Council:* J. Wickham Barnes, W. Bloxam, M.D., Thomas Bond, M.B., F. W. Braine, G. C. Coles, R. Davy, R. W. Dunn, Tilbury Fox, M.D., William Gill, John Daniel Hill, Thomas Hunt, F. J. Lilley, M.D., J. Macpherson, M.A., M.D., P. Marshall, V. de Méric, B. W. Richardson, M.D, F.R.S., J. Thompson Sabben, M.D., Leonard W. Sedgwick, M.D., Frederick Simms, M.D. E. W. Tait.

Small-pox and Non-Vaccination.—At the suggestion of the Medical Department of the Privy Council, the guardians of St. George's-in-the East instituted a house-to-house visitation for the purpose of ascertaining the number of small-pox cases in the parish, and also the number of persons vaccinated, with the view of taking proceedings against the latter if after due notice they refused to comply with the law. The parish was divided into nine districts, and a visitor appointed to each. The result of the inquiry shows that the parish has suffered comparatively little, inasmuch as the total number of cases amount to only thirty-eight; sixteen of these were under three years of age, eighteen between the ages of three and fourteen, and four adults, A special committee met daily, and upon receipt of information communicated with the medical officer of health, who proceeded to take action. At the last meeting of the Board of Guardians, Mr. Gill, the clerk, reported that only three deaths from small-pox had been registered during the last fortnight, all of which were unvaccinated children. The number of persons discovered unvaccinated in the course of the visitation were as follows:—589 under three years of age, 168 between three and fourteen years of age, and ten adults, making in all 767. Full particulars of these cases were at once handed to the vaccination officer, who proceeded to issue notices, the result being that in one week as many as 153 of them were vaccinated by the public vaccinator.

Bequests, Donations, &c.—"N. C. K." has, for the third time, given £1,000 to the Asylum for Idiots, Earlswood. "D. G." has made a third donation of £1,000 to the Royal Free Hospital. "A Lady" has given £1,000 (in lieu of a legacy of that amount), to the Birmingham and Midland Free Hospital for Sick Children. John Thomas Bennett, Esq., of St. Albans, bequeathed to the Fever Hospital, Consumption Hospital, Cancer Hospital, and Royal Sea Bathing Infirmary, Margate, each £1,000; and smaller amounts to several other hospitals. "F. S.E." has made a second donation of £1,000 to the Lock Hospital. "M. W. O." has made a second donation of £1,000 to King's College Hospital. "W. L. H." has given £1,000 to the West London Hospital. The General Hospital, Birmingham, has become entitled to £500, under the will of Mr. Thomas Biddle, of Fillongley. Captain W. B. Phillimore has paid to the secretary of the National Hospital for Consumption, Ventnor, a donation of £250; and an anonymous donation of £100 has been forwarded to Dr. Hassall for "The Chapel Building Fund."

State Honours to Medical Men.—Dr. Mattei, Professor of Obstetrics at Pisa, Dr. Marcacci, Professor of Pathological Anatomy in the same place, Dr. Fallani, Assistant Clinical Physician of the S. Maria Nuova Hospital at Florence, and Dr. D'Ancona, have been made Knights of the Order of the Crown of Italy. Professor Michelacci, Professor Pellezzari, and Dr. Giacometti (chief of the army sanitary staff), have been promoted to the rank of officer of the same order; and Professor Vannoni of Florence has been made commander.

New Medical Publications and New Editions for the past Month.—Dr. T. Binronth, "General Surgical Pathology and Therapeutics," in fifty Lectures. Tran. from the 4th German edition, illustrated; W. H. Byford, "on the Chronic Inflammation and Displacement of the Unimpregnated Uterus." 2nd edition, illustrated; James C. Dickinson, "on the Tonic Treatment of Gout;" M. G. Echeverria, "on Epilepsy: Anatomo-Pathological and Clinical Notes," col. plates; J. Hinton, "Thoughts on Health and some of its Conditions;" Peter Hood, "A Treatise on Gout, Rheumatism, and the Allied Affections;" S. W. Johnson, "Chemical Notation and Nomenclature old and new;" C. Morrill, "The Physiology of Woman, and her Diseases from Infancy to Old Age;" H. R. Storer, "The Causation, Course, and Treatment of Reflex Insanity in Women;" Docteur Vintras, "Des Advantages de la Vaccination Animale comme préventif de la Petite Vérole;" Erasmus Wilson, "Lectures on Dermatology, delivered in the Royal College of Surgeons of England;" A. Wolff, "The Correlation of Zymotic Diseases;" J. Woodman, "Notes on Transplantation or Engrafting of Skin;" Year Book of Pharmacy, Comprising Abstracts of papers relating to Pharmacy, Materia Medica, Therapeutics, and Chemistry.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

ERRATUM.—In "Sketch of the Life of Dr. Knox," page 211, line 23, for *learn* read *leave*.

THE ADULTERATION BILL.

To the Editor of "The Medical Press and Circular."

SIR,—It occurs to me to ask whether the first clause of the Bill applies to the introduction of inferior articles in the composition of food prepared by a cook for the family table? if not, could not a slight alteration in the wording of the clause make it so to apply? Instead of "for sale," for instance, the offence might consist in using articles which come under the description of "adulterants"—"for profit." I believe an immense benefit would be conferred upon the community by such a provision in the Act. The penalty in the case alluded to might be less than in that of a tradesman selling an adulterated article, but the fine should be inflicted wherever the offence could be proved. The health of the household depends greatly upon the honesty of cooks in such matters.

Yours obediently.
SANITAS.

MEETINGS OF THE LONDON SOCIETIES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—WEDNESDAY, March 15th, 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures; Dr. Parkes, "On some points connected with the Eliminatien of Nitrogen from the Human Body."

ROYAL INSTITUTION.—THURSDAY, March 16th, 3 P.M. Dr. Odling, "On Davy's Discoveries."

HARVEIAN.—8 P.M. Mr. F. J. Gant, "On the Inhalation of Calomel Vapour in Secondary Syphilis."

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—FRIDAY, March 17th, 4 P.M. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Croonian Lectures; Dr. Parkes, "On some points connected with the Elimination of Nitrogen from the Human Body."

ROYAL INSTITUTION.—SATURDAY, March 18th, 3 P.M. Mr. O'Neil, "On the Spirit of the Age."

CHARING-CROSS HOSPITAL.—2 P.M. Operations.

VACANCIES.

Dublin Fever Hospital, Cork street.—Apothecary and Accoucheur. Salary £90, with residence and extra fees. (See Advt.)

Derby County Asylum.—Assistant Medical Officer. Salary £100.

West London Hospital.—Junior Surgeon. Election, April 12th.

Lincoln County Hospital.—House-Surgeon. Salary £100, with board.

Rochdale Infirmary.—Resident Medical Officer. Salary £80.

Liverpool Dispensaries.—Five Assistant House-Surgeons. Salaries £103.

Dundee Infirmary.—Joint House-Surgeon. Salary £50, with board.

Swansea Hospital.—Resident Medical Officer. Salary £100, with board.

Birmingham General Dispensary.—Resident Physician. Salary £200.

Newport Infirmary. House-Surgeon. Salary £75, with board.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Student's Guide to Medical Diagnosis. Second Edition. By Samuel Fenwick, M.D. London: J. and A. Churchill.

The Royal London Ophthalmic Reports. Vol. VII. Part I.

Compulsory Vaccination. By Medicus.

London Obstetrical Society's Transactions. Vol. XII.

APPOINTMENTS.

COLES, Mr. G. C., Assistant-Surgeon to the Royal South London Ophthalmic Hospital.

FIDDES, D., M.D., Lecturer on Clinical Surgery in the University of Aberdeen.

LEWIS, W. H., L.R.C.P.Ed., House-Surgeon to the Paisley Infirmary.

PLATT, W. H., Surgeon to the 6th Tower Hamlets Volunteer Corps.

ROBERTSON, W. T., M.D., Hon. Physician to the Notts Dispensary.

SAUNDERS, H. W., House Surgeon to the Bristol General Hospital.

SMITH, Dr. H., a Physician to the Hospital for Women, Soho square.

STANGER, G. E., M.R.C.S., Consulting-Surgeon to the Notts Dispensary.

UPTON, H. C., L.R.C.P.L., M.R.C.S.E., Surgeon for the Cliftonville District of the Brighton and Hove Provident Dispensary.

Marriages.

BROWNE—DALL.—On the 8th inst., at North Berwick, Dr. Thos Browne, R.N., H.M.'s Ship "Excellent," to Agnes Robertson, second daughter of the late James Dall, J.P., of North Berwick, East Lothian.

SIMPSON—ARCHIBALD.—On the 1st inst., at Stirling, James Simpson, L.R.C.P.Ed., L.R.C.S.Ed., of Bonnington, North Leith, to Margaret, daughter of the late William Archibald, Esq.

Deaths.

CANHAM.—On Feb. 28th, in London, Joseph Canham, M.D., of St. Lawrence, Ramsgate, J.P., for Kent and the Cinque Ports.

CONNEL.—On March 9th, at 19 St. George's road, Warwick square, Dr. H. J. N. Connel, late 2nd Life Guards.

EVANS.—On Feb. 18th, at Bromleg, Briton Ferry, Thomas Jewes Evans, aged 35.

HAINS.—On March 4th, at Portsmouth, F. A. P. Hains, M.D., M.R.C.S.E., R.N., Assistant-Surgeon of H.M.'s Ship "Excellent," aged 29.

SANKEY.—On March 2nd, at Malvern Wells, Dr. F. F. Sankey, R.N., late of Malta, aged 80.

SEGAN.—On Feb. 20th, in Dublin, John Segan, M.D., aged 75.

VERDON.—On Feb. 26th, in Dublin, J. J. Verdon, Esq., Surgeon, aged 35.

WATERFIELD.—On March 5th, Thos. Waterfield, M.D., F.R.C.P., of South street, Thurloe square, London, aged 81.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS
OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, APRIL 3rd. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, APRIL 10th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Pall Mall East 1871. H. A. PITMAN, M.D., Registrar.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN, 2 Osnaburgh place, Regent's Park, N.W.—Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq., Resident House Surgeon.

Fee for Three Months, One Guinea.

FEVER HOSPITAL AND HOUSE OF RECOVERY, CORK ST., DUBLIN.

In consequence of the Resignation of the present Apothecary, there will be an Election of a Person duly qualified to fill the situation of

APOTHECARY AND ACCOUCHEUR TO THIS INSTITUTION.

The Salary is £90 per Annum, with Coals, Candles, Furnished Apartments, and Attendance; also a Fee of £1 on each Accoucheur Case.

Particulars of duty can be ascertained on application to the Registrar, at the Hospital. Candidates will please send in their applications (marked outside "Apothecary") and Testimonials on or before TUESDAY, the 14th inst., and attend personally at the Hospital at 10 a.m., on Thursday, 16th instant.

By Order, T. F. EUSTACE, Registrar.

House of Recovery, March 2, 1871.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1871.

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ON THE NATURE OF THE VENEREAL POISON,

ILLUSTRATED BY INFECTION FROM CONGENITAL INFANTILE LESIONS ON A HITHERTO UNINFECTED SUBJECT.

(*With Wood Engravings.*)

BY MR. MORGAN, F.R.C.S.I., &c.

Professor of Surgical Descriptive Anatomy R.C.S.I., and one of the Surgeons to Mercer's and to the Westmoreland Lock Hospitals.

PART II.

IN Part I., in the number of this Journal for the 8th inst., I recorded a case of syphilitic infection on the thumb in a perfectly healthy recipient, characterised by an incubative period of four days, profusely pus-secreting surface, non-induration, circumscribed margin, and angry lymphatic system; but without any glandular enlargements in connection with the point of infection.

I now would add another illustrative example under my care at present, of a nurse infected from a syphilitic child, where the communicated lesions were multiple, and where the possible incubative stage was restricted within a certain and definite limit. There were certain very interesting practical phenomena displayed in these two instances. The ulcer of the thumb was characterised by great sensibility and pain—no doubt due to its free nervous supply; while the ulcers on the breast, after the first two days, caused but little pain. The ulcer on the thumb secreted pus most abundantly, while those of the breast, though moist, were ill-secreting. The ulcer of the thumb healed by large florid granulations, and once commenced proceeded rapidly; while those of the breast had more a tendency to dry up and form crusts. Those of the breast, again, were rather more raised than that of the thumb, and had not so well formed a circumferential rim. In both cases the evidence of constitutional infection showed itself, by the evolution of rash, before the healing of the primary infection points.

I did not test the ulceration of the thumb by auto-inoculation, but one of the ulcers on the breast I did on two occasions, with a pin's point on the chest, having first imbued it with the slight moisture that existed on the surface. In neither occasion was there any result, which I attribute to the want of more abundant pus secretion and to the sores being in the healing stage.

The history of the case I have obtained with much accuracy, and there is documentary evidence to prove the correctness of the dates; enclosing the period from the first exposure to infection to the appearance of the primary lesions with twenty-one days. On what day during the first seventeen days the infection implanted itself, is, of course, undefinable.

A fine healthy married woman was engaged as a wet nurse in a gentleman's family. She and her child were examined by two medical men, and she was recommended as a perfectly healthy and good nurse. The child she was engaged for, showed unmistakeable evidences of congenital syphilis, having patches about the mouth and anus, and all the usual signs. When the woman had been nursing the infant seventeen days it died (September 16th, 1870), and, on the third or fourth day afterwards, she observed two sores on each breast. They were not very painful, but the axillary glands of the left side specially were inflamed and tender within a week.

On January 11th, 1871, the sores were as shown in the illustration, larger than a fourpenny piece, without the slightest induration, and rather raised in their centre. The nuchal glands were now enlarged, the hair falling, rash on the head, and the patient was losing flesh, and becoming cachectic.

It is evident that in this case, and in that of the infection on the thumb given in the last number, the appearance of the primary sore was not that of the usual infecting type as so described; indeed, almost everyone of the essential features were absent, yet the patients were unquestionably infected, and derived the poison from a constitutional and congenital lesion.

It is remarkable on comparing these two cases that the constitutional evidences appeared in both before the healing of the primary sore, but in both at variable intervals. Thus, in the first instance of infection of the thumb, the rash appeared within five weeks from exposure; while in the second, of infection of the breast, it did not appear till about three months after the appearance of the primary sores; yet both subjects were infected from the same congenital syphilitic lesions. Can this be due to the greater energy of the lymphatic and vascular system in the case of the infection on the thumb; or to some mal-understood condition of constitution? This is, indeed, a curious question which presents itself frequently, and bears very much also on the point so debated, of the sequence of constitutional signs from primary lesions in some cases so much earlier, and more severely than in others; and in some absolutely so mildly as to be unobserved, till a casual accident leads to discovery.

In a series of original and instructive observations, given in this and the *Dublin Quarterly Journal* last August, I have shown that by inoculation with the vaginal secretion of constitutionally infected patients, I could, without difficulty, produce the pustule and sore characteristic of the non-infecting type, although the very origin of the infection-source proved its being thoroughly tainted; and in carrying out these observations I could not fail to be struck by the fact that, in some cases where several patients were tested from the same particle of discharge, the resulting sores were (though identical in character), of varying intensities, and it appeared that the more thoroughly infected the patient the less the extent and persistence of the resulting sores; and in them, no doubt, the vaginal discharge or secretion, may be considered a secondary lesion, such as the mucus patches of the congenital syphilitic cases above referred to were. The accompanying illustrations of the sores will, I think, be admitted to be of the same character, although produced on varying soil; and go far to prove that the result of inoculation from a secondary lesion, whether on sound or on already infected patients, failed to produce the infecting type of sore; not because the patients were already infected, but because the inoculative virus was derived from a secondary or constitutional lesion. On a comparison of the illustration of the breast and of the thumb infection from mucus patches with the series of direct inoculations from vaginal discharge, I think the impartial observer can hardly fail to see the similitude of the resulting sores; and, allowing for the differences of position, the irritation caused by the sores was variable. The inoculations from vaginal discharge were made on the side of the abdomen, near the hip, as the most convenient place, and less easily irritated by the friction of the clothes.

These instances prove the identity of appearance in the cases of accidental and direct inoculations. The pus-secreting surface and the marginal rim, with absence of any induration, were equally marked in all. Another remarkable phenomenon was presented by inoculation with this vaginal secretion—that it was capable of producing characteristic sores and pustules on the patient's self, a character which is admitted by the dualistic school as peculiar only to the non-infecting sore; yet on a thoroughly infected patient inoculation with the vaginal discharge was capable of producing an inoculative pustule and sore which I proved, beyond question, to be re-inoculable, both on the patient's own person and on others already infected; invariably under the form of the non-indurated or non-infecting type.

Thus, from direct experience, aided by fortuitous cases, such as I have adduced of the infection from secondary lesions on sound persons, not producing the infecting sore, we are led to the conclusion that the ordinary soft or non-infecting type of sore in the male, is the product of inoculation from a secondary lesion, and specially from the vaginal secretions of infected females, which sometime possess extraordinary activity. Thus, from the same particle of vaginal secretion in a remarkably healthy looking, yet constitutionally tainted, female, I was myself astounded at the results of inoculation on the patient's own person, and on five others, as pustules and typical non-infecting sores were, without one failure, produced. All were inoculated within the same fifteen minutes, with separate, clean, new pins. If, in place of these artificial inoculations we conceive for a moment that these were males, two *un*infected representing the thumb and breast infection, and the remainder representing any of those quoted above, as direct inoculations on infected cases — what would have been the result, assuming some accidental abrasion or point of entrance to have occurred? or would there have been any modification of their sores? I believe we are warranted by *facts* in concluding they would have been sores of varying irritability and markedness, corresponding to the locality on which they may have chanced to be implanted, but not of the infecting type, as otherwise that type of sore should be vastly more frequent, and of every day occurrence. I am pretty certain that the great majority of typically non-infecting sores are derived from inoculation with this vaginal secretion, and that many persons escape merely from not having at the time an abrasive or inoculative point.

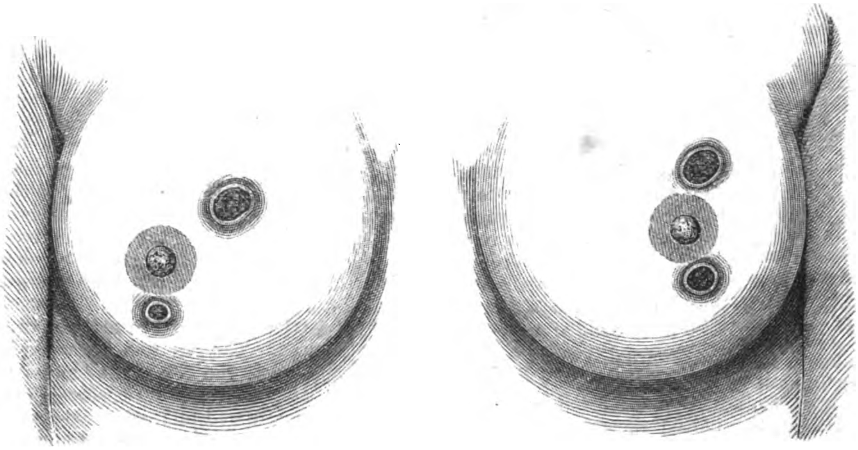
In support of this proposition, of the propagation of venereal sores by females not themselves suffering from a sore, there have been numerous observations. Mr. Skey states that "discernible disease in the female is not necessary to produce disease in the male." M. Fournier mentions 652 cases of syphilis contracted from women regularly examined and registered in Paris, and who, therefore, could hardly have been suffering from *a sore*. Be it remembered also, that he observes the 652 males contracted *syphilis*. Indeed, such remarks have been specially laid hold of by the opponents to the Contagious Diseases Act, as to their advantage, whereas the numerous direct experiments I have detailed in August last, prove, beyond doubt, the easy explanation of the fact; and that an existing constitutional taint endowed the vaginal secretion with the requisite virus.

It is, indeed, usual in discussing the subject of contagious sores to dismiss the question of the origin of these sores from the female, which is, however, most important, and it has been generally supposed that a sore must necessarily exist in the female. The foregoing observations, however, cannot fail to show that direct inoculation with the secondary vaginal product, either on sound or already tainted persons, will not produce the infecting type of sore as ordinarily described, and they also prove that the vaginal secretion is itself charged with the necessary power, and does not need the accompaniment of a sore to explain how it is that the soft, pustular, and inflammatory sore (such as I have produced by direct inoculation), occurs more frequently in the male.

On the other hand, the male has not the same means of communicating disease to the female, and chiefly infects (excepting by impregnation) either by the direct contact of a sore, or of some local secondary lesion, which is comparatively rare. I believe a great step is thus made in explaining the differences of opinion amongst surgeons as to the origin of sores and their different types in the male, and also how the dissolute female will escape so often without infection, while the male would, if subject to anything like the same risks, be speedily infected. I cannot help reiterating the fact, which frequently impresses itself on me, that with but comparatively few exceptions the females admitted to the Lock Hospital suffer from constitutional signs, with but little respect to the form or type of the primary. This is the sore which Mr. McDowell, in his late *resumé*, says "predominates over the syphilitic sore in the proportion of about six to one" (in the male), and admits that "in the Lock Hospital it is generally, certainly not always, the most frequent form of sore." In fact, there is no difference as to his observations and mine. He is, indeed, compelled to state

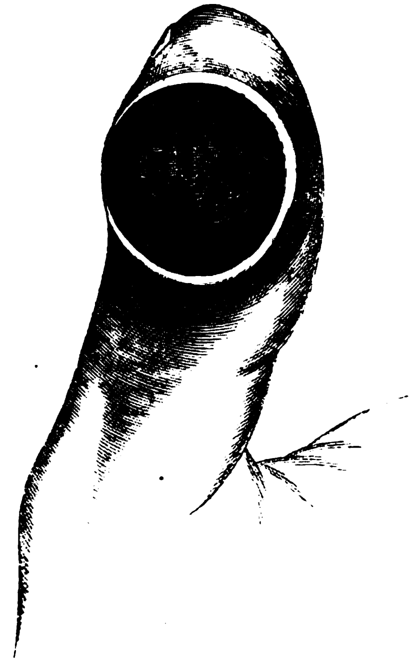
INFECTING SORES PRODUCED FROM SECONDARY LESIONS ON PREVIOUSLY HEALTHY SUBJECTS.

Infection communicated from Congenital Syphilis.



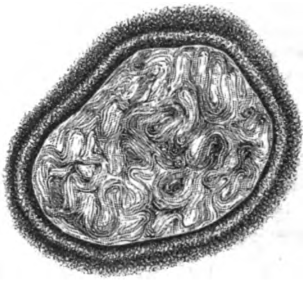
Multiple non-indurated sores produced on a healthy nurse from an infected child, succeeded by constitutional symptoms.

No. 1.



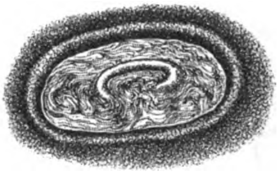
Suppurating sore of the thumb resulting from accidental inoculation by a congenital syphilitic lesion on a healthy subject (five weeks after inoculation), succeeded by constitutional symptoms.

No. 2.



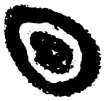
Suppurating sore, the result of inoculation from a vaginal discharge on a patient not highly syphilized (forty-two days after inoculation).

No. 3.



Suppurating sore, the result of inoculation from a vaginal discharge on a patient more highly syphilized (forty-six days after inoculation).

No. 4.



Result of inoculation from a vaginal discharge twenty-two days after inoculation, healing rapidly, the recipient being very highly syphilized at the time.

By Mr. Morgan, F.R.C.S.I.,
Surgeon to Mercer's and the Westmoreland Lock Hospitals.

"that the species of sore which does not carry infection to the system," is the most frequent in the Lock Hospital patients; but, strangely enough, adds, "That its frequency is a lame argument" as to its being the source of constitutional phenomena, although the unhappy and *indisputable* fact, however, remains, that I might fairly say nearly *all* these patients suffer from constitutional signs—very frequently, indeed, before leaving the hospital, and even before the healing of these sores, which Mr. McDowell himself "calls the sore that does not carry infection into the system," and which, he admits, these patients suffer from. In the tables I published of several cases I tested by auto-inoculation, the sequence of constitutional signs was the rule. There were, as there occasionally are, some exceptional cases, which I have freely admitted; but the general and almost invariable result remained of the constitutional infection from, at all events, the sore, discoverable by both the surgeons to the hospital, or recognised by the patients themselves. If, indeed, these observations were drawn from a few cases, there might be a doubt; but when many hundreds have been observed to follow the same rule, it may be reasonably questioned if the doctrine of typical sores, or of auto-inoculability, be correct, and it can hardly be supposed that neither surgeon could ever discover the true infection-source, which, to suit theories perhaps too hastily acquiesced in, should have existed somewhere, and must have been discovered even accidentally.

In the last number of this Journal, I am scolded in rather Billingsgate form by Mr. McDowell. I am told I am "making a rapid flank movement;" "I am riding a hobby;" that I adopt the unicist theory, "because there are no powers of diagnosis required," though he mentions I have "plenty of supporters." All these, like myself, leaving truth, and adopting "a theory for convenience," are "flowing with the stream," which, indeed, the *rusticus expectans* now feebly endeavours to turn with the fork of invective and assertions unsupported by any authentic practical evidence he can adduce. Nay, further, he informs the profession that the case I brought forward, of infection of the thumb, is simply untrue—*i.e.*, he does "not believe it." That the list of cases I brought before the Surgical Society was a mere "farrago of mutilated facts." Yet the challenge of a similar list of *tested* cases remain unfilled, and no case similar to the thumb infection, which I assert unequivocal, is produced. I must repeat I want facts—undoubted—authenticated facts—instead of theories and mere "oracular dicta." The *fact* of direct inoculation from a secondary product, producing the non-incubative soft type of sore, cannot be got rid of by the simple answer, "I don't believe." This may be now a convenient explanation, but I showed Mr. McDowell several times, and I think he saw the model I took in wax, of an inoculation I produced on the side of an infected child hardly two years old, which was, unquestionably, the ordinary pustule and sore characteristic of inoculation from soft sore, or vaginal discharge. This child was suffering from anal patches, and was in hospital for a considerable time under treatment; and, of course, Mr. McDowell's first argument of these being patches "in prostitutes bathed in every form of contagion," can hardly apply to a child under two years old, whose parents were married, and both suffering from constitutional syphilis. The other alternative is to forget now what he several times witnessed, and again resort to the *non credo* argument. It is simply absurd to try to escape the true conclusion—the case is recorded, and the child bears on its side the marks of the inoculated sores. Boeck's inoculations from males are also incontrovertible.

Mr. McDowell says it is a well known fact that "inoculation on the delicate tissue of a child produces irritable syphilitic sore with a short incubation." He does not produce a case, nor even refer to the "well known facts." The Profession would be enlightened by them; but he has shrewdly discovered the cause of my quoting Wallace's inoculations on a child, and commends my examining them, in contrast with Mr. Byrne, the importance of whose thirty-five years' experience is thus endeavoured to be detracted from by a side wind.

Mr. McDowell anxiously awaits my solutions of the question, why it is that "the great majority of simple sores do not infect the system?" I will endeavour to answer him, if he will *prove* why it is the minority do, or why it is that if a score of people be exposed to small-pox, some will have it mildly, and others severely; and why scarlatina invading a family, will snatch away those that may have been apparently the healthiest, and but lightly touch others; or why it is that the first inroads of an epidemic are severer than the later attacks. After a perusal of this article, based on *facts*, he may see some reason to believe, just as where, in inoculation from small-pox, a milder disease was frequently, but not invariably initiated, though the occasional recurrence to the original type was unfortunately but too frequently marked; that here also, by descent, a modification may gradually occur, and that secondary lesions, especially vaginal discharge, may produce a sore in the male, which, by its irritating quality will usually exhaust itself in local manifestations, but may also, owing to the tendency of recurring to its original type, infect the system. This is the question which is full of interest, and is of much difficulty.

Mr. McDowell is very angry that I should drag forward the case of a gentleman, which is quite conclusive, where the treatment suited to a soft sore was adopted by him, and the patient assured against constitutional signs, yet they followed. The sore was destroyed by caustic, as Mr. McDowell gives the hint, "a most useful procedure in cases of torpid syphilitic sores;" and not satisfied with this, he ordered him mercurial treatment. A torpid syphilitic sore, three days after its first appearance, *stimulated*, we must suppose, by nitric acid, and treated mercurially by nine grains of blue pill! Such, I am assured, was the mercurial treatment. This feat of the "retiarius" was, indeed, well designed: the net was first well thrown, and a sore skilfully entangled, and the trident armed with nine grains of the pill, was then well implanted, but, unfortunately, did not succeed in slaying the adversary. After such a practical exposition of diagnostic prowess, I may indeed humbly accept the vouchsafed information which is confidentially communicated to me, that there are "two species of induration," as Mr. McDowell would have it supposed that I have only "seen three hard sores in my life,"—an example of that looseness of diction which, *currente calamo*, largely pervades his remarks. No doubt we shall have abundant illustrations of his varied experiences of hardness, and copious non-infecting sores in a future article, which may serve as "springes to catch wood-cocks;" but to any one practically acquainted with the subject, there is no danger of being entangled.

While, therefore, in a special hospital both the surgeons agree as to the non-infecting type of sore being, to use Mr. McDowell's words, "generally, certainly not always, the most frequent form of sore," or mine, "that nearly all the patients suffered from this sore," and "that the indurated sore is rare;" how is it that constitutional signs are almost invariable? I see no difficulty, but Mr. McDowell does, and endeavours to escape what he creates as one by various ingenious terms.

In his *resumé* I find he mentions—

1.—The syphilitic sore; which he styles the "bull-dog."

2.—The simple sore; which may, in contrast, be styled the lamb.

3.—The syphilitic sore, "which condescends to deport itself in some measure like a simple sore.

(The bull-dog puts on the lamb's skin.)

4.—The *vice versâ*, which also meekly "condescends to deport itself, &c., like the syphilitic sore."

(The lamb puts on the bull-dog's skin).

5.—The simple, or non-infecting sore, "which does not infect, except in exceptional cases."

(By a superlative Darwinism "the lamb" may, in exceptional cases, develop itself into the "bull-dog.")

6.—The sore "which does not possess the typical characters of either the soft or the indurated sore," but not tested by inoculation, and therefore valueless.

(May look either bull-doggy or sheepish.)

7.—The syphilitic sore, which possesses very little hardness.

(The "bull-dog" begins to look decidedly sheepish.)

8.—"The soft syphilitic sore," not as yet given to the Profession, but nomenclatured in the Hospital Registry, and not tested by inoculation, therefore valueless.

(The "bull-dog" has become altogether sheepish.)

9.—"Constitutional infection, following no history or sign of any species of sore."

(The "bull-dog" and lamb have lain down together.)

10.—The simple sore, "which sometimes takes on induration, but even in such case is healed in the course of a month, leaving a cicatrix entirely devoid of induration."

11.—The simple sore, which may be "of three months' standing, a sharply cut extensive sore," with the converse evidence "of typical non-syphiltic induration!"

12.—"Syphilitic abrasion of the os uteri," combined with external sores, called syphilitic because there were constitutional signs, and because, like any other uterine abrasion, it was not auto-inoculable.

13.—The "torpid syphilitic sore," requiring to have "its cicatrisation" stimulated on the third day of its birth, and "mercurial treatment at once ordered."

The mixed sore, which is the favourite neutral ground of dualist syphilographers, is not as yet mentioned, but is probably at the end of this "farrago."

Surely here "il y en a pour tous les gouts," and there is ample pabulum as well for the theorist as for the practical observer. To the former the widest latitude is given, while to the latter ample opportunity is afforded. Should he meet with difficulty in attributing to its right source any special lesion, he will, no doubt, possess that essence of the "tactus eruditus" which will diagnose the syphilitic sore "with very little hardness" from the "typical non-syphilitic hardness;" or, again, from the induration "that the simple sore sometimes takes on." He may possess that "more extended experience"—which I am not supposed to have—that will enable him to diagnose the "torpid syphilitic sore," which, so early as on the *third day* of its existence, will require to have its "torpid" cicatrisation gently tickled with a free touch of strong nitric acid, and followed up by the instant administration of "mercurial treatment" on the *same* day; or, at a glance, he may recognise the simple sore, though "Integer vitæ scelerisque purus," when "it condescends to deport itself in some measure like the ill-famed syphilitic sore;" or once the syphilitic sore has forgotten its high estate, and "condescends in a measure to deport itself," like its more humble *relative* (may I call it), the simple sore, he will have no difficulty in assigning to each its place in the extensive nomenclature above proposed. If any be dismayed, however, by the difficulties of the task, I may suggest the remedy is simple—

> "Retire—the world shut out—thy thoughts call home;
> Imagination's airy wing repress."

◆

CLINICAL REMARKS ON THE SUCCESSFUL TREATMENT OF SOME FORMS OF DROPSY.*

By W. A. Basham, M.D.,

Physician to the Westminster Hospital.

Dropsy, as a symptom from whatever cause is usually regarded as of such serious and unpromising import, that except in some forms of acute renal disturbance after scarlet and some other fevers, it is usually regarded as the precursor of decay and death.

Those, however, who have had opportunities of studying dropsy in its connection with renal, pulmonary, cardiac and hepatic disease, will not be inclined to yield to this gloomy view without considerable modification; for many cases, at the outset of most unpromising aspects, have by treatment consistently and perseveringly followed, been rescued from the category of incurable, and transferred to that of remediable disease.

Renal dropsy in its chronic aspect is, however, a formidable disease. The prognosis in all such cases must be governed by the character and degree of the co-existing functional disturbance in the pulmonary, circulating, and nervous systems. For it should never be forgotten, as I have elsewhere insisted, that though our investigations and even nomenclature select the kidney as the leading element and chief factor in the disease, yet this is rather because the functions and organic condition of the kidneys can, through the urine, be so thoroughly studied chemically and microscopically, than because the kidneys are alone the seat of disordered action. It would not be profitable, from a clinical point of view, to theorise or conjecture upon the order or sequence of the morbid disturbances; endeavouring to determine the cause and which the effect; whether a deteriorated blood, defective by imperfect nutrition, favoured the accumulation of excrementitious matter, hampering or injuring the organs specially assigned for the escape of such excreta; or whether the eliminating organ stands first as the agent of imperfect excretion, are doubtless questions of interest; but little likely to be satisfactorily answered, and for clinical purposes useless and embarrassing. The main object of clinical teaching is to explain the nature and meaning of the symptoms of the patient, and to estimate and explain the effects of the medicinal and dietetic agents employed.

J. H., a young woman, of twenty-nine years of age, was admitted November 15th, 1870. She had been out of health for some eight or nine months, and which she attributed to cold; for in the preceding February, she suffered a sharp attack of bronchitis accompanied by much dyspnœa and cough. She was ill all the summer. The catamenia became irregular, and there was a general depression of the whole system. About August, she had an attack of hæmaturia, and a few days afterwards her ankles began to swell and subsequently the face and even hands became slightly anasarcous.

On admission, the chief symptoms consisted of wheezing, mucus in all the large bronchial tubes, œdema of the ankles and lower extremities to the knees. Anasarca of face and hands, disappearing in the course of the day and re-appearing after sleep.

The heart's action was irritable, but there were no irregular sounds. The urine was highly albuminous, and examined by the microscope, displayed a few slightly granular casts. No epithelial casts, a few scattered large sized exudation cells (compound granule cells). The general treatment adopted were occasional warm baths, the cream of tartar and jalap powders for action on the bowels, and the perchloride of iron with the liquor ammonis acetates as a ferruginous tonic. During the intervals between admission and the middle of December but little change occurred in the symptoms. Alkaline potash salt with the perchloride of iron, was substituted for the ammoniated salines. About the beginning of February, there was daily apparent a marked diminution of the dropsy of the surface, and a subsidence of the bronchial disturbance. The breathing became freer, and less subject to attacks of dyspnœa. At the end of February all trace of dropsy was gone. During this period, the urine became less and less albuminous. The sediment furnished only a few hyaline casts, without any *débris* of cell structure intermingled. Throughout the treatment, the nutrition of the system was maintained by a meat diet with moderate allowance of wine. Without any alteration in the principle of treatment—the improvement of the blood by food and steel—the case steadily progressed towards convalescence, and on the 13th of March, four months after admission, a scarcely perceptible trace of albumen was to be detected. None being apparent by test and nitric acid, and a faint cloud being produced by the carbolic acid test. The general health was perfectly established. This case is worthy of attention by the clinical student. It illustrates the advantage of a steady, uninterrupted pursuit of a definite plan of treatment. During the first four weeks not the slightest change for the better had occurred. The urine continued highly albuminous, the dropsy had not decreased, and during the severe weather of December, a severe bronchial attack seemed to aggravate her other symptoms. But nutrition and steel continued to attain their object, and began to tell unmistakeably about the beginning of February; the dropsy declined, the urine improved in character, and by the beginning of March, had acquired the character of healthy urine. It is believed, that had attention been at any time diverted to the treatment of any minor symptoms as they arose, unconnected with the main disorder, that the favourable results you have here witnessed, would not thus early have taken place, and possibly might have seriously jeopardised the tendency to recovery, which nutriment and steel so appositely promoted. As to the origin of the renal disturbance no evidence could be obtained. From the commencement of the year 1870, the general health appears to have been unsettled. The attack of bronchitis from which she dates the commencement of her illness, does not appear to have been immediately followed by any symptoms of renal disorder. She had no febrile symptoms of any special character.

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* Lectures delivered during the Winter Session 1870-71.

But hæmaturia preceded the appearance of the dropsy in August. I think, therefore, that the early stage of the disease was clearly marked by active engorgement of the kidneys, and had the case come under treatment at that time it could have been designated as acute albuminuria, and, as I have often pointed out, the acute form, if taken in time, is infinitely more manageable than the chronic. The patient, however, did not come under observation and treatment till near three months after the stage of hæmaturia, time enough to facilitate the development of the symptom of chronic disease. The casts however, when first examined were of a favourable character; no renal, epithelium, or epithelial casts indicative of rapid disorganisation, hyaline casts, slightly granular, indicative of a catarrhal state, a kind of renal catarrh in the tubes, always of favourable import, were the objects on which the diagnosis of the stage of the disease was based. You may always rest satisfied in these cases, when with the diminution of the dropsy, there is a corresponding decrease of the albumen in the urine. This is an interesting period in the management of such cases. The convalescence rarely proceeds very rapidly or without some drawbacks. The treatment must in no respect be relaxed. The urine should be examined every fourth or fifth day, certainly once a week. Great attention should be paid to the clothing of the body; flannel should be worn next the skin, and above all, when the means and position of the patient permit a dry bracing air should be selected, and every care taken to avoid a damp, and cold, and stagnant atmosphere.

The establishment of Convalescent Hospitals in the neighbourhood of London, on well selected and airy sites, has placed this last invaluable requisite for the complete convalescence of patients suffering from renal diseases within reach even of the poorest, and several cases, had they gone back to their unfit homes before this convalescence was complete, would have been exposed to an almost certain relapse, but for the salutary and invigorating influence of pure country air, at the most important epoch of their disease.

The next lecture will be on the subject, Hepatic Dropsy.

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Pauperism in the Metropolis, according to the last weekly return, is still declining, the aggregate number who received parochial relief being 150,663 against 157,266 in the previous week, and against 174,467 in the corresponding week of last year.

TREATMENT OF TYPHUS AND TYPHOID (ENTERIC) FEVER;*

BEING A CLINICAL RECORD OF TWENTY-SEVEN CASES TREATED IN SIR P. DUN'S HOSPITAL.

By William Moore, M.D., Tr. Coll., Dub.,

Fellow of the College of Physicians, "King's" Professor of the Practice of Medicine, Professor of Clinical Medicine and Physician to Sir P. Dun's Hospital, Physician to the Institution for Diseases of Children, &c.

(Continued from page 220.)

Enteric Fever.

Case XVI.—Pat L., aged twenty, admitted 21st of November, about a week in enteric fever. He was spotted, and had diarrhœa; became very deaf and delirious. He remained twenty days under treatment, with an average *daily* stimulation of wine and whiskey of three ounces.

Case XVII.—Henry D., aged fourteen. This was a case of relapse. The patient had been in Cork-street Hospital, with fever; there was great debility, prostration, and delirium. After twenty-four days he left the hospital, well, having had an average allowance of five ounces of wine, *daily*.

Case XVIII.—Stephen K., aged twenty, teacher, was admitted into Sir P. Dun's Hospital, on the 27th of October, with well-marked rose spots. He became very deaf, and had quiet delirium, diarrhœa, but not very severe. He was twenty-one days in hospital, and got an average of six ounces of wine daily. He left the hospital well, on the 17th of November last.

Case XIX.—John C., aged nineteen, was admitted into Sir P. Dun's Hospital on the 9th of October. Some days in fever, with a few rose spots, and diarrhœa. He remained fourteen days under treatment, and got an average of eight ounces of wine daily.

Case XX.—Michael M., aged eighteen, admitted into Sir P. Dun's Hospital on the 9th of October. About a week in fever, well-marked rose spots, with diarrhœa; no delirium. He was sixteen days under treatment, and he got an average amount of seven ounces of wine, *daily*.

Case XXI.—Margaret B., aged twenty, was admitted into Sir P. Dun's Hospital, on the 7th of October, with all the symptoms of enteric fever, viz., rose spots, tympany, and diarrhœa. After a few days she became quite maniacal, and ran about the hospital. Sleep was procured after the administration by enema of eighty grains of chloral, and she had a tardy but steady recovery. She left the hospital on the 27th of October, the daily average having been ten ounces of stimulants (whiskey and wine).

Case XXII.—Bessie S., aged nineteen, was admitted into hospital on the 1st of October. Her fever was of the simple continued form, accompanied with diarrhœa; no spots. She had profuse epistaxis, and made a good recovery. During eighteen days in hospital she got an average daily allowance of four ounces of wine.

Case XXIII.—James R., aged twenty-two, grocer's assistant, was admitted into hospital on the 22nd October, with well-marked enteric fever. The eruption was very copious; there was great tympany and diarrhœa. The case was a tedious one. After twenty-seven days' stay in hospital, he left, well, having taken an average of five ounces of wine daily.

Case XXIV.—George A., aged twenty-two, was admitted into Sir P. Dun's Hospital on the 5th of October, several days in fever. He had the well-marked lenticular spots, with severe diarrhœa, deafness, and delirium. During his stay in hospital of twenty days, he got an average allowance of wine of four and a-half ounces.

Case XXV.—Catherine D., aged twenty-five, was admitted into Sir P. Dun's Hospital, on the 7th of October, labouring under enteric fever of about a week's duration. She had well-marked rose spots, and diarrhœa. She left the hospital, well, on the 18th of October. The average *daily* amount of stimulants was three ounces of whiskey.

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* Read before the Medical Society of the King and Queen's College of Physicians, Ireland.

Case XXVI.—Margaret J., aged eight, was admitted into Sir P. Dun's Hospital, on the 10th of November, having been in fever for a fortnight; she had diarrhœa, but no spots, and left the hospital, well, on the 19th of November, having taken no stimulants.

Case XXVII.—Emily S., aged twelve, was admitted into Sir P. Dun's Hospital, on the 25th of October. Her fever was of a tedious, simple, continued form; she had no spots. After thirty days' stay in hospital, she was discharged, well, having taken an average daily stimulation of two ounces of wine.

To make these returns more simple, I have omitted fractions of stimulants and days.

The entire stay in hospital of these twenty-seven patients was 618 days, and the average stay of each patient was twenty-three days.

The average *total* amount of stimulants (brandy, whiskey, and wine) taken by each patient, was 155 ounces, the proportional relations being 109½ ounces of wine, 13½ ounces of brandy, and 27 ounces of whiskey, (℥j. brandy, ℥ij. whiskey, or ℥viij. wine.

The average *daily* amount of stimulants (brandy, whiskey, and wine), taken by each patient, was five ounces and six drachms.

Of these twenty-seven cases, six were under thirteen years of age. Four of these six were cases of typhus, and two of enteric fever.

The average stay in hospital of these six cases was twenty-one days, and the average *daily* amount of stimulants (wine only), was three and a-half ounces.

Fifteen of these twenty-seven cases varied from fourteen to twenty-five years inclusive, and the average stay in hospital of these fifteen was twenty-one and a-half days, and the average *daily* amount of stimulants—brandy, whiskey, and wine was: brandy, half-an-ounce; whiskey, one ounce; wine, four and a-half ounces—total, six ounces.

Four of these fifteen cases got brandy or whiskey only, during some time of their fever; one got whiskey alone; the other three got brandy, whiskey, or wine at different stages of their fever. Of these four cases, one was typhus, the other three enteric.

The remaining six cases (of the twenty-seven) varied from twenty-six to thirty-eight years, inclusive; two of the six cases being typhus and four enteric. Their average stay in hospital was twenty-eight days, and their average *daily* stimulants (brandy, whiskey, and wine) six and a-half ounces, in the following proportions: Brandy, one ounce; whiskey, two ounces; wine, three and a-half ounces —six and a-half ounces.

Of these six cases, one got whiskey alone, one wine alone; the remaining four got brandy, whiskey, and wine; the greatest amount given in the twenty-four hours being twelve ounces of brandy or whiskey.

Taking the relative alcoholic strength of brandy and whiskey to the "Marsala," used generally in hospitals, as three to one, I find the fifteen patients, varying from fourteen to twenty-five, got each a daily average of nine ounces of wine, whilst the six patients, varying from twenty-five to thirty-eight, got each twelve and a-half ounces of wine as a daily average, thus showing that patients between the ages of fourteen and twenty-five got an average of nearly three times the stimulation of those under thirteen; and the patients between twenty-five and thirty-eight inclusive, got *four* times the stimulation of those under thirteen; while the patients between twenty-five and thirty-eight got one-third more stimulant than those between the ages of fourteen and twenty-five.

The dietetic treatment, in addition to the stimulants, consisted of beef-tea, for which, when diarrhœa was present, rice-milk was substituted.

The medicines employed to control diarrhœa were the tinct. of kino and catechu, with tinct. of opium, and in some few cases, acetate of lead, with acetum opii.; whilst the external applications were linseed-meal poultices, turpentine stupes, and in a few cases the application of a blister over the cæcum.

In cases of subsultus and convulsions, the bromides of potassium and ammonia were the sedatives and hypnotics employed; in ordinary cases the chloral hydrate. These remedies were usually given in twenty grain doses. In one case eighty grains of chloral were given by enema in forty grain doses, within an interval of two hours, when sleep was procured.

In connection with this paper, it has been erroneously stated that the details of the symptoms were not set forth, and that while the aggregate quantities of stimulants were mentioned, the special quantities were omitted. A glance at the paper will suffice to answer such captious objections. It was also urged that these cases were treated on a stereotyped plan of stimulation. This charge is easily disposed of, as four of my cases got no stimulants at all, and in every case the amount of stimulants given was regulated with due regard to such prominent symptoms as delirium, subsultus, high temperature, &c.; and with regard to the range of the pulse not being daily chronicled in each case, I considered that when such salient symptoms as delirium, floccitatio, convulsions, &c., were given, I was setting forth the actual condition of the patient in the most unequivocal light, and taking into account *correlation* in disease, the state of the pulse was virtually specified.

With respect to the distinctive treatment of typhus and typhoid fever, I may state, that whilst I consider that in the majority of cases of typhoid fever stimulants are less indicated, still in exceptional cases, where delirium, high temperature, and such kindred severe symptoms prevail, the distinctive characteristics of the fevers must be lost sight of, and the treatment measured by the severity of the case.

As regards the use of opium, I believe that in the treatment of fever the symptom of "sleeplessness" is combated earlier than formerly, and that, when we were armed with such sedatives and hypnotics as the bromides of ammonium and potassium, and the hydrate chloral, &c., the tartar emetic and opium treatment will fall into disuse. However, to be brief, all these twenty-seven cases recovered, to which I might fairly add two cases of typhus, aged twenty-two and twenty-four (the exact record of their cases was inadvertently mislaid) in which the same relation of stimulants were given, both of which recovered.

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SOME OF THE FUNCTIONAL DERANGEMENTS OF THE MALE GENITAL ORGANS.*

By W. F. Teevan, Esq., B.A., F.R.C.S.,
Surgeon to the West London Hospital, and St. Peter's Hospital, &c.

After a few preliminary observations, Mr. Teevan commenced by referring to the *abnormal erections* of infancy. No child was too young to have such erections, which were always caused by some local irritation, as gravel, calculus, very acid urine, prolapse of the rectum, phymosis, skin diseases, worms, hæmorrhoids, &c. All children who were forced to lie on their backs, through hip-joint disease for instance, suffered from erections of considerable duration each morning, through the long continued pressure of urine on the most sensitive part of the bladder. Children of the well-to-do classes were much more likely to be sufferers from some irritation of the genital organs than those living a natural life in the fields, hence they ought to be carefully watched and guarded against falling into bad habits. Children who had tight foreskins ought to be circumcised early in life, and the operation would save them from many evils.

Mr. Teevan referred to the defective domestic arrangements at boys' schools, and detailed those precautionary measures, which would, in his opinion, prevent lads becoming addicted to self-abuse. When a boy had once contracted the habit of masturbation, it was difficult for him to break himself of the practice. The surgeon could greatly assist him by blistering the penis or circumcision.

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* Read before the Harveian Society.

During the period of youth one of the most common functional disturbances was a frequency of *nocturnal emissions.* Young men were often greatly alarmed by the sudden appearance of emissions, and the mental anxiety, rather than the seminal loss, was the cause of their weakness and great depression. These emissions could be entirely kept in check by drachm doses of the tincture of the sesqui-chloride of iron.

Regarding the occurrence of *emissions in married men:* this was of common occurrence, and resulted usually from marital excesses, and was an indication of debility and irritation. These cases were more difficult to cure than the former, and, in addition to general treatment, the application of weak solutions of the nitrate of silver to the orifices of the ejaculatory ducts would be necessary, and a course of sea-bathing would tend to confirm the cure.

Discharges of semen during defecation.—Most men at some period or other of their lives discharged small quantities of semen and prostatic fluid during straining at stool. When, through constipation there was much pressure put on the vesiculæ seminales, or if through indigestion the seminal fluid had become attenuated, then the muscular fibres surrounding the vesiculæ and their ducts could not resist the powerful contractions of the levator ani, and, therefore, no alarm need be felt regarding these manifestations as they would entirely disappear when the constipation or indigestion was removed.

Diurnal Emissions.—These were of serious import and were sometimes caused by the slightest physical or mental excitement. Suppositories of camphor, opium, and belladonna were very useful in these cases, but the local applications of the nitrate of silver would be necessary to effect a cure.

Lethargy of the Sexual Power.—Vigorous young men who have led active athletic lives sometimes complain of both want of desire and power. Phosphorus, cantharides, and ergot of rye, would be of use in these cases, combined with a life of ease and travel.

Mr. Teevan concluded by stating that he had on a former occasion, brought the subject of spermatorrhœa before the Society, and that, at another meeting, he would discuss impotence and sterility in the male.

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Hospital Reports.

KING'S COLLEGE HOSPITAL.

On Saturday, February 18th, Sir W. Fergusson tied the right subclavian artery. The history of the case was as follows:—The patient, a man, æt. thirty-five, by calling a sailor, had noticed a short time since a small pulsating swelling in the right axilla, which he attributed to a sprain he thought he remembered to have received while violently pulling at a rope, and this Sir William thought was the probable history. Since the man first came under the notice of Sir William, the tumour had very much increased in size, and in consequence of the difficulty there was in applying pressure, owing to the depth at which it was situated, Sir William determined to operate. The man was put under chloroform, and the operation performed.

Sir W. Fergusson afterwards remarked, that in performing the operation, notwithstanding he had made the primary incision a long one, yet afterwards he found, from the depth at which the artery was situated, that it was necessary, in order to enable him to manœuvre more freely, to make a small crucial incision. All the superficial tissues having been divided, including the platysma, which was strongly developed, his next object was to discover the belly of the orno-hyoid muscle, as this he regards as the most unerring guide to the artery. Some days since he examined the man in the wards, in the hopes of discovering the exact position of this muscle, the patient being a strong, well-developed man. At that examination he failed to do so, however, though he believed it was quite possible to do so in some instances. His next object was to look for the bœden of the scalenus anticus, and on making it out he noticed that it threw off a sort of fascia over the artery, which, together with the depth at which the vessel was situated, constituted the difficulty of the operation. Sir William believed that the depth at which the artery was placed was due to the calling of the man—a sailor—which had partly contributed to the peculiar conformation of the chest and position of clavicle, and partly also from the pain the tumour produced on the brachial plexus, causing the man to hold the arm somewhat outwards and upwards. The instances of failure in the performance of this operation were owing to the impossibility of reaching the artery.

The rarity of the operation might be inferred from the fact, that Sir William had only performed it once previously when a young man—about forty years ago. He concluded his remarks by saying that, from the age and good health of the man, he thought there was every prospect of his doing well.

The second operation for aneurism was tying the external iliac, which was performed by Mr. H. Smith, who, on completing the operation, made the following remarks:—He said that although not so rare or formidable an operation as the preceding one, still it presented at times difficulties—the two principal were, the inability to find the artery, from its being slightly attached by cellular tissue to the peritoneum so that when pushing it back, particularly if at all roughly, the artery might be carried up with the peritoneum, as had occurred to him in two instances; the other difficulty was the enlargement of contiguous glands getting so matted together, as to render the artery next to inaccessible. In speaking of the tissues cut through in the operation, he stated his disbelief in the transversalis fascia, which he had failed to discover in all the cases, six in number, he had operated upon; what he had seen was a little cellular tissue.

The patient, a female æt. thirty-five, being in excellent health, would, he believed, do well.

Wednesday, February 22nd, 1871.

Mr. Wood performed the following operations:—Removal of necrosed bone from the olecranon. He commenced the operation by passing the director along the tissues, and then laying it partially open. Finding, however, he had barely room to work, he extended the incision, and with the gouge removed two or three pieces of dead bone; the edges of the wound were then brought together, a piece of oiled lint applied, a bandage tightly over.

Mr. Woed remarked that the situation of the diseased bone being the olenanon process, pointed out the necessity of opening early-inflamed bursæ, as he had no doubt had the bursa, when originally inflamed, been opened in the first instance, as laid down by surgical writers, the subsequent disease would not have followed. Sinuses, he further observed, situated over the elbow-joint, rarely heal unless freely opened. It is impossible to avoid a certain amount of motion even with the best efforts of the patient himself. The edges will constantly rub against one another, and a certain amount of irritation will be kept up, which prevents the healing of the wound. By laying the sinus freely open, the wound heals up from the bottom.

The next case was removal of the right testis, for filio cystic or cystic sarcoma disease (Curling). Mr. Wood observed that the disease was of eight months' standing, which, together with the circumstance of his father having had polypus, and other suspicious circumstances indicating a suspicious cachexia, he deemed it advisable not to delay the operation.

He commenced the operation by making a free incision from *behind* and below upwards, and in the direction of the cord; and then puncturing the tunica abuginea. The cord was not immediately divided, but held by a pair of Wilcox forceps until the body of the organ was carefully dissected out. The cord was dissected out and divided, and the spermatic artery tied.

Mr. Wood, having made a section of the testicle, pointed out to the class that the tunica vaginalis was partly adherent, in consequence of the iodine which had been injected, when treating the patient for encysted hydrocele; and next, the features characteristic of a fibro-cystic tumour, as described by Curling. Both the fibrous matter and cysts were so well marked in the testis, that he intended having it put up and placed among the pathological specimens in the museum. He pointed out the uselessness of the organ, as shown by the distended tubuli seminiferi, which were occluded, owing to the development of this yellow fibrous or fibroid tissue.

The method of operating adopted by him differed somewhat from the ordinary one, inasmuch as he commenced his incision from below upwards, and also because he did not immediately divide the cord. By holding the cord it was easier to take up the spermatic artery, as after dividing the cord, sometimes the cremaster, on account of being strongly developed, particularly if a hydrocele has previously existed, as in this instance; that when the weight of the impending organ is taken, the action of the muscle is so great as to retract the constituents of the cord so high up within the canal, as to render the spermatic artery difficult to reach.

The reason why, when dissecting out and separating the testis, he had been more than usually careful, was in consequence of the man having an inguinal hernia.

It was necessary so to dissect away the cord as not to wound the hernial sac. The protrusion of the hernia had been prevented from coming down by pressing the cord against the external abdominal ring.

Two other points were worth noticing: the chloroform having rendered the patient somewhat faint, all hæmorrhage stopped for a time, but on rallying, another artery had to be tied. All arteries of the scrotum and adjoining parts should be tied before the patient leaves the operating theatre, otherwise much difficulty will occur in tying and finding the artery afterwards, on account of the effusion, &c. Finally, he drew the attention of the pupils to the absence of all redundancy of skin, owing to the rapid contraction of the wound due to the action of the dartos muscle.

The next case was one of epithelioma of the os and cervix uteri. The tumour having been seized with the vulsellum, Mr. Wood proceeded to adjust the wire of the écraseur, and, after a short time, succeeded in bringing away the tumour; a small portion being left behind, which was attached to the cervix; this was removed by a pair of curved blunt-pointed scissors.

Mr. Wood then proceeded to oil the vagina and contiguous parts, and applied with a dossil of lint to the bleeding surface a rather more than saturated solution of chloride of zinc with carbolic acid. The class was then showed the tumour, which Mr. Wood observed was a well marked specimen of epithelioma; it was much broken down and soft. Mr. Wood had fancied it to be much firmer; the cause of its breaking down was in a measure due to the vulsellum forceps. Two points were necessary to be careful in when performing this operation —1st. Not to wound or cut the recto-vaginal peritoneum, or wound the bladder; and with a view to ascertain the latter circumstance, he had passed a catheter, to satisfy himself on the point. Most of the cases of this nature he had operated on had done well. In some few instances, however, the disease had returned. The operation, however, was justifiable. It afforded relief and comfort to the patient, as the disease preys on the patient's spirits, and exhausts her vital process. Then, as to the euthanasia, it prolonged life.

Note.—The cases of aneurism are, up to this date, doing well.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, March 3rd.

Mr. Wharton, Vice-President of the Royal College of Surgeons, in the Chair.

Mr. H. G. Croly, said it would be in the recollection of the Society that he communicated, during one of the past Sessions, the histories of nine cases of acute inflammation of the tongue, which he believed had arisen idiopathically. During the month of January he met with another case of acute inflammation of the tongue, the history of which he would lay before the Society.

Michael M., aged thirty-six years, employed as a boatman by the Barrow Navigation Company, presented himself at the Meath-street Dispensary, on the 14th of January, 1871. His appearance was characteristic of the affection from which he suffered. His countenance was anxious, the tongue protruded between the teeth, his speech was thick, or what might be termed the glossitic speech; his breathing was distressed. On inquiry, he ascertained that the man had got a severe wetting some days previously, and had his feet also immersed in water. He shivered, and felt a soreness at the root of the tongue. He had not been taking any medicine, and up to the time of the severe wetting, was in robust health. In addition to the symptoms detailed, he had a dribbling of saliva from the mouth, with headache and dysphagia. The pain in the tongue, as the disease advanced, was described by him as of a stinging nature. On examination he (Mr. Croly) found the tongue covered with a white exudation, like a false membrane. The organ was large, protruded, and exquisitely tender to the touch. The sublingual space was infiltrated and chemosed, and the fringe beneath the tongue resembled a cock's comb. The tonsilitic regions were natural, and bore pressure without causing any uneasiness. He got the patient to open his mouth sufficiently to enable him to introduce his little finger, and the man winced when he depressed his tongue. He observed that the palate and tonsilitic regions, as seen internally, were not in the slightest degree altered. He considered from the patient's general symptoms, and the infiltrated condition of the tongue, caused by the exudation of lymph in addition to the engorgement with blood and serum, that no time should be lost in giving him relief by the knife. He accordingly introduced a sharp-pointed bistoury far back, and made a free incision at each side, parallel with the raphé. The wounds gaped and bled freely, and the patient's speech became suddenly better. He next punctured freely the chemosed sublingual space. A warm bath and a purgative draught were prescribed, and he warned the man against cold, and recommended him to come into hospital, but he declined. On the following day he called at the dispensary, and was much improved. The tongue was still tender to the touch, but the symptoms were so much relieved that, notwithstanding his advice to the contrary, he returned by boat to the country that evening, and he had heard nothing of him since. The notes of the next case to which he would call their attention, were sent to him by Dr. Barry, of Kanturk. He visited a man, aged forty, whose respiration, articulation, and deglutition, were very painfully affected. His tongue protruded between his teeth, and was so engorged as to fill all the space up to the palate; and the tissues from the chin to the larynx were infiltrated. With some difficulty, Dr. Barry introduced a long and narrow bistoury on the flat, and having turned the blade on its edge, he made two longitudinal incisions parallel to the raphé, with instantaneous relief. There was a copious flow of blood which relieved the danger of impending suffocation, and the patient recovered in a few days, and was now in good health. The notes of the following three cases were kindly given to him by Dr. Leeper, of Keady. Dr. Leeper called the cases "Glossitis." The first was followed by an Attack of Delirium Tremens, and after that by Diffuse Inflammation of the Left Leg. Mr. ——, of full habit of body, a free liver, of intemperate habits, dined at a club with seven friends on New Year's Eve. He left the hot dining-room late, and drove home, a distance of six miles, the night being bitterly cold and frosty. Next morning he awoke with sore throat, some difficulty of swallowing, and had a dry, parched, and swollen tongue. These symptoms rapidly increased, and Dr. Leeper was asked to see him at ten o'clock, a.m. The tongue was then greatly swollen, filling up the mouth, and protruding an inch between the teeth. It was of a dark-brown, almost mahogany colour. The sublingual glands were swollen, and the sublingual spaces filled up to a level with the incisors. The submaxillary glands were not much affected. It was impossible to see either the tonsils or fauces, but the roof of the mouth was covered with red erythematous patches. When the tongue was well moistened he could swallow and speak without much difficulty. Six leeches were applied to the under surface of the tongue and sublingual space. They rapidly filled themselves, and from the bites there was a very considerable flow of blood, which gave immediate relief. Before two hours he could keep the tongue in the mouth, and swallow with ease. Dr. Leeper considered that the leeching, purging, and sudden withdrawal of his accustomed stimulant and food, brought on an attack of delirium tremens. The next case was one of acute glossitis, treated by free incisions on the dorsum of the tongue. P. R., a farm labourer, was attending a corn mill, getting oatmeal prepared. When there, he assisted the kilnman in turning the oats when drying, got into a profuse perspiration, and soon afterwards exposed himself, on a cold biting day in March, and was chilled. This was followed by swelling of the tongue, and difficulty of swallowing. Dr. Leeper saw him the next day. The tongue was greatly swollen, especially at the back part; there was an abundant flow of saliva from the mouth, and the surface of the tongue was covered with a dirty-white, creamy-looking paste. He was speaking thick, and said he would soon choke if not relieved. There was no enlargement of the tonsils or the submaxillary glands. Dr. Leeper made with a lancet, the only instrument he had with him, two incisions on the dorsum of the tongue, parallel to the raphé, There was a discharge of four or five ounces of blood and serum from these incisions. He received a message next day to say that the man was much worse, and on visiting him found the tongue more swollen, protruding from the mouth, and that deglutition and speech were more difficult than on the day before. He introduced a sharp-pointed bistoury, and made two long and pretty deep incisions on the dorsum from the base to the tip of the tongue. These bled profusely, and gave immediate relief, and the next day the patient could swallow without difficulty, but the speech was thick. His recovery from this time was rapid. In the third of Dr. Leeper's cases, the patient was forty-five years of age. After exposure to cold he complained of pain and deafness in the right ear, and these were soon followed by difficulty of speaking. These symptoms, after having lasted upwards of a fortnight, were succeeded by rapid swelling of the right side of the tongue. When Dr. Leeper saw him, there was a profuse flow of saliva, so much so, that he thought he must be labouring under the influence of mercury, but there was no mercurial fœtor, nor were the gums affected. The right side of the tongue was as much affected as it could be, but the left was not engaged. The tonsils were not enlarged; neither the salivary nor the submaxillary glands were swollen. The root of the tongue was hard and swollen. Any attempt to swallow was followed by a squirt through the nose and mouth, with coughing. It seemed as if the epiglottis could not act, and that the fluid passed into the larynx. Some milk was injected (by means of a large elastic catheter attached to an elastic bag) into the œsophagus. He sometimes succeeded in swallowing, but the attempt far oftener failed, and was very distressing to him. Dr. Leeper made a free incision, on the dorsum, from the back to the tip of the tongue on the right side, but the discharge of blood was inconsiderable, less than he could have supposed from the extent of the incision. Fomentations with hot camomile tea were used and kept in the mouth, and his health supported as well as possible with milk and beef-tea. Next day he was worse, and Dr. Leeper made a still deeper and more extensive incision on the right side of the tongue. There was no discharge of blood or serum, at least not more than two ounces, and no relief from it. Mr. Young, of Monaghan, saw the patient the next day, and advised leeches to the side, and under surface of the tongue. These induced profuse bleeding, which was kept up by cold water in the mouth, Dr. Young thinking that cold water promoted bleeding from leech bites, better than hot. The swelling of the tongue subsided at once after the leeching, but the right side of it remained thicker and harder than the left, and the man's speaking was still difficult and imperfect. Mr. Croly proceeded to say that it was superfluous to go into the subject more fully, as it had been already discussed at a previous meeting. He would only state that he thought the case he had detailed was a very well-marked case of idiopathic glossitis. The man working on a river and getting a severe wetting, not taking any mercury, the tongue becoming greatly swollen, the characteristic voice, the absence of any tonsilitic inflammation, all these features showed that it was a typical case of idiopathic glossitis. He had shown the eleventh case he had recorded, to the President of the College, who agreed with him as to its nature, and he regretted that the President was not there on that occasion to bear him out.

The Chairman asked what was the amount of chemosis on the underside of the tongue, and what was the treatment [illegible]

[illegible] said he had a case of this kind a short time [illegible] the Adelaide Hospital. There was rapid swelling of the [illegible] side of the tongue and chemosis of the floor of the mouth. [illegible] case he not only made an incision from the base to the [illegible] of the tongue, along the dorsum, but he also made a few [illegible] the chemosis on the floor of the mouth, and the [illegible] well in a few days. An exfoliation of mucous [illegible] followed, which however did not interfere with [illegible]. As there was some doubt regarding the period at [illegible] by long incisions was introduced, he wished [illegible] had found in the Memoirs of the French Academy of Surgery several cases of this kind recorded. In one of these cases, published by De la Motte, in 1725, the tongue became greatly swollen in less than five hours. It soon filled the mouth, and protruded from between the teeth. Bleedings from the jugular vein, arm, and foot were performed without relief, but a rapid cure followed three deep incisions along the dorsum, extending from base to apex. The patient could speak in an hour after the incisions were made. In another case that occurred in 1744, rapid swelling of one side of the tongue took place in a woman; respiration was obstructed, and deglutition impossible. It was cured by one long, deep incision. Louis mentions a case that occurred in the military hospital at Metz, in the year 1740. The tongue became spontaneously swollen. Alexander Benedictus, who published the case, mentioned that M. Casteras, the senior physician of the hospital, directed him to scarify the tongue lightly. This, however, was not sufficient, and the patient died in two days in consequence of the swelling. As Louis truly observes, life might have been saved by a couple of deep incisions along the dorsum of the tongue.

(To be continued.)

DUBLIN PATHOLOGICAL SOCIETY.

A VERY UNUSUAL SEQUELA OF SCARLATINA.

Dr. **Henry Kennedy** said, he was indebted to Dr. Nowlan, of the Summer Hill Dispensary, for the opportunity of exhibiting a specimen which he believed might be considered unique. A girl, of three years of age, was affected with a sharp attack of scarlatina. As it was on the decline swelling appeared under the right jaw, and spread rapidly downwards to the clavicle, and even below it. Finally, abscess formed and burst in three places, one of them being close to the sternal end of the bone. Whilst changing the poultice one morning, the mother thought she felt something hard at the sternal opening. After some days, this body became so loose that she was able to withdraw it, and when presented to Dr. Nowlan, it proved to be the entire clavicle. Towards the acromial end the bone shows signs of caries; but otherwise is perfect. A year has elapsed since the occurrence, and the child has grown fat and healthy, while the movements of the arm are so complete, that it would be hard to say there was anything wrong.

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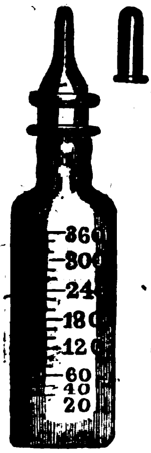
New Inventions.

A NEW AID IN CHLOROFORM ADMINISTRATION.

We have for years been accustomed to select the most simple method, and that is, the one so long and successfully practised by Simpson. But there is now a useful aid to the administrator, offered us in the shape of an improved graduated chloroform bottle, with a fine lip for dropping, enclosed in a neat leather case, which, at the moderate price fixed by the makers, 3s. 6d., should obtain a large sale. This new graduated bottle is made from the suggestions of Mr. John Astley Bloxam, chloroform administrator and Surgical Registrar to St. Bartholomew's Hospital, and is made solely by Messrs. Arnold and Sons, of West Smithfield. The drawing shows the graduated bottle, which is exceedingly portable and simple. No assistant is required in the administration. The chloroform being spread over a large surface of the handkerchief or lint, the amount of atmospheric air mixed is very great, and not at all limited. No mouthpiece, so objectionable to many patients, is present. For safety, the operator has not to trust to the regular action of a complicated set of valves, which are liable to get out of order, but to his own attentive observation of the case. The amount of chloroform administered can be readily ascertained by the graduated scale.



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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 22, 1871.

THE SANITARY REPORT.

THE Report of the Royal Sanitary Commission already mentioned in our columns, is certainly a great event for the Profession which alone has laboured earnestly for the welfare of the people in this department. If we were constituted as some of our contemporaries we might set up a pæan, and call our readers to take note of the prescience we had exhibited, and congratulate them that our recommendations had at length been adopted. We are not, however, given to "bunkum," and are content to allow other journals to assume, on all occasions, that their advice has been the origin of any reform adopted. It pleases, we suppose, the writers and the readers are probably too wideawake to be imposed upon in that fashion, though it is sometimes difficult to realise what must be the feelings with which these boastful and pretentious writers regard their readers. Do they give them credit for the smallest degree of common sense ? or do they fancy that this assumption ever provokes anything more than a faint smile or sneer ?

However, to the subject in hand. The Sanitary Report recommends that sanitary matters should be entrusted to a Minister of Health. This we have for some years earnestly advocated. There can be no doubt that some strong central authority is needed—not in times of public alarm from epidemics—but a permanent authority which can take cognizance of all things affecting the public health, and which may, in time, evolve something like a rational system from the chaos of legislation that at present seems often to hinder rather than hasten improvement.

We have often said that the Minister of Health should be a member of our Profession. No untrained mind, no showy politician, no mere placeman can ever be competent for such a post. Of course, we shall be told once more that doctors are not politicians—that they keep themselves aloof from public life—that practice is not easy when distracted with public cares. These objections have been answered by us often enough. Medical men as educated gentlemen ought to take part in public affairs, and especially in such departments as they alone can understand. In other countries we see them in upper and lower legislative chambers—in cabinets and all posts of honour. Free England alone is the country where the art of Healing is so little esteemed, that the public fancy that those who practise it can have no powers of mind to apply to other subjects, and where this same public ignores physiology, thinks sanitary science a hobby of a few poor doctors, and encourages quackery to set itself on an equality with scientific medicine, lest it should be thought to interfere with free trade.

There are plenty of men in the Profession who might take a high place in the political world, and so far from falling in with the cant of the day about practical men, we have always argued that it is the duty of some professional men to take to public life. Another view of the question is this : A university career is regarded as a good preliminary to public life, and we maintain that men who intended themselves only for politics might advantageously take their degree in medicine. If any member of the Cabinet had had such an education, would he not naturally take the post of Minister of Health. Let that be looked upon as a condition, and there would be no reluctance in politicians to qualify for it. But even as things are we maintain that there are plenty of men in the Profession who would make first-rate ministers—and there are plenty of others for every subordinate appointment. When medicine is properly represented in the State we shall hear no more of the ridiculous prejudice against political doctors, which has kept so many able and zealous minds from devoting themselves to public life, and we shall be delivered from the heavy hand of the Privy Council, which has heaped up so many recommendations and reports, but has utterly failed to make appropriate provision for carrying out the Vaccination Act. It is no use disguising the matter—in spite of the constant flattery offered to the Medical Officer of the Council in certain quarters—it is notorious that the Profession and the public are alike disgusted with the inconvenient and unjust arrangements that have been carried out as to vaccination ; and this is not the only instance in which we consider that the Privy Council has only "muddled," that with which it "meddled." This conviction partly accounts for the opposition which the Council's Medical Bill met with. Many a man who denounces the selfishness of the Corporations, is ready to go on as we are a hundred times rather than fall into the hands of the Privy Council.

The next point in the Report is the proposal to place the Poor-law under the same authority, so that our Minister of Health will be Minister of Poor-law also. In other words, in spite of all that has been said in the matter we shall get but half a minister after all. A good deal of praise has been lavished on the proposal to utilise the Poor-law medical officers as Health officers. Of course, these gentlemen will do their work as well as they can, but we are not convinced that there is any bright future in store for them in this matter.

Taking it for granted that they are to be better paid they are already rejoicing, but let them not count their chickens too soon. Besides, it is altogether wrong to pay a man a tenth part of the value of his work in any office, and to make up for that by giving him another appointment. In many instances these gentlemen have enough to do—have no time and no inclination for the new duties proposed to be confided to them; and yet, they will find it absolutely necessary to undertake them. No! pay the Poor-law medical officers properly for what they do, and let the question as to who shall be health-officers be decided on other grounds. There are, no doubt, certain duties which they would like to undertake, and for which they are well qualified. There are other duties quite outside their usual sphere. Let us not make a jumble under the pretence of doing justice to our ill-used brethren. Let us still insist on pure and simple justice being dealt out to them—without any stipulation as to new offices.

We shall be thought perhaps to have only spoken against the Recommendations of the Commission, but we are ready to admit many excellences in their Report. They, however, can wait for consideration. We have thought it well at first to speak of the objections that may fairly be urged—objections which we hope will be seriously pondered by those whom they concern.

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Notes on Current Topics.

Cottage Hospitals.

We have just received the Report of the past year of the Mansfield Woodhouse District Hospital, an institution established by the nobility and gentry of the neighbourhood for the purpose of bringing to the doors of the working people some of the advantages offered by the hospitals of our large towns. We find the house conducted on the principle recommended and practiced by Mr. Alfred Napper—we may say the founder of village hospitals. The Mansfield Woodhouse Hospital, judging from the report before us, appears to be in a most prosperous condition, having a balance of £294 19s. 1½d.; upwards of forty patients have been admitted and discharged with the most satisfactory results. We are glad to observe that Dr. Waring-Curran has connected himself with such an institution. The committee, we notice, congratulate themselves upon his appointment, and in that they have every right to do so. Dr. Curran is well known in the Profession as a clever physician and author, and we consider the hospital lucky in possessing the services of such a medical officer.

American Reprints.

The absence of international copyright is deplored by many of the best publishers and authors in the States, as well as here, and we are glad to know that the honourable feelings displayed by some is a growing one. Our very valuable contemporary, the *New York Medical Gazette* has some excellent remarks *a propos* of two editions of Dr. Maudsley's "Body and Mind," that have just appeared in America. It is a pleasure to find the *Gazette* speak thus decidedly:—

"One word as to the editions before us. The first is the author's edition placed in this market by the English publishers, who have an established branch in this city; the second is a reprint, far inferior in mechanical execution, made for the profit of the American publishers, at the author's expense. Too much of this sort of business is daily done in our country, and its profitable continuance casts discredit not only on the vendors, but on the purchasers of purloined wares." Some other instances are named and then the *Gazette* adds:—"In many cases such action has been excused, though not justified, by the circumstance that the original editions were not brought fully within the reach of American purchasers; but in those we have mentioned this palliation cannot be advanced. As regards the present work, we sincerely trust that a sense of common honesty will induce our readers to purchase the English edition—thereby making some slight return to the author for the pleasure and profit which he afford them—rather than the 'shabby American reprint' the gain from which is presumably his loss. In the absence of an international copyright, the only remedy for a great injustice lies in the honourable instincts of individual members of the community; and, in our profession at least, it is time that this remedy were applied."

Cod-Liver Oil.

Dr. A. S. Hudson states (*Pacific Med. and Surg. Journ.*) that the taste of cod-liver oil may be wholly disguised by adding to one pint of the oil half an ounce of tincture of gum guaiacum and a drachm of essence of gaultheria.

Prescription Writing.

Dr. J. G. Pinkham proposes in the *Boston Medical and Surgical Journal* that the signs commonly employed to designate drachms and ounces should be changed, their similarity being a source of error in writing a prescription as well in reading it. He cites an instance in which "one of our most careful physicians wrote for Bismuth. subcarb. ℥iij, instead of ʒiij, to be divided into eighteen powders." We have known other instances, and the scruple sign is just as dangerous. Probably, few physicians will be induced to take the trouble to write the words "drachm" and "ounce" at length, and the abbreviation "dr." would be likely to be mistaken for "gr." Dr. Pinkham proposes to symbolize the drachm by a simple cross, and to represent the ounce by the abbreviation "oz." Until we get the decimal system why not write the words at length?

Uterine Disease in California.

Dr. J. W. B. Reynolds, of San Francisco, writing in the *Pacific Medical and Surgical Journal* says, that inflammation and ulceration (*non-specific*) of the cervix uteri is more common in the Atlantic States, a fact not only within his own experience, but confirmed by that of every intelligent physician with whom he has conversed on the subject.

The Invalid's Guide—
Whom to Consult in London—
The Clever Men of the Medical Profession.
Price—1s.

Taking the above as his title, a correspondent sends us a copy of the new print to which it refers, and which we deeply regret should be printed or published by any respectable firm. Our correspondent writes about it as follows:—

Sir,—I send you a journal found under my garden gate last evening, and I suppose by this time largely circulated. It is headed "The Invalid's Guide." Possibly the touter who gratuitously left me the copy, did not observe my name on the door-plate, or he would not have ventured to give me the "Invalid's Guide." I beg to call your attention to page 18 of the work, and the names of London so-called specialists, as a guide "whom to consult." I feel confident that Sir W. Fergusson, Mr. James Paget, Dr. Habershon, Mr. Solly, and other gentlemen, who are well known without being advertised, as *the* only one or two clever men in special branches are not cognizant of the way they are made public in this "Invalid's Guide." I consider the same an insult to the profession, and trust that the gentlemen whose names appear will demand erasure of the same. Please also to read page 28 of this precious journal. "A *highly* qualified physician and five-shilling fee."

This precious periodical has had the impudence to take a good proportion of first-class men's names and advertise them in a most outrageous fashion. At first sight it almost looks as if this had been done in order to introduce other names. In any case we look upon the proceeding in the same light as our correspondent, and should be very glad to publish the names of all disclaimers, with a view to show who will remain after those who disapprove of this kind of thing have stated as much. It is certainly an insult to men of the highest standing to be treated as this "Invalid's Guide" has treated them. The following is a reprint of page 18, spoken of by our correspondent:—

"WHOM TO CONSULT:

A Guide to the Visitor and Stranger to the Metropolis

General Consulting Physician.
Sir James Alderson, Berkeley square.

Operating Surgeons.
Sir William Ferguson, George street, Hanover square.
Samuel Solly, F.R.S., Saville row.

Diseases of the Brain and Nervous System.
Forbes Winslow, M.D., 23 Cavendish square.
Russell Reynolds, M.D., 38 Grosvenor street.

Diseases of the Eye.
White Cooper, F.R.C.S., 19 Berkeley square.

Diseases of the Ear.
William Harvey, F.R.C.S., 2 Soho square.

Diseases of the Throat.
Morell Mackenzie, M.D., 13 Weymouth street.
Sir George Gibbs, M.D., 1 Bryanstone street.

Diseases of the Chest and Lungs.
R. P. Cotton, F.R.C.P., 46, Clarges street.
Charles Williams, F.R.S., 49 Upper Brook street.

Diseases of the Heart.
Thomas Peacock, M.D., 20 Finsbury circus.
Francis Sibson, F.R.S., 40 Brook street.

Diseases of the Stomach and Digestion.
King Chambers, M.D., 64 Brook street.
B. Ridge, M.D., 21 Bruton street.

Diseases of the Liver.
Sir R. Martin, F.R.C.S., 37 Upper Brook street.

Diseases of the Abdomen.
Samuel Habershon, M.D., 70 Brook street.

Diseases of the Kidneys.
Bence Jones, F.R.S., 31 Brook street.

Diseases of the Bladder.
Sir Henry Thompson, F.R.C.S., 35 Wimpole street.

Diseases of the Womb.
Tyler Smith, M.D., 21 Upper Grosvenor street.

Diseases of the Rectum and Anus.
Henry Lee, F.R.C.S., 9, Saville row.
James Lane, F.R.C.S., 2 Berkeley street.

Diseases of the Generative System.
John Harvey, M.D., 7 Princes street, Hanover square.

Diseases of the Spine and Deformities.
William Little, M.D., 71 Brook street.

Diseases of the Joints.
B. Brodhurst, F.R.C.S., 30 Grosvenor street.

Diseases of the Skin.
Balmanno Squire, M.B., 9 Weymouth street.
Erasmus Wilson, F.R.C.S., 17 Henrietta street.

Diseases of Women.—Midwifery.
Graily Hewitt, M.D., 36 Berkeley square.

Fevers.
Charles Murchison, M.D., 79 Wimpole street.

Rheumatism.—Gout.
Henry Fuller, M.D., 13 Manchester square.

Tumours.
James Paget, F.R.C.S., 1 Harewood place.

Cancer.
James Paget, F.R.C.S., 1 Harewood place.
Alexander Marsden, M.D., 65 Lincoln's-inn fields.

Jurisprudence.
Alfred Taylor, F.R.S., Guy's Hospital, S.E.

"It is impossible, in a periodical like the 'Invalid's Guide,' to give the names of all the eminent and distinguished men in the Medical profession whom the invalid might with advantage consult. Our object is fully gained (as a guide to the stranger) by giving the names and addresses of one or two clever men in each branch of the profession. We would, at the same time, draw the attention of our readers to the fact that in the 'Medical Directory,' published by the Messrs. Churchill, of New Burlington street, the name, qualifications, and characteristics of every medical man in the kingdom appear."

The following is the announcement at page 28, referred to by our correspondent, and which speaks for itself:—

"It is intended in the next number of this journal to open a 'Medical Inquiry Column,' which will be devoted to answering all medical questions. A highly-qualified physician will be engaged to attend to this branch, and a fee of five shillings will be charged for answers to each inquiry."

One more point, and we dismiss this subject. There are contributions in it with the names of authors appending M.D. to their names, as well as their addresses. It would be well for them to state whether, when they gave these contributions, they were cognisant of the nature of the projected publication.

The Female Medical Students.

On Monday week at a meeting of the Managers of the Royal Infirmary of Edinburgh, it was moved by Professor Balfour, and seconded by Mr. David M'Laren—

"That the University of Edinburgh having, by the decision of its Senatus, Court, Council, and Chancellor, sanctioned the admission of registered ladies to separate medical classes, the managers of the infirmary, not wishing to differ from the University in this matter, resolve to consider what plan can be adopted to admit such ladies to the advantage of separate clinical instruction in the wards of the Infirmary, which is absolutely necessary for the further progress of their studies. The managers therefore remit the matter to a committee, with a request that they will consult with Dr. Bennett, Dr. George W. Balfour, and Dr. Watson, who have indicated a plan for clinical lectures, without injury to the patients or annoyance to the male students, and to report."

It was moved, as an amendment, by Professor Christison, and seconded by Dr. Combe—

"That the managers decline to disturb their resolutions of the 31st of October and 16th of November last relative to this subject until satisfied by the petitioners that they can present a plan for fulfilling the purpose of the petition without danger to the objects for which the infirmary was originally designed by its founders, and which have been steadily and most successfully kept in view by the managers ever since the Infirmary was established in 1729—viz., the cure of the sick and hurt poor, and 'giving the young gentlemen attending the study of physic and surgery in Edinburgh all opportunities of education in their power.'"

On a division five voted for the motion and thirteen for the amendment.

Patent Gas.

DR. EVELEIGH's method of producing gas seems likely to revolutionize the present supply of that invaluable luminary. A company has been started to work the patent, under the Chairmanship of Mr. John Ogle, a well-known engineer, who states that from experiments it was proved that a higher illuminating quality of gas was produced from a lower quality of coal, and at very much less cost than by the existing system. Dr. Letheby, who had examined the small experimental works at Peckham, reports that the peculiarity of its manufacture consisted in the carbonisation of the coal at a low temperature, and in the subsequent conversion of the volatile constituents of the tar into permanent gas. The gas which was obtained from the coal, had the usual odour of gas produced at a low temperature, was of remarkable purity, with an entire absence of sulphuretted hydrogen and ammonia, the smell of it being much less offensive than that of ordinary coal gas, and it was so rich in hydro-carbons, that it could not be burnt, from a standard Argand burner with fifteen holes and a seven-inch chimney, at a larger rate than four cubic feet per hour. The results of his experiments were highly satisfactory, and showed that the process was capable of producing a rich gas of greater illuminating power, and at a much cheaper rate than at present. The subject has been brought before the Board of Trade, the Metropolitan Board f Works, and the Corporation of the City, and the two atter bodies have appointed Committees to inquire nto it.

The Health of Paris.

THE London Registrar-General in his weekly statement sumes, through the favour of Dr. Jules Worms, the Inspector of the Medical Service," his returns showing e state of health in Paris. The death-rate in that city, therto so high among the civil population, is haply declining; it is still at the annual rate of sixty-ght per 100. No city in Europe has experienced anying like the mortality of the besieged capital of France ring the present century; yet Paris is a natural healthy ce, and will it may be hoped soon recover its serenity l salubrity, now the storm of war is over. Of the total 93) deaths in Paris during the week ending Friday, rch 10th, 360 were in the army. Small-pox is subing (85); bronchitis (379), pneumonia (267), diarrhœa 2), dysentery (60), and enteric fever (258), are the vailing maladies.

The Working of the Contagious Diseases' Acts at Cork and Queenstown.

DR. JAMES G. CURTIS has published, in pamphlet form, the result of his experience as visiting surgeon to the district. He says:—

"When first the Acts came into force, the streets of Cork were a disgrace to any civilized community. Nearly 400 Phrynes of the lowest type, nightly paraded the chief thoroughfares, so sunk in vice, that one could scarcely fancy them human beings. No virtuous female, even when accompanied by a male relative, dared to traverse the streets without incurring the risk of being saluted with the vilest obscenity, and disgusted by scenes of frightful inebrity. What is now the case? Cork is, for its size, as orderly a city at night as any in the world; no gross obscenity or drunken ribaldry offends the ear; and the most practical proof of the efficacy of the Acts is, that out of this large number of prostitutes (400) there now remain in the district but 181, of which latter there are usually in hospitals, prisons, and workhouse, 104; leaving the actual number at present in Cork, Queenstown, and an area around them of ten miles, but seventy-seven at large. Well may I be asked where are the rest? Have they gone elsewhere to carry on their sinful trade? A very small number indeed have; but the majority have not only left the streets, but have left their degrading life, and become virtuous. I will take, for example, this last year, 1870. Two hundred and seventy-three women were on the streets; thirty-four out of this number have been restored to their relations; one married; nine have entered homes and refuges, Catholic and Protestant; four have died; seventeen have gone to the workhouse permanently; twenty-seven have left the district—a few of the last to continue their sinful life, but the majority of them to seek an honest livelihood."

What is a Quack?

THE Court of Appeals of the State of New York, lately ruled that in that State it is libellous to style a homœopathic physician a quack.

Mr. Justice Sutherland, in delivering the opinion of the Court, after stating that prior to 1844, only the allopathic school was recognised by the law of the State, but that in 1844 an Act was passed abolishing all restrictions on the practice of medicine, goes on to say:—

"To call a physician, whether homœopathic or allopathic, a quack, is in effect charging him with a want of the necessary knowlege and training to practise the system of medicine which he undertakes to practise, and which he holds himself out as having undertaken to practise, and I do not see why it is not now, and has not been since the Act of 1844, just as actionable falsely and maliciously to call a homœopathic physician a quack, as to call an allopathic physician a quack. There cannot be any doubt, I think, that to call either a quack is actionable, and has been since the Act of 1844."

This ruling will recommend itself to all as just.

Contract Doctoring.

A CORRESPONDENT of a Belfast paper suggests the formation of a Medical Aid Society, and supports the proposition with the suggestion that the expense of medical attendance would be reduced to an almost nominal charge, and therefore professional advice would more readily be sought, which being paraphrased, signifies that the common (very common) doctor of the members should attend, inspect, and consult on every old woman's corns, and every child's dirty nose, at the rate of (say) three half-pence each per week.

A happy picture of the dignity of contract doctoring.

Progressive Osteomalacia.

Dr. Gussmann relates, in the *Würtemb. Med. Corresp.-Blt.*, xl., 1870, the case of an optician, who had always lived a regular life, and been well up to thirty-eight years of age. On a cold night in winter, whilst perspiring, he stood for some time with his feet in a puddle of ice-water, and was soon afterwards seized with pain in the neck and back. This went on up to the day of his death, ten years subsequently. A permanent distortion of the spine set in, with consequent difficulty of breathing, mainly due to compression of the lungs from an enlarged gland beneath the sternum. Later pain was experienced upon the least movement, especially of the trunk. Severe febrile symptoms occurred from time to time. The urine was generally clear and yellowish. Shortly before death, in consequence of pressure upon the spinal cord by the curvature of the cervical vertebræ, the left arm became paralyzed. A *post-mortem* examination showed that the anterior wall of the chest was very much bulged forward to the level of the third rib, and at the lower portion of the chest, at its sides, the ribs were forced out, very much bent, of a deep bluish colour, their periosteum not thickened, but readily removed, and at some points they were cracked. Upon dividing the integuments they were found reduced to the thinness of paper, and the contents of the cavity of the chest consisted in great measure of a soft fatty reddish substance. The cervical vertebræ were very much curved laterally, with the convexity of the curve to the left side, the dorsal vertebræ were curved outwardly. The vertebræ and bones of pelvis projected backwards. There was some degree of gibbosity of the clavicles and of the sternum, in which the indications of osteo-sarcoma were present.

"The Artery Constrictor."

Dr. S. Fleet Speir is the author of the essay to which was awarded the Merritt H. Cash prize of the New York State Medical Society, 1871, and the inventor of the "Artery Constrictor," designed for the immediate closure of arteries as a substitute for the ligature, acupressure, and torsion.

The instrument was presented at a recent meeting of the New York State Medical Society—with specimens—and the principles of its operation explained. This method has been severely tested by operations upon the horse, dog, sheep, and man; and the proofs of its effectiveness had already been presented to the New York Academy of Medicine and the New York Pathological Society.

"The Artery Constrictor" consists of a flattened metal tube, six inches (more or less) in length; open at both ends; with a sliding steel tongue running its entire length, and having a vice arrangement at the upper extremity, by which it can be made to retract within the tube or sheath. The lower end of the tongue is hook-shaped, so as to be adapted to the artery to be constricted.

The hook of the tongue is so shaped and grooved as to form a compressing surface only, by which means the artery, when acted upon by the force of the vice, is drawn into the sheath. The interior of the sheath and the sides of the hook of the tongue are grooved, so as to allow room for the external coat of the artery to pass freely within the sheath of the instrument; but the internal and middle coats cannot pass. These coats are cut or ruptured as the hooked tongue which encircles the artery is drawn into the sheath. Having been divided at the first step of the operation, they naturally contract and retract, and as the external coat of the artery is drawn into the sheath of the constrictor, the internal and middle coats are peeled up and invaginated by the continued pressure of the grooved tongue as it passes on in the sheath. They are finally driven down the artery to form a valve-like plug. The artery may now be slipped out of the instrument, free from any foreign substance, and *occluded by the invaginated internal and middle coats.* The external coat is left continuous and uninjured. A coagulum soon forms upon the internal coats, and completes the occlusion. A coagulum is not necessary, however, as the plug of invaginated internal and middle coats is sufficient to arrest the flow of blood. The *New York Medical Gazette* says, that the operation is literally instantaneous, as but one minute of time has been found sufficient for the occlusion of the carotid artery of the horse, and other large arteries. It required no more time than is necessary for the application and withdrawal of the instrument.

Condy's Remedial Fluid.

When Mr. Condy, of Battersea, many years ago introduced, for disinfecting purposes, the alkaline permanganates, he called the attention of the Medical Profession, abroad as well as in this country, to many affections in medicine and surgery, wherein they would, it seemed to him, be found very advantageous. His views were sufficiently confirmed by a certain number of isolated observations, to lead to the adoption, in 1862, into the *British Pharmacopœia*, of the permanganate of potash. Since then, that particular salt has occasionally been reported in the medical journals to be highly beneficial in a large number of diseases appertaining to the domain of both medicine and surgery. The late Dr. Girdwood, as early as 1857, communicated to the *Lancet* a long list of cases in which he had used it with great advantage. He was followed here by Mr. Mitchell Henry, then of Middlesex Hospital, Mr. Oliver Pemberton, and a few other eminent surgeons whose experience was favourably reported in the Medical Press, and on the Continent by several German medical men of note. At a meeting of the Academie de Médecine de Paris, in September, 1861, whereat a paper of Mr. Condy's on the subject of the "Use of the Alkaline Permanganates in Medicine" was read, his views received the theoretical approval of that learned body. On that occasion M. Boudet made the following, among other remarks:—

"M. Condy signale une foule de circonstances dans lesquelles sa Liqueur peut rendre les plus grands services. Jouissant à un trèshaut degré de la propriété de modifier et même de détruire les matières organiques, et spécialement celles qui sont en voie de décomposition ou de fermentation, quelles ressources ne doit-elle pas offrir pour le traitement des plaies et des ulcères, pour les déterger, les assainir, les modifier, pour prévenir ou arrêter les effets de la contagion, pour combattre les affections diphthéritiques, pour modifier ou détruire les productions anormales, les sécrétions nuisibles et même certaines substances vénéneuses dans les organes digestifs?"

No practical result of importance, however, beyond the insertion, in imitation of England, of the permanganate of potash, in the French *Codex*, followed in France. But in this country the number of experiments gradually increased and, from time to time, cases have been reported in the British medical newspapers, wherein very remarkable results were obtained from the medicinal employment o

Condy's Fluid, or permanganate of potash, which is the active ingredient of that excellent disinfectant. Mr. Condy has now collected these cases, and from them produced a great array of affections for which that substance would seem to be of superior efficacy.

Disappointed with the slowness with which the public seemed to be admitted to benefit from the new medication, Mr. Condy has taken the somewhat bold step of bringing out in popular form a modification of his fluid, under the title of "Condy's Remedial Fluid." On account of the law which prohibits the mention of the curatives used in connection with proprietary pharmaceutical preparations, the one in question requires to be provided with the Government medicine stamp. It is thus what is usually called a patent medicine, or, in vulgar parlance, a "quack" remedy. Nothing could, however, be further removed from quackery than this remedial preparation, about whose composition there is no concealment, and in connection with which every report put forward bears the name of some medical man more or less known.

New French Medical and Scientific Works.

In our last we gave a list of recent English medical publications; notwithstanding the war and the siege of Paris, our *confrères* on the Continent have not been idle, and we can only express surprise that men and materials were available for literary purposes. The following were issued by MM. Baillière et Cie, publishers to the Académie de Médecine :—

Bernard. Secours aux Blessés.
Castro. Des Abcès du Foie des Pays Chauds.
Chatin. De l'Anthère.
Démétriesco. Etudes sur les Ovules Males.
Deroubaix. Traité des Fistules Uro-Genitales de la Femme.
Desprès. Délit Impuni.
Duval-Jouve. Etude Anatomique de Quelques Graminées.
Hufeland. L'Art de Prolonger la Vie ou la Macrobiotique. Nouvelle Edition.
Jeannel. Formulaire Officinal et Magistral International.
Lecacheur. De l'Hydrate de Chloral dans les Accouchements.
Molé. Signes Précis du debut de la Convalescence.
Reynaud. Lacroze de la Névrite et de la Périnévrite Optiques.
Rider. Etude Médicale sur l'Equitation.
Robin. Traité du Microscope.
Schatz. Etude sur les Hopitaux sous Tentes.
Voisin. Du Droit d'Exercie et d'Application de toutes les Facultés de la Tête Humaine.

Drawing-room Drunkardesses.

We are asked to believe that the ladies of England are for the most part sunk into a state of dissipation and drunkenness, which is a characteristic of the age. So long as this charge was confined to the "Bayard of the Press" we thought it unworthy of notice. But we are sorry to say that the most serious of our contemporaries have fallen victims to this sensation. The *Spectator* has appealed to the *Lancet*, and the latter journal has been unable to resist the temptation, although had the *Spectator* happened to run athwart some of the cherished ideas of the *Lancet* we might have been favoured with a very different homily—one on the impropriety of lay papers taking up medical subjects. Again, the grave and sober *Practitioner* has found much to say against women, and charged them in no measured terms with drawing-room drunkenness. However great our respect for the editor of this last publication, we must regret that he has carried his hobby so far, and soiled the pages of his magazine, with a style far more suited to the *Lancet*, of the literary staff of which he was once, perhaps, the most reliable member. Indeed, anyone who compares the utterances of the *Lancet* and *Practitioner* on this subject is likely to conclude that they are the production of the same writer. There are many objections to pushing the "narcosis" hypothesis too far, and the originator of it would do well to remember that it is by no means generally accepted, and therefore should not be employed in the manner it has been to push a foregone conclusion. The very fact that it should suggest that English society is nothing but an agglomeration of drunken women, should have made him hesitate, even in these days of sensation, to give currency to such a sensational statement. On behalf of English wives and mothers, we protest against the nonsense that has been so widely circulated, and declare that it as far removed from scientific truth as possible.

We are not at all surprised that a comic paper should have seen through the transparent sensationalism, and spoken of it as *Fun* did in those lines—

> "Yet is throwing mud
>   Manly occupation ?
> Get you with bad blood
>   Healthy circulation ?
> Is the game worth trying
>   At such cost of taper—
> Woman's worth bedying
>   Just to push a paper ?

Editors and Quacks.

An able correspondent draws our attention to an article in a recent issue of the *Standard*, entitled "Improvements in Dental Surgery." This article is obviously an advertisement, but it is inserted in a prominent part of the paper in the form of editorial matter, although—thanks to the imperfection of the law—we cannot prevent quacks either from assuming medical titles sufficient to deceive the public, or from practising any branch of the profession, a protest should be made against their being able to purchase the editorial influence of daily paper—influence capable of driving even the most wary of the public into their hands. We agree with our correspondent that the fact of a practitioner using such puffs is alone sufficient to show that he is, to say the least, in the lowest rank of his profession.

Contagious Diseases Acts.

A crowded meeting was held on Thursday last in the Burdett Hall, Limehouse, London, Dr. Bowkett in the Chair, under the auspices of the National Anti-Contagious Diseases Acts Association.

Mr. B. Langley delivered a very eloquent and telling address, showing the danger of such partial legislation and the unjust way in which it bore on the female sex, especially on the poorer classes of women. He denied that such Acts even diminished venereal contagion wherever they were carried out; and spoke of the necessity for making a radical change in the constitution of our army, so as to allow of soldiers being married, and thus, less dangerous to the liberties of the female population.

Dr. C. R. Drysdale said, that these kind of Acts had always been found to do far more harm than good; being a source of false security to men, and a brutal tyranny over poor women in all cities where they were enforced. In Paris, once under the thrall of the police medical man, the poor women were made prostitutes for life, and died in harness; in England the statistics of the Refuge Society and Mr. Acton had showed that prostitution was resorted to chiefly by domestic servants, for a few months, and then entirely abandoned. Instead of Contagious Diseases Acts, what was wanted was, far more ample hospital accommodation for prostitutes, the enfranchisement of women, and their admission into the ranks of industry indiscriminately. The main cure for prostitution, however, was the popularization of marriage, which must be the task of thinkers for some time to come. To make universal marriage compatible with wealth and human well being would put an end to prostitution and syphilis. The Swiss system of citizen soldiers was what was wanted; the celibate army system was quite an incubus on all European nations, and must be given up. Of 95,000 soldiers in these islands, only some 10,000 had partners, and the rest were perennial sources of venereal infection, maintained at the expense of the State, which was intolerable.

Mr. D. Cooper, of the Rescue Society, showed how the Contagious Diseases Act degraded the women, and how it was found that, in Plymouth and elsewhere, the prostitutes began to think that the life of a prostitute was quite an honourable licensed calling.

Mr. P. Walter said, that their laws were a disgrace to the statute-book of a free nation, and, on the Chairman putting the resolution, "That this meeting considers that the Contagious Diseases Acts are unconstitutional, unfair, and opposed to the ordinary principles of legislation in this country, and that they should be at once repealed," there was not one hand held up in favour of the Acts, which, indeed, seems to be most unpopular in the East-end of London.

The Navy Report has just appeared. It embraces the year from July 1st, 1869, to June 30th, 1870.

The Vaccination Committee of the House of Commons is still taking evidence.

Professor de Morgan, of University College, London, died on Saturday afternoon, at the age of sixty-five.

The parish authorities are applying vaccination compulsorily to all who seek shelter in the Marylebone casua ward.

We hear that Prince Napoleon and Princess Clothilde were present at the debate of the Dialectical Society last Wednesday.

Dr. Brady has had a Medical Bill read a second time in the House of Commons. Dr. Lush has had another read. Both are on the paper for June 14th for second reading.

Dr. Gedge, whose untimely decease, on his journey with Sir. S. Baker, we noticed at the time, has left £1,000 to the University of Cambridge, to found a biennial prize for physiological research. He assisted Professor Humphrey for about three years before he left with the expedition.

Messrs, Letts & Co., have sent us facsimile copies of an interesting balloon letter sent during the siege from Paris to London. It is a lasting memento of the war, and the advance it caused in aerial navigation.

The Countess of Portsmouth has been instrumental in establishing a cottage hospital at Chulmleigh, near Eggesford House, for the benefit of patients who require more generous living and better nursing than they would be able to obtain at their homes.

The Metropolitan Asylums Board have decided upon providing additional hospital accommodation at West Brompton, at a cost of £12,000. It has also been resolved, with permission of the Poor-law Board, to raise a loan of £10,000 for the completion of Stockwell Hospital.

The worse phase of the late deplorable war has just developed itself in rebellion to the constituted authority. On Sunday the insurgents had obtained complete mastery in Paris, and had murdered in cold blood two of France's most able generals.

The Anthropological Society and the Ethnological Society have united, and thereby formed a much stronger Association. The united Society is to be called "The Anthropological Institution of Great Britain and Ireland." The President is Sir J. Lubbock.

The Liverpool Coroner held an inquest last week on the body of Alexander Dingwall, who had died from blood poisoning, consequent on his having been vaccinated whilst suffering from diabetes. The jury returned a verdict in accordance with the medical evidence.

The last Metropolitan weekly return shows 2,261 births and 1,601 deaths, the former being 110 above and the latter 41 below the average. The mortality from small-pox (194), though still very great, shows a decline as compared with the previous weeks, which gave 227 and 213 fatal cases respectively.

We have to announce the death of Mr. G. May, of Maldon, one of Sir A. Cooper's pupils, who was followed to the grave by all the leading townsmen. He had held a high position among them for many years.

We have also to deplore the death of Mr. M. F. Reilly, of Wigan, who has fallen a victim, in the pride of life, to typhoid fever.

Mr. Curling, F.R.S., has been elected on to the Examining Board of the Royal College of Surgeons of England. This is a legitimate reward for the abnegation he exhibited on a former occasion, with a view to secure the separation of anatomical and surgical examinerships, and a fitting testimony to a distinguished career that, at an early period, carried off the Jacksonian Prize (1834) and has since been diligently followed at one of the largest and best of the metropolitan hospitals, to which, after a full period of service, he has been elected consulting-surgeon.

To our previously announced deaths of our French brethren during the war, we have to add several other names. M. Blain lately died of pyæmia in consequence of a wound on his finger whilst taking care of a German soldier. Dr. Ehrmann, son of Professor Ehrmann, of Strasbourg, died of his wounds received whilst tending the fallen in one of the engagements on the Loire. Dr. Bardinet, Director of the Medical School of Limoges, has lost his son, killed in battle. Dr. Damicourt, who had joined the Army of the West, found a glorious death during the campaign. Dr. Milliot was killed whilst returning to the wounded lying on the field of battle at Froeschviller. He had walked some distance to get a supply of linen, and was hit by a piece of a bursting shell.

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SCOTLAND.

Glasgow.—The Managers of the Barony Parochial Board have agreed to purchase property in Dumbartonshire to the extent of 160 acres for the purpose of erecting a farm asylum to accommodate 400 patients.

Aberdeen.—Dr. Kilgour has resigned the appointment of Consulting-Physician to the Royal Infirmary on account of his health.

New fever wards are to be erected, and the Infirmary airing grounds enlarged at a cost of £3,300.

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Literature.

THE GENESIS OF SPECIES.*

We commend this volume to those of our readers who are interested (as who is not) in the problem of the origin of species, as propounded by Mr. Darwin. Received with acclamation by the vast majority of naturalists and men of science, it is scarce a matter of surprise that the theory of natural selection should have been so universally accepted by the laity. It is believed to be so beautifully simple, and so easily understood, or assumed to be, that in the words of Mr. Mivart—"It was inevitable that a great crowd of half-educated men and shallow thinkers should accept with eagerness the theory of natural selection, or rather what they think to be such (for few things are more remarkable than the way in which it has been misunderstood), on account of a certain characteristic it has in common with other theories. It is in a great measure owing to this supposed simplicity, and to a belief in its being yet easier and more simple than it is, that Darwinism, however imperfectly understood, has become a subject for general conversation, and has been able thus widely to increase a certain knowledge of biological matters. At the same time it must be admitted that a similar simplicity, the apparently easy explanation of complex phenomena, also constitutes the charm of such matters as hydropathy and phrenology in the eyes of the unlearned or half-educated public. It is, indeed, the charm of all these seeming 'short-cuts' to knowledge by which the labour of mastering scientific details is spared to those who yet believe that without such labour they can attain all the most valuable results of scientific research."

Accepted thus almost unhesitatingly on its first appearance, in part owing to this charm of simplicity, in part from the well-deserved reputation of its author, whose life-long labours, it was well known had been devoted to the elucidation of this interesting, if difficult study, it was not long before the many difficulties with which the theory is based, brought forward as many able criticisms. Mr. Mivart has brought these together, under the following heads, to the examination of each of which he devotes a chapter :—

> "That natural selection is incompetent to account for the incipient stages of useful structures.
>
> "That it does not harmonize with the co-existence of closely similar structures of diverse origin.
>
> "That there are grounds for thinking that specific differences may be developed suddenly instead of gradually.
>
> "That the opinion that species have definite, though very different limits to their variability is still tenable.
>
> "That certain fossil transitional forms are absent, which might have been expected to be present.
>
> "That some facts of geographical distribution supplement other difficulties.
>
> "That the objection drawn from the physiological difference between species and races still exists unrefuted.
>
> "That there are many remarkable phenomena in organic forms upon which natural selection throws no light whatever, but the explanations of which, if they could be attained, might throw light upon specific origination."

Each of these "*difficulties*" is ably and temperately examined by Mr. Mivart, who, while admitting that natural selection acts, and must act, playing in the organic world a certain, though a secondary and subordinate part, arrives at the conclusion that, as the leading explanation of the successive evolution and manifestation of specific forms it is untenable.

In lieu of natural selection, Mr. Mivart propounds a theory of his own, which we conceive to be even more untenable than that of Mr. Darwin.

According to this view, an internal law presides over the actions of every part of every individual, and of every organism as a unit, and of the entire organic world as a whole. Thus an internal power or tendency is an important, if not the main, agent, in evoking the manifestation of new species on the scene of realised existence, and that in any case, from the facts of homology, innate internal powers to the full as mysterious must anyhow be accepted. Besides this, it is probable that the action of this innate power is stimulated, evoked, and determined by external conditions, and also that the same external conditions in the shape of natural selection play an important part in the evolutionary process.

It would lead us too far, to enter into a further consideration of this theory, or to trust upon its bearing upon theology. Mr. Mivart endeavours, and we think with much success, to reconcile the doctrine of evolution of species with the highest Christian philosophy. The chapter devoted to this subject deals with the question in a reverent, and, at the same time, philosophic spirit, and will do much, if fairly understood, to remove the apparent antagonism between religion and science in the mind of the extra-orthodex Christian who may make it a study.

Of the many opponents whom the bold theory of Mr. Darwin has called forth, none, we think, so fully and successfully argue the case as Mr. Mivart, who, admitting the form of natural selection, allows it but a subordinate, and not a principal part in the evolution of species, which seeks to explain by a natural law or innate tendency, concluding his volume thus :—

> "The aim has been to support the doctrine that these species have been evolved by ordinary *natural* laws (for the most part unknown) controlled by the *subordinate* action of 'natural selection,' and, at the same, time to remind some that there is, and can be, absolutely nothing in physical science which forbids them to regard those natural laws as acting with the Divine concurrence, and in obe-

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* "On the Genesis of the Species." By St. George Mivart, F.R.S. London: Macmillan and Co. 1871.

dience to a creative fiat originally imposed on the primeval Cosmos, 'in the beginning,' by its Creator, its Upholder, and its Lord."

LECTURES AND ESSAYS ON THE SCIENCE AND PRACTICE OF SURGERY.[*]

Interested, as we naturally are, in every dissertation emanating from the Irish School of Surgery, we have pleasure in finding that one part of Dr. McDonnell's Lectures and Essays have been published—containing five lectures on the venereal disease, each devoted to special considerations.

The views put forward by the author are those in consonance with the docrine of duality; and the classification of venereal sores is that adopted by the Venereal Commission of "the simple" and the "syphilitic." Dr. McDonnell, however, warns the student in cases of the former sore, "not to give the patient any positive assurance that secondary disease will not follow," and admits "that we cannot make the diagnosis with certainty."

Now-a-days, when the Contagious Diseases Act is so keenly discussed, and when the question of duality or unicity is still so energetically debated, this plain and practical admission is, indeed, very important, and should be borne in mind. The incubative stage of syphilis is adverted to, and supported by direct experiences which occurred under the author's observation, and which left it certain, in fact, that the period occupied was from twenty-seven to thirty-four days. The general conclusions may be summed up, that the simple and the syphilitic sore may have had in times past a common origin, but "they may now be regarded as specifically distinct."

Dr. McDonnell recognises the further division of syphilis into the mild and severe, the "vérole faible" and "vérole forte" of Diday, and makes his treatment to correspond chiefly to this classification—one being capable of self-cure, and the other not. The various modes of treatment are alluded to, and broadly explained. The calomel vapour bath, which our English friends vaunt so highly, is believed by Dr. McDonnell solely to act as an ordinary vapour bath, the calomel being perfectly inert under the circumstances; and it only "acts beneficially on a malady which has a natural tendency to get well of itself." Mercurials being better avoided, *in toto*, in the "vérole faible," or weak syphilis.

Various interesting points of treatment and observation are given throughout these lectures, which we may fairly and pleasureably commend to the notice both of the student and the practitioner as interesting and instructive.

HOW TO KEEP A HORSE ON THREE SHILLINGS A-WEEK.[†]

We have great pleasure in directing the attention of our brethren to a lucidly written book on the subject of keeping horses. The provincial practitioner knows the horse to be one of his best friends, hence it was that we directed attention to "The Doctor's Horse" in an annotation some months ago; discussing therein the humanity and benefit to be derived from a summer's run to the hard-worked horse of the country doctor. In the work before us our author shows that horses can be kept in a better state of health at a cost of three shillings per week, than upon the present method of feeding. In a letter to Sir James Scarlett the practical part of our author's management is to be found. We observe that nothing is stated nor recommended that experiment has not satisfactory worked out, and the experience of "Amateur" has been extensive in the case of horses. At a season when no horse can be properly fed for less than fifteen shillings per week the statement of "Amateur" may appear startling, that upon three shillings he can sustain a horse, and keep him in better health than when he fares more sumptuously on oats and hay! The subject is of great importance, and we cannot do better than advise all, who are interested in it, to possess themselves of the volume. We would suggest that should "Amateur" be called upon to print a second edition, he will take the opportunity of re-arranging the work, which, having been originally published in three pamphlets, presents a somewhat disjointed appearance.

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HOSPITALISM.

Mr. Gay thus sums up this subject:—

Mr. Holmes has shown that, for by far the greater number of these eventualities of wounds and injuries, especially for erysipelas and diffused cellulitis, the hospitals are not responsible; but that they are imported into them from the dwellings, or rather the "*fever dens*" from which the patients are transferred; and in a conclusive paper in the *London Hospital Transactions*, entitled "Why did not Hospital Phagedæna occur in Gloucester Ward?" Mr. Hutchinson shows that that disease,—and the inference naturally follows, that other diseases of this class come under the same law,—spread by the communication of the specific poison from one patient to another. We then glean that foul air and the ordinary accessories of poverty are not only the originators of these diseases, but that they are multiplied by contact and over-crowding.

The late Sir James Simpson, as we all know, from a large and elaborate array of statistical information, asserted that, by the avoidance of these complications in *rural practice*, the mortality after all operations is only 10 per cent., whereas in London hospitals it amounts to 41 per cent. This statement naturally excited inquiry. At length the proof of the position, that this excess was due to these hospitals, was disputed, especially by Mr. Holmes and Mr. Callender.

The former of these gentlemen took the amputations in St. George's Hospital, from the years 1865 to 1868, and, admitting that the causes which unfavourably affected the mortality after these operations were erysipelas, diffuse cellulitis, phagedæna and pyæmia, referred the origination of the cases of erysipelas and diffused cellulitis to the conditions of the dwellings from which the patients were brought; but admitted that the pyæmic cases developed themselves most frequently within the hospital. As a matter of course, the pyæmic complication can from what I have said with good reason, be alleged to have been due primarily to long existing degradation of the animal tissues, so that the hospital must be acquitted of complicity in the origination of these serous maladies.

The conclusions of these two gentlemen, however seemingly diverse, appear, upon closer inspection, very much to correspond. Professor Simpson affirmed, that a hospital or a dwelling of any kind, *the air of which is vitiated*, is an improper receptacle for traumatic cases, from the proclivity which it imparts to serious complications. Mr. Holmes admits this; but says that the proclivity is rather due to the unhealthy habits and atmosphere of the poor man and his dwelling, and existed antecedent to the injury. The apparent discrepancy admits, I think, of this satisfactory solution, that a hospital, as a dwelling, is prejudicial to surgical success, just in the ratio of its unwholesomeness or want of cleanliness and fresh air. Mr. Callender, after an interesting survey of the results of "County Hospital" practice, with the practice of "Country Cases in London," and "Country Private Practice," says that the mortality after all amputations is remarkably uniform, viz., 17·5, 17·0, and 17·1 per cent.; but there still remains the important item which is not, so far as I see, got rid of, viz, that the like mortality in St. Bartholomew's is at the rate of 27·1 per cent. It is very [illegible] that the air of hospitals in densely populous districts cannot be so well adapted for cases of injury and operation, especially when occurring to or performed upon enervated persons as that without their confines. I cannot go further in details, but must refer to the experiences of the war, especially to a report from Professor Fischer, of Breslau, director of the hospital staff at Forbach.

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[*] Lectures and Essays on the Science and Practice of Surgery. By R. McDonnell, M.D., F.R.S., &c., Dublin. Fannin and Co.

[†] Horses; Their Rational Treatment, and the Causes of their Deterioration and Premature Decay. By Amateur. London: Bailliere, Tindall and Cox.

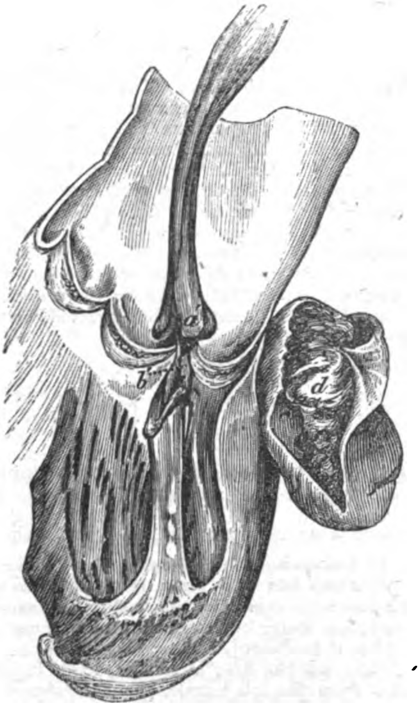
"A hospital of this class is neither more or less than a rope-walk. Overhead there is a roof, and that is all. There are neither walls, nor windows, nor anything between the patients and the outer air except a piece of canvas let down on the side of the wind. But even this lodging is not airy enough for the presiding physician. Every morning, when the weather is fine—and it has been very fine lately—the patients are carried out into an open meadow, and there left upon their beds till nearly sunset. As to treatment, it is of the simplest kind possible. The wounds are washed as often as necessary with diluted carbolic acid, and then allowed to heal of themselves, with the aid only of strengthening food and comfortable clothing. The results are marvellous. There is no foul atmosphere, and therefore no hospital disease; the wounds heal quickly, and the men pick up health and spirits with a rapidity scarcely credible. On the other hand, the least successful hospitals are the regular establishments—magnificent and spacious buildings to look at, with all the appliances which science could devise. But in these edifices it is found impossible to insure the ventilation required. Probably no arrangement or multiplication of windows could, under the circumstances of the case, be made sufficient; but the fact is the experiment has no fair trial."

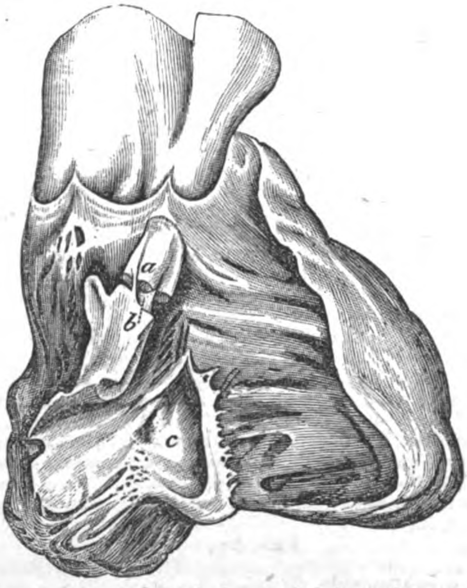
And the principle upon which a hospital and its wards should be designed, so as to render it in the highest degree salubrious, is thus illustrated. It accords remarkably with those teachings that, as we have seen, come to us from almost all war experiences during the last century; and is one with the lessons of modern scientific research and discovery. Nay, it receives confirmation from the early history of our art; for as we are informed by Plutarch, "the temples of health in ancient Greece, under the directions of the Asclepeiadæ, were erected in high situations, where the air was wholesome, and beside medicinal springs and cleansing waters." Can we entertain a doubt that if, with the means possessed by our large and noble hospitals, provision could be made for the transmission of such cases of injury as from their very nature entail a liability to the most fatal complications, to "a high situation where the air is wholesome," and some general reform of our hospital system be carried out, our mortality from such causes would not be materially lessened, and the surgeon be gladdened with an enlarged meed of recompense for his labours.

◆

REMARKABLE SEPARATION OF FIBRINE FROM THE BLOOD IN THE HEART.

Dr. Hawtrey Benson exhibited, at a recent meeting of the Surgical Society of Ireland, the heart of a women who had died some days previously, under his care in the City of Dublin Hospital, from the effects of extensive separation of fibrine from the blood in the heart, occurring in the course of hemiplegia. On the fourteenth day, from the date of the occurrence of the hemiplegia, a very aggravated dyspnœa set in; the surface became livid and cold; the pulse feeble, irregular, and fluttering; the whole condition of the patient was that of prostration; and the heart was referred to as the seat of distress. On the following day, the action of the heart had changed in character. It was then excited, tumultuous, struggling, and confused. Owing to this disturbance of the heart's action, and still more to loud bronchitic râles in the emphysematous lung which covered the organ, no distinct information of any kind could be derived from auscultation. The patient, notwithstanding all efforts, sank, and at the end of third day she died. At the *post-mortem* examination, both ventricles of the heart were found occcupied by large yellowish-white fibrinous clots, of which Dr. Benson exhibited the following drawings:—





On each side, the clot had extended from the ventricle, through the sigmoid valves, into the corresponding artery. As the separation of the fibrine from the blood took place during life in the course of the current of the blood, the action of the sigmoid valves had modelled, as it were, a most singularly perfect impression on this portion of the clot. The intra and extra-ventricular portions were connected by a narrow thin, but firm neck *b b'*. The neck was distinguished from the ventricular portion of the clot, by a well-marked shoulder; and above the neck, the entire ventricular, or arterial portion, *a a'*., was composed on each side of three symmetrical masses of fibrine, truncated on the right side, pendulous and purse-like on the left, corresponding to the sinuses of Valsalva, and forming a natural cast of the sinuses.

At any time, the separation of fibrine from the blood on the *left* side of the heart was an unusual occurrence, though common on the *right* side; but such extensive separation as had occurred in the case before the Society, and such very perfect modelling and casting of the clots, not on one side only, but on both sides, must be considered extremely rare. The symptoms in the case corresponded pretty closely with those described by Dr. B. W. Richardson, of London, as being due to separation of fibrine in the heart. The leading symptoms which he describes, are "*those of hæmorrhage, without visible loss of blood*, falling temperature, pallid or livid surface, feeble, irregular or fluttering pulse, muscular prostration, and gasping respiration." Dr. Benson felt sure that many cases of hitherto unaccountable death after symptoms of acute exhaustion occurring in the course of disease, or after injury, were to be ascribed to the separation of fibrine in the heart, as the proximate cause; and that the laws of that separation, and especially the determining cause of its commencement must be more fully studied before rational prevention can be looked for, and before remedies can be expected to avert the deadly consequence.

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Correspondence.

A CASE OF SKIN-GRAFTING IN COUNTRY PRACTICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—C. K. had been suffering from a very extensive ulcer on the head for the last two years, resulting from a severe burn, which produced exfoliation of the frontal, and part of the parietal, bones. Being unable to heal the sore under every recognised plan of treatment, I determined on skin-grafting, and, accordingly, on the 31st December, 1870, I removed a piece of skin from the left temple, about the size of a small field bean, divided it into ten parts, and inserted each into a puncture, made with a lancet in the granulations, by means of a common sewing needle, then dressed with carbolic oil and lint.

On the 5th of January, 1871, two of the grafts only were satisfactorily visible and growing; two others, which were the largest, had come off on the first removal of the dressing; the remainder appeared in pale specks, which could not be made out distinctly to be grafts. On the 12th, these grafts were quite plain, and on the 18th, seven were very distinct, and were advancing to meet one another. On the 28th, the healing of the ulcer had advanced almost to completeness. On the 9th February, the new cicatrix had degenerated in spots.

Conclusions.—The success of this plan of treatment greatly depends on the state of the sore, and the mode of operating. Large grafts are not likely to be successful, as they are more liable to be removed by the dressing, as was the case with me. If too small they are also likely to fail, as the tenth graft which I left unaccounted for, as it failed, was as small as I possibly could make it. The mode of inserting the grafts, as in the two that succeeded first, was rather by a process of invagination than simply inserting into an incision, and, therefore, I consider, is likely to be the more successful. That the cicatrix is liable to break down again from its extreme delicacy. That this will be the treatment to prevent deformity resulting from the contraction of the cicatrice, and removing those that already exist in the integument, after the healing of burns, &c.

I am, &c.,

Theobald M. Bryson.

Newtownlimavady.

LADY MEDICAL STUDENTS AND THE EDINBURGH INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you allow me just a word or two in reference to a letter which appeared in your Journal of March 1st, by Dr. Elliott. I shall confine my remarks entirely to that portion of it which purports to be an answer to certain statements, made by me, as to the position of a nurse in the Edinburgh Infirmary,—statements which, however "*killing*" they may appear to Dr. Elliott as "arguments," are nevertheless in strict accordance with fact.

In the first place, I said in my communication of Jan. 25th, that in Edinburgh nurses are *not* in the habit of witnessing all sorts of "indelicate operations." This your Correspondent does not, and, indeed, dare not deny; but, nothing daunted, he proceeds, with delightful relevancy, to the point at issue, to inform us that in *his* day "the nurse attended, soothed, and supported the patient on the operating table." Now, Sir, what in the world is the connection between what a nurse *did* or did *not* do in "the earlier years of this century," and the remark I made with reference to the present existing law in the Infirmary?

Dr. Elliott considers "the inconsistent code of modern refinement" answerable for the evidently much-to-be-deplored abolition of those palmy days wherein "the nurse attended, soothed, and supported the patient on the operating table." Alas for the heartlessness of modern refinement, so cruelly to deprive suffering humanity of such ministrations! There *are*, to be sure, some people stupid enough to fancy that a chloroform towel is a much greater comfort to the patient "on the table," than the *soothing* and *supporting* process of Dr. Elliott's time, but what of that?

Secondly, I stated that at "visit," the nurse either stands at the door of the wards, or in the middle of the room. With regard to this fact, the only explanation your Correspondent has to offer, is the implied one of the nurse being obliged to assume these positions in the ward, by reason of the ungentlemanly character of the students,—a calumny I maintain, as ingenious as it is totally unfounded; and with reference to conduct *outside* the Infirmary walls, to cast a stigma on the good name of the students of an entire faculty on account of misdemeanours committed by a small minority of their number, is hardly in accordance with the most ordinary rules of common fairness.

Finally, Dr. Elliott enquires, strangely enough after what has been already discussed, how the nurses' delicacy is protected "during the intervals between visits?" Why, Sir, the answer is plain enough. Does it not occur to your Correspondent that the *very element* which should militate against that delicacy at other times, viz., the presence of students is, during the intervals between the visits, entirely absent? Is it such a very unintelligible proposition to maintain, that there being certain absolutely necessary duties to be performed, a nurse may, while alone with the patient, execute these with less compunction, and with infinitely greater comfort to herself, than when under the gaze of perhaps a dozen or two of male students?

Apologizing for having taken up so much of your valuable space,—

I am, Sir, obediently yours,

Edinburgh. W. J. Naismith, M.B., C.M.

THE DUALISTS AND UNICISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It has always been a matter of great surprise to me that discussions about the nature and treatment of syphilis, should arouse such emotional fervour among our respected brethren. But, I am inclined to think, on reflexion, that there is no subject in the whole domain of medicine, so keenly and fiercely contested, as all that relates to contagious diseases, prostitution, or the functions of generation. So long as this phenomenon continues, we are not likely to advance greatly in knowledge, since the "pure white light of the intellect" is terribly apt to be obscured by such personalities, as we have been favoured with between two distinguished writers on syphilis in your pages of a week or two past. I submit that the question of syphilitic duality or unicity is quite obscure enough, without complicating it with arguments *ad hominem*, which writers might leave out.

My own opinion is, that inoculation from the sore, which is followed by sore-throat, roseola, and other syphilitic secondary appearances, has been proved always to be followed by syphilis, in persons who have not had the disease, when the inoculation has succeeded, and that the kind of sore that has appeared has differed a good deal from the ordinary soft sore, we see so frequently in males. But I am also quite convinced, that Boeck and others (I have myself succeeded) have succeeded in producing soft sores on syphilitic persons, by inoculating them from mucous tubercles, or from their own sores; and that Mr. Morgan has done the same from the gonorrhœa of syphilitic prostitutes. For my own part, however, I hold all of this to be not worth getting excited about;

because the old notion that you must give a quantity of mercury in one case to prevent secondaries, and withhold it in the other is now entirely exploded. Every person of experience in the treatment of the disease, knows well that all cases of syphilis may be treated without any mercury and without danger, nay, I add, that when large doses of iodide of potassium are substituted for it, it is not very important, except for prognosis, to make out to a nicety whether any particular sore is truly indurated or is merely indurated from inflammatory causes, since no treatment can *prevent* secondaries. Hence I would just like to suggest, that it is quite time that we all determined to write on all kinds of medical subjects in a strictly parliamentary, or *tolerant* tone, and I should insinuate something about the perusal of an admirable "Essay on Liberty," published some years ago by Mr. Mill, to all who think of discussing knotty points in pathology, hygiene, or therapeutics, with one of their brethren of the medical profession. It seems, indeed, always to myself, that, however I am convinced of the truth of any cherished opinion, I am never safe in my position until thoroughly assailed by all interested in the subject, and I respectfully submit, that this ought to be the faith of all writers on syphilis, or any other topic in medicine.

A "frightful example" of such writing has recently attracted the notice of one of your esteemed contemporaries, the *Lancet*, as occurring in a most distinguished medical journal, and I do really think, Sir, that personal attacks, on political personages in France, or on esteemed medical brethren at home, for *their opinions*, should henceforth be given up, and that we should make it an article of our inmost medical ethical creed, that opinions, not men, should be attacked. I forsee so many admirable results as likely to ensue, should my humble suggestions be adopted, that I must beg you to pardon me for thus tendering a little ethical *advice gratis*, and remain with much respect,

Yours, very faithfully,

C. R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.

March, 1871.

"THE DUALITY OF VENEREAL SORES."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am extremely sorry the corrected proof of my last paper did not reach you until Tuesday morning, (I posted it myself before 6 p.m. on Sunday), otherwise an unpleasant mistake would not have occurred. In the second column of my paper, the following passage appears :—

"He would not have made the mucous patch on his own child," I meant of course "the mucous patch on his own *case*," as you will see by the corrected proof.

I have explained this to Mr. Morgan, but, I wish to take the earliest opportunity to do so publicly.

Yours faithfully,

Benjamin F. McDowell.

York street, Dublin, March 18.

CELIBACY AMONG SOLDIERS AND THE CONTAGIOUS DISEASES ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following remark of a correspondent in the Medical Press and Circular, for March 15th, viz. :—"I think on the *utilitarian* principle of 'happiness of the greatest number,' that it would be better for both soldiers and women not to have syphilis added to their miseries" is very plausible, and though it has a selfish aspect, as if those who recommend the rule would look forward to be among the "happy ones," I make no formal objection. But what I do object to is, "doing evil that good may come." Passing over the immoral, unchristian and inhuman aspects of the Contagious Diseases Acts, I would only remark upon two points : first, the comparison of state-interference with syphilis to state-interference with typhus-fevers. These laws (that clean women for men, making the fruit of a corrupt tree more tempting, so that women obtain more money from men for their persons) encourage those vicious habits which induce syphilis. But sanatory arrangements to check cholera and fevers are not directed to make it safe to drink impure water and live in polluted air, on the contrary, they are directed to remove the causes of these diseases by obtaining a better water supply, and keeping foul effluvia from the air. And if, in like manner, a purer social atmosphere and draughts of clearer and purer knowledge were provided for those who knowingly expose themselves to the contamination of syphilis, fornication would gradually diminish, and syphilis ultimately disappear,—secondly, these laws press lightly upon, or are even a boon, to our abandoned and drunken prostitute, but they draw more deeply into the vortex, and cruelly oppress the mistress of one man and "unfortunates," borne along by untoward circumstances, or by the want of a home or food, or by seduction into the current of vice from which they are anxious on the first opportunity to escape. Taught from childhood to believe I was living in a country in which every one's person was at his or her own disposal, until convicted of some offence by a fair trial, imprisonment in cold weather on low diet upon the mere belief (possibly derived from malicious defamation) in a policeman's mind of being diseased without even an accusation of crime ; the imprisonment, if the suspected one be not forced by it to submit to be continued a whole lifetime, is a very painful picture of British law to my eyes, and I should have thought it would have been equally so to every British subject. Your correspondent concludes by saying, "a religious aspect being according *to my opinion*, quite out of place in such a discussion." It should rather be said that, if the Christian Religion is *any*thing, it has to do with *every*thing, Either the "idle word" and the "falling sparrow" are un-noticed, or they are noticed.

Yours obediently,

D. R. M'Nab, M.R.C.S.

Epping, Essex, March 17th, 1871.

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RELAXATION OF HERNIA BY THE LOCAL APPLICATION OF BELLADONNA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The discussion at the Surgical Society, upon the operation for strangulated hernia, leads me to mention that, in five cases occurring in my practice, the liberal application of extract of belladonna, rubbed up with glycerine, made the hernia readily reducible in a few hours, usually two hours. I saw the treatment recommended in the Paris *Journal of Medicine*, some years ago. Once I substituted lard for glycerine, the apothecary not having the latter drug, it failed in causing relaxation. I smear the greater part of the abdomen, as well as the tumour, with the belladonna. I would always try this remedy before resorting to an operation.

F. M. Luther, M.D.

Cappoquin, March 13th, 1871.

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Medical News.

The Royal Hospital for Incurables.—Last week the 15th anniversary of this invaluable institution was celebrated at the London Tavern, the Right Hon. E. Denison, the Speaker of the House of Commons, in the chair. There was a very numerous assemblage of both ladies and gentleman who take particular interest in the success of the hospital. The report stated that it was a highly interesting fact that, whilst expending directly upon the beneficiaries a sum of no less than £12,800 a-year, the board were able to add to the reserve fund, and thus confirm the confidence of the governors and subscribers. The Right hon. gentleman, in proposing success to the institution, observed that, he had visited the institution, and he was happy to be able to state that the inmates appeared to be contented and cheerful, and there was an expression of grateful satisfaction and confidence in the physicians. The subscriptions and donations—including a donation of £100 from the Chairman—amounted to upwards of £3,600, being £1,100 in excess of that at the last anniversary.

Death of a Surgeon.—On Friday, the coroner held an inquest in Bethnal green, touching the death of Mr. Raphael Mendola, aged thirty-nine years. The deceased was a surgeon, and a member of the Bethnal-green Board of Guardians. On Thursday afternoon he visited his surgery, and after seeing several patients he went up stairs to a small room which he used as a study, and locked himself in. In the evening a patient called, and the assistant tapped at the door. Receiving no answer, he became alarmed, and sent for Mrs. Mendola. Upon her arrival the room door was burst open, and the unfortunate gentleman was then found dead in his chair with a newspaper lying by his side. Upon the room being searched four brandy bottles and some opium were found. The gentleman had for some time past been in the habit of taking opium. He suffered from disease of the heart, and was under treatment at the time. The coroner adjourned the inquest, in order that an analysis might be made of the contents of the stomach, for the purpose of ascertaining whether death had been caused by poison, as a small phial containing poison was found in the room in which he was discovered.

Royal Hospital for Diseases of the Chest.—The fifty-seventh annual general court of the governors of the Royal Hospital for Diseases of the Chest was held last week on "Founder's Day," at the hospital, under the presidency of the Right Hon. the Lord Mayor. His lordship reached the hospital about four o'clock, and was conducted over it by Dr. Horace Dobell, the senior physician. After the inspection with which his lordship expressed much satisfaction, the chair was taken at half-past four. The Secretary commenced the proceedings by reading the report for the past year, from which it appeared that 107 patients had been admitted into the hospital during that period, which, added to nine who were in it on the 1st of January, 1870, made a total of 116 in-patients treated. The number of out-patients admitted in 1870 was 4,309, a number which exceeded that for 1869 by 534. The total number of patients relieved since the foundation of the hospital was 108,084. Notwithstanding the adverse influence which the recent war had had upon charitable associations generally, an increase had taken place in the annual subscriptions and donations to the hospital. The proceedings were of a most encouraging character, the increase of funds, both in subscriptions and donations, causing general congratulations. The report was unanimously adopted on the motion of the Hon. Pascal C. Glyn, and the proceedings terminated with the usual vote of thanks to the medical officers, &c.

The Brighton Railway and Infectious Diseases.—The following order with reference to the conveyance of persons afflicted with small-pox or other infectious diseases by railway has been issued to the station-masters and guards of the London, Brighton, and South Coast Railway by direction of the manager:—"Station-masters, guards, and all concerned must take every precaution to prevent persons with small-pox and other contagious diseases from travelling in the trains, and station-masters must give notice to the cab proprietors at their stations that they in like manner must not allow their cabs to be used. Information must at once be given to the town or county police authorities of any case of this kind which may be found necessary for the local authorities to deal with. Great care must also be taken to note the number of any carriage which may have contained any person suffering from infectious diseases, in order that the same may at once be taken out of traffic and well fumigated."

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Gleanings.

Ileus Cured by Electricity.

Dr. Macario, of Nice, has published this case in the *Annali Univ.*, Oct. 1870.—The patient was a gentleman of seventy-one, who being habitually costive, used purgatives and clysters to excess. On the 22nd February last, he had taken in the morning, no less than six enemata of warm water to open the bowels, and eaten his meal as usual. Half-an-hour afterwards he was seized with severe pains in the umbilical region with some vomiting, and an alvine dejection took place at 4 p.m. The latter seemed to be simply the expulsion of the clysters. From that time no fæces or flatus passed, and the patient presenting a haggard countenance, and suffering severely from cramps in the legs, had all the appearance of a man stricken with cholera. A consultation was arranged for the next day, and Dr. Macario proposed, as no hernia could be discovered, to use electricity. A powerful battery was procured, and one of the conductors was placed in the rectum, while the other covered with a wet sponge, was moved about on the abdominal parieties. The latter contracted energetically, the surface of the abdomen looking, says Dr. Macario, like a sea agitated by billows. The patient experienced much pain, and begged that the current might be broken. It was continued for ten minutes; the vomiting ceased, a visible improvement took place, and four hours afterward the bowels were moved, several evacuations taking place the same night. Whether the case was ileus or not, it is clear the galvanic current proved very effectual.

Pernicious Effects of Mercury prevented by Sodium.

The pernicious effects of mercury on the general health of workmen employed in mirror factories is well known. According to recent observations the vapour of this metal is as injurious as its dust. M. Crooks has discovered a means to reduce the deleterious action of the mercury dust; it is only necessary to add to the mercury one-half per cent. of sodium. This improvement has already been tried in a few factories with the greatest success, and we would recommend manufacturers of mirrors to work their mercury with the addition of the aforesaid proportion of sodium.

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NOTICES TO CORRESPONDENTS.

"THE JOURNAL OF THE IRISH MEDICAL ASSOCIATION."

We are compelled to suspend publication of the *Journal of the Irish Medical Association*, waiting the decision of the postal authorities as to questions of order which they have raised. We are, therefore, obliged to delay for a week publication of a "Correspondence between the Poor-law Commissioners and the Kilmallock Guardians on 'Fees for Vaccination;'" "Letter of Dr. Tucker, of Sligo;" "Resolution and Petition of the Medical Officers of Sligo and Leitrim," and other communications.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

Advance Subscriptions.—Subscriptions at the reduced rate of twenty shillings in advance cannot be received after the present month.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

The following Communications in type are unavoidably held over for want of space:—

Mr. Milton, "On Diseases of the Skin."
Dr. McDowell, "On the Duality of Venereal Sores."
Dr. Dickson. "On the Sanitary Wants of the People."
Dr. Moore, "On the Passage of Thein into the Urine."

A Subscriber.—The Commission on the Contagious Diseases Acts is still taking evidence. It is said in some quarters that the Acts will be condemned by the Report; but the majority of the Commissioners are, we think, in favour of the Act. You must wait for the Report.

PUBLIC HEALTH—AN APPEAL TO THE PROFESSION.

To the Editor of "The Medical Press and Circular."

Sir,—I am anxious to gather up all the materials I can which will facilitate the preparation of a series of tracts and handbills relating to the promotion of public health in the very widest sense of the word. Such publications should, I think, be circulated by local Boards of Health with a liberal hand, especially just now.

I should therefore feel greatly indebted to any of your readers (especially such as may happen to be Medical Officers of Health) who would favour me with copies of handbills, &c., which are in circulation in their localities, and are likely to be useful elsewhere in the thankless task of persuading people to take precautions against infection, and to be careful about drinking polluted water, or inhaling impure air. Suggestions about the detection of adulterations in food and regulations about baths and wash-houses, and overcrowding are also within my scope. Copies of by-laws about buildings and nuisances would also be acceptable.

Your obedient servant,
G. F. Chambers,
Chairman of the Bromley Local Board.

Bromley, Kent,
March 17th, 1871.

"THE THUMBNAIL IN VACCINATION."

To the Editor of "The Medical Press and Circular."

Sir,—Referring to your short article on this subject on March 8th, I would remark that, for the last ten years, I have used my left thumbnail as a "temporary platter" in vaccinating, only however, when slip of glass was not handy. Glass is better, more cleanly, and enables the operator to economise his lymph more effectually. I find lymph dries up much more rapidly on the nail than on glass.

I am, Sir, your obedient Servant,
J. Garner,
Late Vaccinator and Teacher of Vaccination at the Birmingham Dispensary.

85 Newhall street, Birmingham,
March 15th, 1871.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 29, 1871.

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ON THE DUALITY OF VENEREAL SORES.

Illustrated by Cases in Practice.

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(*Continued from page* 217.)

THROUGH the kindness of two surgeons in practice in Dublin, I am enabled to give an illustrative example of an accidental infection on the face of a perfectly healthy recipient, which possesses some features of great interest. As in it, the dormant incubative period of true syphilis, the subsequent specific ulcer, and glandular enlargements, and supervening skin manifestations are all well marked. I have taken considerable pains to put your readers in possession of the correct dates, which can be proved on oath.

J. J., a healthy-looking young man, unmarried, had intercourse on several occasions on the 6th and 7th of December, 1870, in a remote town in England. He states his paramour kissed him "scores of times" on the eyelids and about the face. A few days afterwards he came to Dublin. He got no gonorrhœa, or trace of any kind of sore, fissure, or abrasion on the genitals. He will testify, on oath if required, he has had no intercourse since with any person, and knows of no other source for the contagion. About four or five weeks afterwards—most positively the end of the first or beginning of the second week in January last—he first felt a "scurvy" or "scab" (I give his own words) on his right lower eyelid. This "scab," he states, was very itchy, and he scratched it off. The point of infection now developed itself into a chronic sore, accompanied by more or less induration, enlargement of the nuchal glands, pain, and constant lachrymation. He was treated as an out-patient for about a fortnight. On the 4th of February it became necessary to admit him into hospital.

On the 20th of February (that is, the seventy-fourth day after infection) a roseola-papular rash appeared over his body, chiefly his back. I saw him to-day (March 22); the sore has glazed over, leaving still a considerably thickened base. The eruption above described has disappeared. This young man had gonorrhœa twice before; and he had also a simple sore, which was not followed by any constitutional taint. This I conceive to be a very interesting case, one which, beyond all doubt, illustrates the lengthened incubative period which follows true syphilitic infection, the incubative stage being about thirty days. I have not the slightest doubt that the source of the contagion was a mucous patch on the woman's mouth. This interesting illustrative example of syphilitic infection is also valuable as demonstrating the previous existence of another form of sore, which did not infect the system.

If the cases of artificial inoculations, recorded by Wallace, by Vidal, Waller of Prague, Rinecker, and others, or those of natural infection, in which peculiar circumstances enabled the surgeon to point exactly to the period of impure contact, and so establish the incubative period (I allude to the cases recorded by Dr. Robert McDonnell, Professor Bumstead, Lancereaux, and others), be brought into juxta position with the extremely instructive case I have just recorded, it will be found to correspond remarkably with them in its leading features, and show a marked contrast to the thumb case recently quoted in your Journal, which is said to have "assumed a specific appearance in *four days.*" It will be particularly remembered with regard to the thumb case, above alluded to, that its source was a mucous patch, which is a secondary lesion; and this makes the wonderfully short incubative period the more remarkable, as being opposed to the experience of all syphilographers. This case which I have now recorded is another example of the eminently contagious and inevitably infecting character of the mucous patch. I must here again express my conviction, based upon clinical observation, that mucous tubercles, or condylomata, have a very large share in the propagation of syphilis; and I confidently assert, so far as my present knowledge avails me, that the infecting type of sore in men is most frequent when these prevail most in the centres of contagion. It will be seen, by reference to a former paper, that I alluded to the fact that, in every case, without exception, in which artificial inoculations were made of the syphilitic virus, on healthy recipients, and that a sore appeared, secondary symptoms invariably followed; and this occurred, regardless of the syphilitic source from which such poison was derived, be it a primary lesion, a mucous patch, secretion from ulcer, &c.: and that in all those cases there was a definite dormant period of incubation, unlike, in this respect, the simple sore which has no incubative period, and exhausts itself in local manifestations.

On the other hand, we know by experience that the vast majority of cases of simple sores in men are *not* followed by any of the constitutional phenomena of syphilis; that, in fact, it is the exception to have secondaries after this species of sore. Pouche found in 10,000 sores, 8,045 were simple sores, and 1,955 were syphilitic sores; the first number, that is, four-fifths of the whole, were not followed by secondaries; and out of 341 cases of sores quoted by M. Fournier, over 200 were simple sores, and were not followed by infection. Moreover, Mr. Henry Lee, out of 100 carefully selected cases of simple auto-inoculable sores (in men it is to be supposed), found that two only were followed by secondaries. I am quite sure that in at least 100 cases of simple sores, which I have met with in men in the last nine or ten years, secondaries did not follow in more than about 5 per cent. of the cases. The great question now is, do these two species of sore, in their typical forms—the one invariably followed by secondaries, the other totally different in its characters, having no period of incubation, and being notably a local lesion—do they arise from the same virus? I say, believing Nature to be true to herself, No—and I believe, with Ricord, that "there will yet be discovered a distinct poison for each of these species of sore." The simple sore, in every sense, differs as much from the syphilitic as gonorrhœa differs from both.

The most interesting and important question which arises is—leaving gonorrhœa aside—Have these two sores any mutual inter-dependence? It is well known that the simple sores may proceed from the contagious secretions, and do not require a similar sore to produce them. There is a great mass of observations and of evidence to prove this. It is not necessary for a woman to have a sore herself to communicate a sore to a man, no more than it is necessary she should have a sore to communicate a gonorrhœa. This is abundantly proved. The Report of the Venereal Commissioners on this subject is clear. Speaking of this question of "unity" or "duality," it says—"In reference to this subject the first question arises: Can the poison which produces the 'local sore' be identical with that which produces the syphilitic sore? The term *syphilitic* cannot be applied to a sore which exhausts itself in local actions, and does not become the parent, or precursor, of syphilitic diseases. The local sore has nothing in common with the local products of syphilitic poison beyond its ulcerative action. It may be, and not unfrequently is, the morbid product of merely contagious secretions; whilst its characteristic form, progress and duration, so dissimilar from the products of other forms, of local disease, or injury of the genital organs, of a non-venereal origin, warrant its cause being attributed to the presence and operation of an irritant poison. Although comparatively innocuous at their source in the female, these secretions become a poison to the recipient, but not a syphilitic poison. Presuming the local sore, therefore, to belong to a different class of disease, if it be placed in juxtaposition with any varieties of the syphilitic sore, the Committee have no alternative but to express their belief in the non-identity of the two poisons."

Inoculations performed upon already syphilised prostitutes from their own vaginal, or uterine, discharges, do not add anything new to this already well known fact. The great question is: Is it *necessary* that the patient should first get syphilis in order to confer upon her vaginal discharge the property of communicating simple sores? This is a most difficult and perplexing question—I will not give an opinion upon it at present. In the cases recorded of inoculations on healthy recipients from various sources on infected subjects (but not from the vaginal discharge), *there was the dormant incubative period of true syphilis in every instance, and in every instance in which a sore appeared, the constitutional phenomena supervened.* We do not meet with illustrative examples of *specific appearances in four days* in the archives of syphilis from mucous patches. Experience points to the contagious secretions of the vagina and its products as the source of the simple sore.

I have been vouchsafed *Clerc's theory* of "modification by descent," by Mr. Morgan, as an answer to the reason "why the simple sore fails to contaminate the blood." It is very modestly and freshly, and with plausible scientific analogies, advanced by Mr. Morgan as his own; while Clerc, who advanced the theory in 1866, is never even mentioned! I like Clerc's theory very much—it is perhaps the best we have had yet. But the Darwinism appears too rapid to be natural. This subject requires patient and calm inquiry, and we should not be too hasty in arriving at conclusions. The subject is by no means settled—I am open to conviction, but I want *facts* to convince me that the simple and syphilitic sores are the same, or are interchangeable.

The following cases, which I have extracted from my Note-book, are a faithful record of instances in which the simple sore existed, and *not* followed by secondaries in any form:—

CASE I.—Major —— consulted me in October, 1867, suffering from a simple sore, which was rather obstinate in healing. Another sore of the same species had co-existed, but has cicatrised. He has never had syphilis. I attended him for three months; *no secondaries followed.* He has since consulted me for an eczematous rash on one of his legs, which appeared two years after the sore.

CASE II—Consulted me in April, 1866, for three simple sores. As this gentleman was a relative of my own I took a particular interest in his case. His attack was cured by ordinary treatment, and no secondaries followed for six months.

CASE III.—Captain —— consulted me in April, 1869, for three simple ulcers, which appeared four days after impure coitus. He states he has had similar sores *twice before*, but without the supervention of secondaries. This gentleman's sores were healed, and as he was on leave, I had an opportunity of seeing him for five months. No secondaries followed.

CASE IV.—Dr. ——, now a navy surgeon, consulted me, in conjunction with Dr. Duke, then living in Harcourt street, in April, 1866. He had a simple inflammatory sore, which came on in two days after connexion. As the prepuce was long and tight, great inflammation and œdema rapidly supervened. The prepuce was at once slit up by Dr. Duke. Three-fourths of the glans penis was in a black carbonaceous slough. He lost nearly all the glans. His case was not followed by a trace of secondaries.

CASE V.—Mr. —— was under my care for two simple sores, one of which had almost perforated the urethra (and did so afterwards), and another was on the dorsum of the penis, inflammatory, phagedænic, and angry-looking, which afterwards was followed by profuse hæmorrhage, opening the dorsal artery. In August, 1866, I had the advantage of a consultation visit with my former colleague, Mr. Byrne, on this case, at Sandymount. It was not followed by secondaries, and the gentleman was married in 1867, and his wife had a healthy child.

Case VI.—Mr. —— consulted me in November, 1869, for an oblong sore of two inches in length, and half an inch in width, and of two months' duration, and with very considerable typical non-syphilitic induration. This gentleman had been two months under the care of an ecclesiastic, and when he uncovered the penis to show me this sore, I found he was directed to dress it with *citrine ointment.* By poulticing and local sedative treatment this sore got well in the course of five weeks, and no secondaries followed.

Case VII.—Dr. ——, now in practice in England, consulted me in April, 1867, for two soft sores on the dorsum of the penis. He was my pupil, and was constantly under my observation for a year. *No secondaries followed*, but he has since been infected by a syphilitic sore, the constitutional effects of which prostrated him so much for many months, that he had to give up his studies for a season.

Case VIII.—Mr. —— consulted me in February, 1869. He suffers from a solitary simple sore, which appeared four days after intercourse. He remained ten days under treatment.

In May, he again consulted me, suffering from gonorrhœa, but no secondaries from the sore.

Case IX.—October 7th, 1868. Two sores appeared five days after connexion.

November 1.—Sore well.

December 22.—*No secondaries.*

Case X.—Mr. B—— consulted me in February, 1868, with chancre at the orifice of the urethra. *No secondaries followed.*

Case XI.—Mr. —— consulted me in April, 1870, for sore on the prepuce. He remained two months under my care; no secondaries followed. I afterwards circumcised this gentleman, with the assistance of Mr. Ledwich, in June, as the orifice of the prepuce became contracted.

These cases, taken from a great number, illustrate the non-infecting properties of the "simple" sore.

Although the preceding observations are intended to point out the general non-infecting character of the "simple sore," I wish it to be distinctly understood that I do not mean to convey that there are not many cases in which the apparently "simple sore" is followed by secondaries; and while I am a firm supporter of the duality of venereal sores, one form of which infects, while the other does not, I am persuaded that this latter indirectly takes a considerable share in the propagation of true syphilis in this way, *inter alia*, it has no period of incubation—it acts almost at once as a local irritant; causes abrasion or ulceration of the surface; and so, while it establishes its own existence, gives free play to the true toxamic poison of syphilis to enter the blood, and of course, to contaminate the system. I am, therefore, for this reason, if for no other, one of those who believe that great benefit would result to the community from the extension of the Contagious Diseases Act, either in its entirety, *or in some modified form*, to the city of Dublin; knowing as I do the sad results which the unchecked spread of syphilis are capable of producing, and does produce, on the innocent population—mothers and children. I believe it is a subject which calls loudly for legislative or *moral interference* in that city. Few, indeed, except those who have seen the disease on a large scale, could believe the vast damage that is done to the rising generation from the neglect of preventive measures. We have no stronger proof of this, than the fact that even in general practice, as well as in the Lock Hospital, nearly every patient, who is attacked with venereal sores, just now for example, unfortunately contracts the contagion of syphilis, and suffers from the constitutional effects of that contagion. I believe this is one of the reasons why syphilis is so rare abroad, where the police system prevails, and in the government wards of the Lock Hospital at home. In the year 1866, through the great kindness of the governors of the Dublin Lock Hospital (particularly Mr. Waldron, who takes a great interest in the subject, as he does in all others of national importance), I was enabled to visit the Venereal Hospitals in Paris, and in London. I found that in those of the former city, where the police surveillance prevailed, the patients comparatively rarely suffered from constititutional syphilis, their complaints being chiefly simple non-infecting sores. This was in L'Hôpital St. Lazare, where police regulations obtain. In L'Hôpital Lourciene, which is a voluntary hospital—by which I mean an hospital into which patients only enter by reason of their personal suffering, and utterly regardless, as we must assume, of the mischief they do the population—in this establishment the very reverse appeared to me to prevail, nearly all the patients suffering from constitutional symptoms. In London also, the same rule appeared to me to hold good. Through the courtesy of Messrs. Lane and Gascoyen, the surgeons to the Lock Hospital there, I was enabled to see and witness the examination of their cases on several occasions, both in the town branch of that hospital (which is voluntary, like the Lourciene in Paris) and the Prince of Wales branch, which is under the provisions of the Contagious Diseases Act. Here the effect of legislation, in checking the spread of this terrible disease, and its negation, could be seen side by side, the difference in the condition of the patients under each system being most remarkable. It made a great impression on my mind. In the one case, it appeared as if syphilis were the exception, the patients looking healthy and free from cachexia; in the other, almost all, save those who had been for some time under treatment, appeared to be saturated with the contagion of syphilis, and in very much the same condition in which we find the majority of those who are under treatment in the Lock Hospital in Dublin.

The few cases of "soft sores and gonorrhœa," in which secondaries are said to have followed, in patients under my treatment, which Mr. Morgan has, by dexterous manipulation, discovered in the Register of the Lock Hospital, during a period extending over half his experience in that hospital, will not, I presume, carry conviction to any intelligent mind. It will be observed, that these entries have been submitted to the process of being "noted" and "bracketed" by himself. If Mr. Morgan's cases existed before, the same species should obtain now, and, I must only ask him to *show* them to his professional brethren.

I am asked for a similar tabulation of "carefully observed," "tested," and "recorded" cases of primary sores in women in the Lock Hospital, as have been furnished to this Journal by a modern writer on this subject. I regret to say that, enjoying as I do the very same opportunities for observation as the compiler of that tabulation, and feeling, I trust, as earnest a desire to advance anything new or valuable in the interests of science, I cannot do so. Such cases as he has so tabulated have not existed in my practice. The great majority of cases are infected with syphilis on admission to hospital, and have been for months (often for years) acquiring and propagating the disease before they are forced to seek hospital treatment. The great majority of even "First Admission" cases in the Lock Hospital are thoroughly infected with the poison of syphilis on their admission, and it is the painful simple sore, or irritating secretions of the vagina, which make them seek admission. Dr. Byrne's experience and mine coincide on this point. He says ("Report Venereal Commission," q. 5983):—"I am confining myself at present to hospital practice, and we very seldom see them (the sores) in their primary forms. It is singular that the hard chancre heals up very rapidly, and in many cases of young women it apparently cicatrises. If we examine them, we find that there is a hard cicatrix upon the labium, but so careless and indifferent are they about it, that they would persuade you that they never had the primary disease, and you would be deceived until you came to examine them carefully." It will be seen that it is not easy to generalize on the primary forms of infection, and the test by inoculation with such materials is, as I have often said, of little or no scientific value.

During the last four months, out of twenty first-admission cases under my care in the hospital, only three were not infected on *admission*. Of these, two had gonorrhœa, and one only a simple ulcer, *which did not infect*. She was not a prostitute, and her case is an interesting one. My supposed *malpractice* is again shown up with excelling taste by your contributor, and the caustic is now turned into the "cruel" nitric acid, but I did *not* use this acid *at all*, and I did *not* order blue pill *at all* in the case, and I did *not* use *any* caustic *on the third day*. I trust your contributor's philanthropic feelings are now gratified.

Your readers are next entertained by a new "farrago," in which Zoological analogy is extensively drawn upon. Your contributor has evidently a weakness for his first love, and if he could now "preserve" the representatives of nearly obsolete species *alive*, future generations would bless his memory.

(To be continued.)

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ON DISEASES OF THE SKIN.

By J. L. Milton, M.R.C.S.,

Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

Diagnosis of Eczema.—I should scarcely have thought eczema could have been mistaken for any other complaint unless it were scabies, with which, indeed, it is often confounded. Its slowness and superficial nature, and the general absence of constitutional disturbance will separate it from erysipelas, while the slower spread of the redness, and the presence of itching at the very commencement, distinguish it from erythema. It may attack several spots at the same time, which is not the case with these complaints. The eczema of infants is often mistaken for infantile syphilis; but in the former the little patients have not the looks of premature old age, the snuffling, hoarse cry, and the papules of syphilis. The eczema of grocers, when it is limited principally to the knuckles, is constantly mistaken for scabies, and no little care is often required to discriminate between them. The absence of the cuniculus, the history of the mode in which the complaint has arisen, and often the presence of fissured eczema on the palmar surface, a common accompaniment of grocer's itch, ought to suffice to make the diagnosis clear. Eczema siccum on the palm of the hand is frequently confounded with syphilitic psoriasis palmaris, especially if the patient have a syphilitic history (although when duly investigated this ought to be an excellent guide), and lepra palmaris (simple psoriasis palmaris). It is exceedingly difficult to give any rules which will serve as a certain guide. Lepra palmaris is, I believe, never seen, unless there is lepra on other parts of the body, and the syphilitic form is invariably preceded by other symptoms, generally by a chancre, and no history of a bubo, or at any rate, one that has not suppurated. Dr. Cheadle, speaking of these three affections says,* "It may be stated generally, perhaps, that where the affection is limited to one hand or foot, where the palms or soles are only partially affected by patches of eruption, where there is any great, but very unequal, thickening of the epidermis, which is exfoliated in thick plates, where the fissures are wide and deep, and the sensation of burning and aching extremely severe, independently of the history and collateral evidence, the eruption is a manifestation of tertiary syphilis. Where the palms or soles present one uniform sheet of thickened cuticle extending over the whole surface, furrowed by numerous fine cracks, and desquamating in small scales but no peeling in plates, the eruption is a psoriasis or eczema depending upon some other cause, and generally excited by local irritation." I may remark here with regard to the valuable and suggestive hints contained in these observations, that though many kinds of local irritation undoubtedly possess the power of evoking eczema, it is very questionable whether such agencies ever yet called forth a patch of psoriasis (lepra).

Prognosis.—This may, in a large majority of cases, be set down at once as favourable. When of great extent in infants eczema may prove fatal, especially if not carefully managed. Eczema of the leg, especially in elderly persons, is very obstinate. Red general pityriasis has generally been thought very serious, and so it very likely is in some cases, but my observations on it have as yet been too few to enable me to draw any general conclusion. There is an old woman who occasionally attends now at St. John's Hospital, who was cured of it quite four years ago, though it is difficult to imagine how any person could have had it in a worse form. In a more limited form, even when covering a considerable extent of surface, it may be removed. When eczema has existed through many years of early life, and is developed in an essentially feeble form, and particularly when there is a pasty putty-like look of the face, with superficial erosion of the derma about the corners of the mouth, it has, in my experience, proved very obstinate. Still, as a rule, I should say that the disease is essentially curable.

At St. John's Hospital it has been shown that eczema in every form and at every age, can be thoroughly cured; not, perhaps in every case, but certainly with rare exceptions, not amounting to above one in two or three thousand. And it is to be remembered, that the observations on which this statement is based, have been made in the presence of some scores of medical men, and that all possible publicity has been given to them. Eczema, indeed, is not so intractable as it has been represented. If a steady and proper course of treatment be followed, without swerving to right or left, it will almost invariably be successful; but, if the great guiding principles of treatment are every now and then to be abandoned for the sake of meeting some complication, or in deference to some theory, or out of dread of some imaginary danger, then good-bye to all chances of a cure.

Is it ever dangerous to cure Eczema? Many authors recommend us not to do so in certain cases, especially in children, when the disease is seated on the head, and when of long standing in old persons, unless we open a compensating disease in some other part. Some even go so far as to denounce the closing of such an efficient outlet for the peccant humours, and startle us with the precautions to be taken before we venture on such a step.*

I should be very sorry to speak with disrespect of any opinion held by men who rank among the leaders of professional opinion, but in justice to myself and what seems only a fair defence of doctrines I ventured to put forward years ago, I feel bound to maintain not only that the theory before us is untenable, but that it ought never to have been put forward; *as it is not a question here of an apparently well founded opinion being overthrown by some unexpected discovery, but of a theory and practice inducing wide-spread misery, which a very simple amount of observation would have averted.*

The more we examine the subject the more are we struck by the absence of all proof in favour of the theory itself. The experience of Rayer and Alibert has been vaguely alluded to, for a bugbear of this kind generally assumes a form which eludes our grasp the moment we attempt to grapple with it, but the instances are few and irrelevant. Rayer mentions a case given by Alibert, in which insanity followed, not the cure but the disappearance of the eruption, and cites an instance from his own practice, where a long standing eczema disappeared during an attack of inflammation of the pulmonary and gastric mucous membrane. Dr. McCall Anderson also says that he was attending two children for very severe eczema covering the greater part of the surface, when one of them was seized with measles, the effect of which was that in two or three days the eczema had almost disappeared. The eruption on the other child continued to flourish for a few days longer, when she was likewise seized with measles, and in her case, too, the eruption disappeared. But it is quite certain that this does not always occur, and that internal complaints do not always even stop eczema. I have seen a child suffering under this disease, complicated with ill-matured pustules, go through measles without any particular check being given to either eruption, and I have seen small-pox exercise just as little effect.

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* *Journal of Cutaneous Medicine.* Vol. III. Pp. 440.

* M. Devergie says, that in bad cases in children, the duty of the physician is limited to mitigating the disease; in curing it he might compromise the health and sometimes the life of the patient (P. 242), and that, at a certain period of life, eczema becomes a disease which must not be meddled with (P. 245). Mr. Wilson says, "When the eruption is of long standing, and their exists any reason for the belief that the arrest of the secretion would be attended with injury to the health, counter-irritation should be established on the neck or limbs or even both." See also Rayer, Pp. 288 and 835. "No observant man can see much of skin diseases without coming to the conclusion, that the system of making cures of old standing eruptions which prevails at the present day, is fraught with danger. Tilbury Fox, P. 282.

Jane E., a middle-aged woman, was admitted at St. John's Hospital, Feb. 14th, 1871, suffering from rather severe eczema, which was principally seated on the outer sides of the anus. She had been under my care previously for this affection, had got well and remained so until she was seized with bronchitis, which was followed by a return of the eczema. On the 22nd of the same month her husband called to say that the complaint was much worse, and was breaking out all over her. On calling the next day I found her suffering from small-pox, which had appeared truly on the face, neck, arms, hands, legs, and feet; discrete in most parts but with a few patches confluent. The disorder had appeared on the third day after I saw her, and was, therefore, near its height. The mouth and fauces were also affected. The eczema was considerably worse than when I saw it, which must have been almost coincident with the beginning of the invasion or primary fever.

M. Bazin relates a case which I give in his own words, in order that the reader may decide for himself how far it sanctions the precept laid down by him, that when a complaint of this kind has existed a long time it is only to be touched with extreme reserve. The case is thus told: A man was attacked with extensive (*généralisé*) eczema, of which he wanted to be quickly rid. An energetic treatment was employed against the affection which disappeared in fifteen days, gastric symptoms soon showed themselves, and a few months after the patient died of cancer in the stomach." Of course, I assume M. Bazin would have his readers infer that there was really some connection between the energetic treatment and the cancer. In this case it is a pity he did not state in what the treatment consisted, as I believe most medical men in England are entirely unacquainted with any substance or substances capable of bringing on cancer.

Possibly, other cases may exist; I have, however, not been able to meet with any, and the reader will see that out of the instances just given, those pertinent to the matter only show that eczema may disappear with the development of an internal complaint. *I have not found a single case proving that the cure of eczema could bring on any internal affection.* Yet, this is the induction drawn from such cases as those I have given, and I need scarcely say that it is essentially vicious. To argue that, because an internal illness causes an eruption to disappear, therefore, curing an eruption can bring on an internal illness is, *mutato nomine*, the same thing as to say, that as a blister on the chest will relieve bronchitis or pneumonia, so healing a surface blistered for some other affection may bring on one of these complaints. If the opinion have any definite meaning, it means this. In whatever amount of verbiage it may be shrouded, with whatever weight of authority and experience it may be given to the world, the theory, stripped of superfluous matter, reduces itself to the form in which I have put it.

Did the evil go no further than mere argument it might not be worth while to assail it. The simplest, and perhaps, best plan would have been to leave it alone and trust to time for its gradual extinction. But the process would be too slow, and the interests involved too serious for this. Mr. Locke calculated that, on an average, it takes about a century to extirpate an error; in medicine he might have allowed a much longer period, and when all the great aggregate of suffering that must result from putting such a doctrine in force, and refraining, from a dread of a perfectly chimerical danger, to cure a disgusting and distressing complaint, is fairly weighed, the case passes out of the region of mere abstract discussion.

I challenge those gentlemen who tell us that it is dangerous to arrest the eczematous discharge, to produce a single instance in support of their views. Surely, there can be no difficuly in their doing so. If serious results had ever followed such a practice, the records of those who have studied skin diseases would long before this have yielded some few cases. In England alone, if we were to estimate the number of cases of eczema yearly at a million, we should, I suspect, be considerably under the mark; yet, where is there a single case which proves the fear of checking eczema to have the least foundation? Men are fond of quoting Hebra, and he has well earned the distinction, for honesty and genius stood revealed in every page he has written. His practice ought to furnish us with plenty of fatal results from the suppression of long standing eczema, as he not only cures the complaint out of hand but utterly scouts internal means in nearly all forms of the disorder. Yet Hebra tells us that *he never saw disorder of any kind arise from arrest of eczema! He asserts, too, that all his experience never yielded him a single instance of ophthalmia, disorder of the digestion or any other serious affection relieved by eczema!* I will venture to go further and predict that such cases never will be found, for the simple reason that they never happen.

Besides, it may really be stated, without in any way qualifying the assertion, that it is not possible to check eczema except by such means as improve the health, and thus directly lessen the tendency to any disease. If by repelling the eruption be meant causing the discharge to cease suddenly by using some strong astringent local application, I can only say that *I am totally unacquainted with any agent possessed of the power to produce such an effect. It must be immensely difficult, if not impossible to effect such a purpose.* I have, in my own person, made more attempts than I care to mention, to check the discharge of serum. I have used, for this purpose, solution of carbonate of soda, dilute sulphuric acid, strong solution of sulphate of zinc, nitric acid, chromic acid, nitrate of silver, and nitrate of mercury, collodion, pressure, &c., but in no one instance did I succeed in procuring more than a short respite from the nuisance. Indeed, the influence of remedies in this respect seems to me only too limited. As to the power of medicines to effect such an extraordinary process as transplanting eczema from the skin and transmuting it into an affection of the brain, lungs, or bowels, I can only say that I should be glad to be made acquainted with the remedies themselves. Till then I must take the liberty of saying that I consider such attributes purely imaginary. What effect an issue may have I know not, and the information given in books amounts to a vague direction to use one in long continued discharge before closing this up. I should think nothing but harm could come from such a practice. At one time, in compliance with this time honoured piece of humoralism, I used small blisters and kept up a discharge from the surface by means of irritating ointments, but I never saw any result beyond distressing the patient.

(*To be continued.*)

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We hear that the next International Ophthalmic Congress is to be held in London.

ON TYPHOID BRONCHITIS AND TYPHOID PNEUMONIA.

By F. M. Luther, M.D.

We have long been familiar with the appellation "Typhoid Pneumonia." I propose for adoption that of "Typhoid Bronchitis," though I would prefer to include both under the generic title of "Typhoid Influenza," for I am satisfied that the pneumonia and the bronchitis are but symptoms incidental to a fever of uncertain duration, which, even in very bad cases, I have observed to get well simultaneously with the appearance of a copious herpetic eruption upon the lips and around them. This I regarded as critical. It sometimes occurred upon the third, but more often between the fifth and eighth day. But in the majority of cases this favourable eruption will be looked for in vain. This congestive bronchitis, where it does not prove fatal at the end of eight or nine days (and with persons past middle age death commonly ensues about that time) will run on for weeks, often for six weeks. The treatment throughout must be that of low fever. Confinement to bed for a long period, slop diet, but including in many cases broths and wine. During the first few days active treatment may be of service, but it is rarely instituted, as the symptoms scarce seem to demand it. The patient may complain of oppression, and congestion of the lungs doubtless exists from the commencement, but the stethoscope will by no means reveal the danger, until after days have passed, when active treatment can no longer be borne. Tartar emetic and purgatives must be given with caution, for a very exhausting diarrhœa is often induced by them, different, however, from that of typhoid fever, in not being so constant. It may be incessant for a day or two, and then check. Still, the tongue being almost always loaded, some gentle purgative, such as grey powder, is indicated. I had long remarked that a coated tongue was a bad symptom in bronchitis. I did not know that it indicated that distinct form of the disease which I consider a fever, just as the lung disease of cattle is one. The latter is contagious, but the former probably not, or but slightly so. However, in cases of a wide-spread epidemic, it is not easy to be assured on that point, as the friends of the sick will often remain up for many nights a prey to painful anxiety, and may catch the epidemic without necessarily catching it from the patient. The skin is rarely hot, the pulse rarely quick, unless in the evening, and, indeed, to judge of the gravity of the disease, you should see the patient at night. In almost all of the severe cases you will have delirium sooner or later. It is a bad symptom. The congestion which in some cases may begin, as in the milder forms of influenza, with stuffing of the frontal sinus and sore throat, travels eventually to the ultimate ramifications of the bronchial tubes, and probably lining of the air-vesicles. However, coryza with sneezing, stuffing of the frontal sinus, running of the eyes, &c., is more often absent in this disease, as also in the worst form of measles, which, indeed, greatly resembles typhoid bronchitis.

As I before observed, I regard typhoid bronchitis and typhoid pneumonia as varieties of influenza. It is too often forgotten that none of the epidemics that visit us are so wide-spread as the influenza, and that, paradoxical as it may seem, it is nevertheless true, that while the mortality attending it averages but 2 per cent., still it kills more than cholera. The explanation is this, that very few out of a community escape the influenza, although by far the greater number of those attacked merely suffer from it in the shape of a feverish cold of a few days' duration, whereas the cholera will only attack a limited number in the districts where it prevails, but of those one half may die. The laity may say this most mortal fever cannot be the same disease with a common feverish catarrh. I answer, it is identical with it, merely differing in degree. If you like, prefix the adjective typhoid, or malignant, in order to distinguish it from the ordinary mild forms.

The difference between mild and malignant scarlatina and mild and malignant measles is just as great as between common influenza and the typhoid form.

I regret to find that Peacocke's work upon the "Influenza or Epidemic Catarrhal Fever" is out of print. I had a copy some years ago, and thought it a very useful treatise. I read it but once, however, and if I recollect right, it does not particularize the very severe form of the disease I have alluded to. Though it may be more markedly epidemic in some years, yet I think it prevails more or less every year. Could a patient suffering from this congestive bronchitis be carried into a Turkish bath, and, after remaining in it for half an hour or an hour, then get a warm or tepid douche, and be put to bed at once, and the process repeated perhaps twice every day for a week, I should anticipate much benefit. But unless the patient lived very near the bath, and, in fact, unless he could take up his abode in it, I would not recommend it. During the first day or two, while the patient has strength to sit up, a brick bath might do, and be given in the bedroom, but in the worst cases the invalid can hardly sit up.

I have nothing particular to say upon the subject of typhoid pneumonia, except that I have occasionally seen cases in young people get well by a critical sweat, some in a week, others in or about fourteen or twenty-one days, but the critical symptoms were often irregular or absent. The pulse was seldom quick, the skin mostly cool. Diarrhœa also easily induced, but not ochrey, like that of typhoid, and not so constant. Herpetic critical eruption of rarer occurrence than in typhoid bronchitis.

I think the exhibiting of quinine when the tongue is brown and dry nonsense; the patient can't swallow it in pills, and won't swallow it in solution. I am accustomed to give wine and broth, but the very bad cases don't seem to benefit much by them. The milder ones would probably recover without them. I think the congestion can best be dispelled by diaphoresis, and the only certain diaphoretic is the Turkish bath. But the opinion of an experienced hydropathist should be taken. Absolute rest and no after exposure are essential to the success of the treatment.

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ON CATARACT AND ITS TREATMENT BY THE SEMI-LUNAR CORNEAL INCISION.*

By Jabez Hogg, M.R.C.S., F.L.S., &c.,
Surgeon to the Royal Westminster Ophthalmic Hospital.

Mr. Hogg commenced by stating that, in placing before the Medical Society the results of last year's experience of thirty successful extractions and three failures by the semi-lunar incision, he was merely influenced by a desire to show that this well-known operation has, in no way, lost its hold upon ophthalmic surgery, or forfeited the confidence placed in it for so many years at the Westminster Ophthalmic Hospital. The introduction has not yet occurred of modifications and improvements which it might be thought had entirely superseded the old fashioned flap operation, and also that of more modern date, linear corneal section, both of which have been for so many years most successfully and largely practised. That what Mr. Travers wrote of semi-lunar section some fifty years ago, is quite applicable at the present time, as this operation is by far the most perfect ever devised for the cure of hard cataract, and the patient obtains clearer and quicker sight than by other methods. Its alleged disadvantages in Mr. Hogg's opinion are comparatively unimportant, one especially dwelt upon by those who do not follow this plan is, with a large semi-circular incision, we are very likely to have an escape of the vitreous, but since it is not always necessary to make a large opening to deliver the lens, this difficulty will not often arise. Then dilatation of the pupil before the operation always allows of a fair estimate of the size required, while it lessens the danger of wounding the iris and renders the lens more accessible and facilitates its extraction.

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* Abstract of a Paper read at the Medical Society of London, March 10th, 1871.

The instillation of a drop of *atropine* before hand is useful, as it enables the surgeon to determine the presence of an adhesion, which might mar the operation. It also assists a *diagnosis* in the case of a patient presenting some constitutional complication, as rheumatism, it is then not unusual that any operation will be followed by rheumatic iritis. In anticipation of such an event, Mr. Hogg thought it might be safer to make a previous *iridectomy* before attempting extraction. The two operations might be performed at the same sitting, and which will be found as successful as the practice of allowing a week or more to elapse between them. It is often very difficult to ascertain when there is the more frequent complication of a fluid *vitreous*, for although the previous history of the patient would lead to the detection of a rheumatic, a diabetic, and albuminuric complications, it would not enable us to determine a fluid state of the vitreous body, which is not unfrequently present.

Mr. Hogg then entered into the particulars of the more salient points of his cases, dwelling upon the importance of early extraction of traumatic cataract, and giving the details of three in which an early operation had been attended with excellent result, and the retention of sight. He deprecates the too ready resort to extirpation of the eyeball, even when the injury has been severe, and it is impossible to say whether or not a foreign body is lodged within the chamber. In dislocation, either from violence or disease of the suspensory ligament, where the lens becomes separated from its attachments by a violent fit of sneezing, early extraction is often needed to arrest a dangerous iritis following the accident.

Mr. Hogg considers it of much importance that the section should be purely corneal, and not carried deep enough to merge into the sclerotic. The main impediment to success, he believes to be, that the section is made too small to admit of an easy delivery of the lens. The enlargement of the section after the evacuation of the aqueous is difficult and not unattended with danger to the iris, and may cause the lens to sink below the pupillary opening. Prolapse of the iris often follows attempts to force the lens through a small section, when the iris may become entangled in its lips during the healing process. Another difficulty arises from the knife being entered too obliquely and passing into the lamellæ of the cornea instead of the anterior chamber. The author of the paper concluded with a few brief references to the construction of the instruments employed. The knife known as Beer's being the one more generally in use at the Westminster Ophthalmic Hospital, but which, he thought, was a little too broad towards the base, and had, therefore, employed a somewhat modified form in shape between a Beer and Wenzel knife. In answer to a statement that Professor Hasner had collected 2,000 case of extraction by the modified linear operation, showing ten per cent. of failures only, Mr. Hogg stated that he fully believed if a carefully tabulated series of cases by the semi-lunar section were made in this country, it would show an equally small numbers of failures.

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BRONZED SKIN.

By Wm. Colles, L.R.C.S., A.B., &c., Bath.

Having read in your issue of the 8th inst. a very interesting account of "Bronzed Skin," by Dr. Wm. Moore, of Dublin, I am enabled, from personal recollection, to furnish a brief statement of a very remarkable case, which perhaps, may shed some additional light on this rare disease. The case I observed was not attended with discolouration, but, in other respects, had many symptoms in common with that narrated by Dr. Moore.

The disease, as I witnessed it, occurred on board the East Indiaman *Marlborough*, Captain Toynbee, Commander, on her homeward voyage from Calcutta in the year 1861, when I was surgeon in charge of her.

The patient, a young and stoutly-built fellow, who was employed as "scullery-man" to the ship, came to me about three weeks after we quitted Calcutta, and complained that he had become very weak, and incapable of properly attending to his duties. I examined him, but as I found his tongue clean, his pulse satisfactory, his skin soft and cool, and could not detect anything the matter with him, I concluded that he wanted to skulk, and dismissed him with an admonition to attend to his business, which consisted chiefly in washing plates and peeling raw potatoes, while sitting in the scullery. About four days afterwards I happened to see him with his shirt off, and was greatly struck by the alteration in the man's appearance. He had become wonderfully emaciated, had scarcely any flesh on his scapulæ, and presented a most miserable spectacle. Of course, I concluded he was affected with some ailment I had no knowledge of, and told him to leave off work at once. Ordered him soup, fresh meat, and porter, and treated him with sulphate of iron and quinine. But all this had no effect. He grew rapidly thinner, vomited his food, and as the case assumed a very serious aspect, I did all that I could under the circumstances to prolong his life to the utmost. This I endeavoured to do by giving him constant changes of food, in the hope that something might be found which would remain on his stomach, but all without avail. We had a cow on board, so he had a trial of milk, and some of the passengers had the kindness to give him excellent eggs from their private stores.

Every day, however, he grew worse, and one morning it became so evident he could not live out the day, that Dr. Walter, of the Madras Army who, as a passenger, used to visit him every morning, told him that he might drink ale or anything else he pleased.

Dr. Walter and I agreed that he would die about 3 p.m., but on going together at 1 o'clock to take a parting look at him, we were amazed to find that some ale he drank had remained on his stomach, and that he had rallied. At bed-time his condition was still evidently improving. Next morning he was doing so well that I hoped to get him all right again by carefully following up the same plan of treatment and regimen. He had been ill about six weeks, and an equal period of time was required for his complete convalescence and cure. When we landed at the East India Docks he was quite as stout and strong as he had been when he left Calcutta. The impression produced on my mind by this case is ineffaceable. I often reflect on it and have thought that it would be no misnomer to call it "Acute general Atrophy." It is a fearful disease, and the above is the only instance of it I have ever seen, nor was any such ever observed by Dr. Walter. An officer of the ship, however, told me he had met with two or three cases of the kind among sailors all of which terminated fatally.

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ABSTRACT OF

THE GULSTONIAN LECTURES

ON

THE HEAT OF THE BODY.

DELIVERED AT

The Royal College of Physicians, London, March 1871.

By Samuel J. Gee, M.D., F.R.C.P.,

Assistant-Physician to St. Bartholomew's Hospital, and to the Hospital for Sick Children.

After some introductory observations, Dr. Gee said, The old or the material theory concerning the nature of heat, born in the earliest age of Greek philosophy, lived on, under various guises, until the year 1842. Fire was a form of matter—matter in its most attenuated state : a conception which would be found less difficult by the ancients, because they did not associate necessarily matter and weight. Fire, though a substance, need not have weight—being, in the speech of fifty years ago, an imponderable element. Doubtless those four first qualities of things which were supposed to mould the universal substance into its elementary forms—the hot quality and the cold, the moist and the dry—were a kind of foreshadowing of the modern doctrine of forces. Nay, the very word, δυναμεια, seems to have been applied to those prime properties. Nevertheless, the material notion of heat was always uppermost. And no wonder, for of the eternity and mutability of matter the Greeks had attained to clear ideas. The eternity and mutability of force it was reserved for our own age to develope. The phlogiston of Stahl and the caloric of Lavoisier (the matter of fire, *matière de feu,* Wärmestoff), were merely the old fire under new names.

Physicians, Sir, must always feel deep interest in the modern theory of heat; for it was first worked out by a physician. Dr. Julius Robert Mayer, practising in the little town of Heilbronn, in the kingdom of Wurtemburg, first unfolded the modern or dynamical theory of heat. Mayer's earliest publication, "On the Forces of Inorganic Nature," appeared in 1842. In 1845, he brought out a treatise upon "Organic Movement;" and this is, for our purposes, his most important work. You will remember that, about the same time, Dr. Joule, of Manchester, working at a part of Mayer's argument, came, by way of experiment, to the very same conclusions concerning the mechanical equivalent of heat at which Mayer had arrived from the opposite direction. Mayer's process was wholly *à priori.* He starts, in his first tract, from the axiom that the cause is equal to the effect; and of his second book the fundamental fact is simply this, that nothing can come of nothing. And in both these treatises of Mayer's there is not a single experiment, scarcely a single observation of his own ; so that Joule's empirical method came as a most timely support to the much more comprehensive scheme of Mayer. To be sure, the dynamical theory of heat had been vaguely hinted before Mayer's time—notably by Lord Bacon in the "Novum Organon." But the indestructibility of force is Mayer's real thesis, of which the dynamical theory of heat is only a portion.

We are now to look upon heat as an accidental state of matter, a mode of motion—molecular motion : in fact, a form of force. We are to regard power as indestructible, but as existing under different forms—forms which are interchangeable, and which, just as was said about the elements of old time, run a perpetual cycle, multiform, and mix and nourish all things. One fact which we shall have continually before us hereafter is this : that any kind of force may exist in two conditions—the tension-force and the living force of Helmholtz ; tension-force, the *vis inertiæ,* the force which lies latent in the *status quo,* the force present in the spring of a watch which has been wound up, the force present in a quantity of gunpowder which has not been exploded, the force present in a Leyden jar which has not been discharged : and next, living force, *vis viva,* the force made manifest by change of state —as, for example, in the cases just alluded to, the force which is set free by the uncoiling of the watch-spring, by the explosion of gunpowder, by the discharge of a Leyden phial.

Dr. Gee then proceeded to an examination of the sources of animal heat. Three theories concerning its origin have at sundry times held sway; namely, the theory of innate heat, the mechanical theory, and the chemical theory.

I.—The Innate Theory.

Do we not sometimes hear it said that the old expression, augmented innate heat, reflects our modern notions of pyrexia? In a few words, then, I will endeavour to recall to your mind the nature of the ancient conception of innate heat. It has all the look of being the offspring of some such meditation as engendered the fable of Prometheus, or the old Persian faith. Ancient physiology, however, and with it the doctrine of innate heat, first took definite form in the hands of Pythagoras and his immediate successors. And the physiology of Pythagoras is of the same kind as the chemistry of Paracelsus and the geology of Thomas Burnet—a fruit of the imagination working almost without materials, and almost without the aid of any other faculty : apt for nothing but to breed what Bacon calls vermiculate questions, and best set forth in that famous passage of the sixth Æneid, where we read of the spirit or breath which feeds the inward parts, the mind which agitates the mass, whence spring man and beast, and then the nature of that internal vivifying force—

> "Igneus est ollis vigor et cœlestis origo
> Seminibus."

Beyond this physiology the Greeks and Romans did not advance, except in a few directions. Hippocrates, indeed, separated medicine from philosophy ; but no Hippocrates arose to do the same good service for physiology. Hippocrates himself shunned physiological questions ; the other writers of the Hippocratic treatises were of the Pythagorean school. Let us glance for a moment at the little books, on the Heart, on Fleshes, and on the Nature of the Bones. Heat is immortal, and the source of all life. The heat of the body is innate or connate, born with us. The blood is the hottest of all the humours, because the innate vital heat is seated in the blood, "where life and life's companion, heat, abideth ;" hence the chest is the hottest part of the body, and the heart the hottest part of the chest, because containing most blood. The heart is the fountain of the blood and the source of the arteries, the liver being the source of the veins ; and just as the vital heat of the liver tempers food into blood, so is the air, which is drawn into the heart during its diastole, tempered by the heat of the left ventricle into the animal spirits, which are dispersed through the whole body during the heart's systole. Doubtless it would not be difficult to discover in all this a dim foreboding of great truths.

The theory of innate heat survived, little changed, until the middle of the seventeenth century. From 1550 to 1650 many books upon this topic were published, written by those who were the last of their race. I have looked over four or five of these treatises—read them I cannot say, for no reading, possibly, could be more stale and unprofitable—the old, old quotations from Galen and Aristotle, hashed up for the hundreth time, and seasoned by some monstrous new hypothesis. Metaphysical physiology was run quite upon the lees ; but Harvey had already appeared.

II.—The Chemical Theory.

The chemical theory of animal heat dates from the year 1777, but it had been anticipated many centuries before. I must ask you to accompany me back to the first experimental physiologist—I mean Galen. His book on the "Use of Breathing" will enable us to ascertain his views concerning animal heat. He declares that the chief use of respiration is to maintain the innate heat. He alludes to the common comparison between the heat of the body and that of a flame. "Now if," says he, "we could only find out why flames are extinguished for lack of air, perhaps we should also discover what it is which animal heat finds useful in respiration. When I see a furnace going out because it could not breathe, and then, when opened, to expire much smoke and inspire much pure external air, and, both these acts performed, to give a bright flame, I argue that it is no small use of expiration to evacuate that which in the blood corresponds to smoke ; for we are a spark, and smoke and all excess of burnt material of this kind put out a fire just as water does ; wherefore, they are most to be believed who teach that animals breathe for the sake of their internal heat. Now, fanning and cooling in moderation are both useful, for they both seem to increase the internal heat; and it is also necessary to expel the fulginous matter, so to speak, which is in excess by reason of the burning of the blood. Wherefore, from fanning the source of the internal heat, and next, from moderate cooling of it, and thirdly, from the evacuation of all that which is like unto smoke, from these we collect one sum, which is the preservation of natural heat." I feel sure that I need not apologise for reading these remarkable passages. We moderns call fanning oxidation, and smoke carbonic acid.

Let us return to the middle of the seventeenth century, and there we find a young man of honourable memory, John Mayow, of Oxford, with a spirit of scientific prophecy worthy of Galen, discussing the nature of oxygen exactly one hundred years before oxygen was discovered. I am tempted to string together a number of propositions, wonderfully acute, drawn from Mayow's book, but I forbear. What more remains but that chemists should prepare these things which have been so long foreseen?

Black led the way by the discovery of fixed air in 1754, and the chemical theory of animal heat at once became more precise. Black himself revived the forgotten doctrine of Galen, that the air, by passing through the lungs, undergoes the same changes as by supporting combustion; and he added the important fact that fixed air, or carbonic acid gas, is evolved. Inflammable air was discovered by Cavendish in 1776; and, lastly, in 1774, Priestley made the greatest discovery, of dephlogisticated air.

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Hospital Reports.

LONDON HOSPITAL.

Cases of Hernia.

(Under the care of Mr. Rivington.)

Case 4.—*Right Inguinal Hernia; Reduction by the Patient; Four days' Vomiting; Exploratory Operation; Sac Opened; Death.*—J. W—, aged twenty-one, weaver, had had inguinal hernia on right side for six years, probably bubonocele; on February 12th, 1865, he put it back himself and it all disappeared. He never wore a truss, but was in the habit of keeping his hand on the part while he was walking. After the reduction, he experienced pain in the inguinal region, and tenderness on pressure. Vomiting ensued, and became fæcal and offensive. For four days he suffered from these symptoms, and then came to the hospital on the evening of the 15th. At one a.m. on Thursday the 16th, he had a copious vomit of stercoraceous matter. He compared it to the contents of a cesspool. Mr. Rivington was sent for and found the following condition: There was no tumour in the inguinal canal, a slight fullness only at the site of the inner ring. The external ring was large and easily admitted the finger. There was apparently no sac in the scrotum, but the cord on the right side seemed thicker—although slightly—than that on the opposite side. The pulse was very quick (130); and thready; countenance anxious; patient generally much reduced. There was tenderness on pressure in the right iliac and right half of the hypogastric regions. There was constipation; furred and brown tongue, and much thirst. There was no tympanitic distension of the abdomen. There was no tumour in the right iliac region. The absence of a tumour there negatived the idea of a reduction *en masse*, unless the hernia had been pushed completely into the abdomen, a very improbable event. It was thought that there existed some internal strangulation either mechanical or due to effused lymph.

At 3 *a.m.*, on Thursday morning, an exploratory operation was performed. The inguinal canal was laid open, and a small sac found near the inner ring. This was opened and found to contain a very small piece of ileum, quite empty and quite healthy; it was pushed back, and the sac was laid open downwards towards the scrotum. In the inguinal canal it was very thin and the sides in apposition, so that it added little to the thickness of the cord. After a little research, a piece of congested intestine was reached and drawn out with difficulty. For the length of a foot and a-half the intestine was of a port wine colour. At one point a circular band was found, not recent, but seeming to be rather a thickening of the peritoneal coat than a distinct structure. As the intestine was distended above the band, the band was cautiously divided. No other cause of stricture could be detected. The intestine was returned and the wound sewn up. Opium was administered.

February 17th.—Better, no more vomiting; no pain; pulse improved, but slow; no reaction; and in weak state.

February 18th.—Bowels relieved twice; complained of pain in abdomen; never rallied, but sank gradually.

Post-mortem Examination.—Slight effusion of lymph on intestine, buttery, and easily separable; some of the coils glued tightly together. No constriction of intestine anywhere, nor anything to account for the strangulation. Locally, the wound had black blood effused into the neighbouring areolar tissue, and there was some escape of black venous blood from the wound but no blood in the peritoneum.

Remarks.—It is extremely difficult to account for the symptoms of strangulation in this case, unless they were due to some mechanical cause; some twisting or malposition of the intestine.

Case 5.—*Right Inguinal Hernia; Complicated with disease of Liver; Jaundice and Ascites; Operation; Recovery from Operation; Death from Jaundice.*—J. S—, fifty-five, labourer, had had a reducible hernia in the right inguinal region for four years. It was reduced when it first appeared, and he had worn a truss for four years.

On September 4th, 1865, he came among the out-patients, complaining of pain in the lower part of the abdomen and of swelling in the scrotum. He was unable to bear the weight of the truss. On examining the scrotum, a swelling was found like a hydrocele, but not so distinct from the ring as in ordinary cases. The testicle was free below the swelling. Mr. Rivington having examined it by transmitted light, and found it transparent, diagnosed it as a hydrocele of the hernial sac, and tapping it, drew off three porringers full—ninety ounces or four pints and a-half of straw coloured serous fluid. From the quantity it was concluded that a communication existed with the abdomen, a point which would have been better determined before tapping. After tapping, the scrotum was found empty and thickened. He was ordered to re-adjust the truss. By nine o'clock in the evening the swelling had re-appeared after which he began to complain of pain and to feel sick. The next morning when he came to the hospital, there was a swelling in the scrotum and in the groin, but as transparency could not be detected, tapping was not performed. Before he came in, the bowels had acted freely, but he suffered from sickness. His aspect betokened a slight attack of jaundice. A consultation was held, and it was decided that an exploratory operation should be performed, on the ground that sickness existed in connection with a tumour in the groin, having the appearance and feel of a hernia, and that this swelling could not be returned by pressure. Chloroform was given, and the swelling being still irreducible, an incision was made over the external ring. The inter-columnar bands being tight, and apparently constricting the tumour, were divided, and the swelling would not return into the abdomen. On clearing away the layers of fascia, a structure, greatly thickened and unrecognisable by the surgeons present, was found. This thickened and altered structure was cautiously divided, and proved to be sac. A considerable quantity of serum was discharged, and the sac having been laid open for an inch and-a-half, some slightly congested knuckle of small intestine (ileum) was found in the interior. The gut was returned, and the wound was closed. The fluid discharged was ascitic.

On the 6th, copious liquid motions were passed. With regard to the further progress of the case, the patient recovered perfectly from the operation, but the symptoms of jaundice more fully developed themselves, and the patient died from the disease fourteen days after admission. A *post-mortem* unfortunately was not obtained.

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The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 29, 1871.

STIMULANTS IN DISEASE.

WE have already adverted to this subject, and deprecated the manner in which a discussion that ought to be serious, involving as it does most important issues, has degenerated in the pages of some of our contemporaries into mere sensationalism. It is absurd to represent the English female aristocracy as a set of "drawing-room drunkardesses," only fit to be held up to the view of all as "frightful examples," by writers whose weekly revilings have become a by-word. Of course these writers must have some topic, and they must, as a matter of course, give way to exaggeration; the colours must be laid on thick, or their daubs will not catch the eye of the vulgar gazers for whom they write. Plenty of mud must be flung in the hope that some of it may stick. The teetotal world may be delighted. Their orators may rejoice at a new opportunity to point the old moral, or adorn the oft-told tale; but in a few weeks all except those energetic enthusiasts may, perhaps, have forgotten the spiteful calumnies against women that have been so foully bandied about.

For these things we need not care, but against medical journals indulging in such sensationalism we may renew our protest.

The proper use of stimulants in disease is a study worthy the thought of the most able physicians, and should be carried on in the earnest way in which they have hitherto pursued it. Parkes and Wollowicz have set an example of scientific enquiry that might well be emulated by those who have been wearying us with so much frothy declamation. All statements worthy of attention on this subject are free from the misrepresentations which we deprecate. We do not say this from any desire to support the practice of stimulation, against which a reaction appears to be setting in. We would rather hold the balance evenly in all disputed questions of therapeutics, hoping that every fresh discussion may lead to new light. But sure we are, that passionate outbursts, rash assertions, and clap-trap, never lead to any good, though they are prolific enough of evil.

The calm manner in which the disposition to limit stimulation, now growing in the Profession, can be temperately and instructively stated, is well exemplified in the address of the late President of the Medical Society of London. If all had adopted his tone, it would have been better for the credit of the Profession. We will conclude by reproducing a passage from Mr. Gay's Presidential address, in which he speaks on this subject :—

> "Every step taken in physiological inquiry, as well as every fact deduced from observation under conditions almost exempt from the possibility of error—I refer to military experience—prove that alcoholic liquors, in which the alcohol exists in proportion above 8 or 10 per cent., impair the powers of the stomach, and hinder the complete oxidation of food. In this manner they interrupt the processes essential to nutrition, weaken the strength, and induce mortal disease in the brain, liver, and lungs. The most trying circumstances in war, such as prolonged fatigue and exposure to extreme heat and cold, have, as a rule, been best borne by men who have taken no alcoholic stimulus. I need hardly remind you that this is no new axiom. In the campaign of Egypt under Abercrombie in 1804, its truth was severely tested; and it has since received additional attestation from the Caffre War of 1852, the Crimean and Austrian Wars, and from Arctic explorations.
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> "If still more evidence on this important subject is required, it is to be met with in an account of some experiments on the effects of alcohol on healthy persons by Dr. Parkes and Count Wollowicz, recorded in *The Transactions of the Royal Society* for May last, as well as in an able monograph on "Intermittent Pulse and Palpitation," by Dr. Richardson.
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> "From an extensive series of facts these observers show conclusively that 'in a healthy man the daily increase of the beats of the heart under alcohol, as compared with the number of beats when water is the only beverage, is rather more than 13 per cent.' As to its permanent effects, they show 'that the amount of alcohol the heart will bear without losing its healthy sphygmographic tracing is small;' and as they add, 'it must be supposed that some disease of heart or vessels must eventually follow the overaction produced by large doses of alcohol.'
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> "And yet the habit of taking strong stimulating drinks, with the persuasion that in health they are well nigh omnipotent to *save*, and in sickness to *cure*, is becoming, under the sanction of the Profession, or as it is commonly termed, 'under advice,' a fashion in the higher and middle sections of society; so that the champagne, port wine, and brandy bottles are beginning to be as much an habitual resort under temporary ennui or langour, whether from indolence, dissipation, or indisposition, as is the gin flask to depraved poverty under the maddening burdens of remorse or despair. In this way surgical art has been, and is being robbed of its just successes; and if the Profession does not intervene to check an evil which has had its origin to a great extent within its borders, it will, it is to be feared, be chargeable hereafter with a larger share of its failures than it would like to acknowledge.
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> "The same views of the salutary effects of stimulants have, I cannot but think, been transferred to nitrogenous beverages, and led to another mischievous practice, alike unfavourable to the results of surgical art; I mean that of urging patients, labouring under long standing chronic diseases, and especially in the prospect of, as well as after

severe surgical operations, often without reference to special circumstances, to swallow as much beef-tea, generally with brandy or port wine, or as many eggs in their unwholesome and unnatural affiliation with the same liquids, as they can be got to take.

"The condition of the system usually resulting from this practice as indicated by a dry, black tongue, a brick dust and sallow countenance, a feeble and oft-faltering or intermittent heart, and a drain from the bowels which quarts of chalk mixture are ineffectual to relieve, is of all conditions most unfavourable to the successful issue of such like cases.

"It is the reverse of such a condition, viz., that in which there is an entire freedom from the influence of this artificial and perilous excitement—a state induced by the most guarded exhibition of both nourishment and stimuli—that leaves the resources of nature most free to act beneficently in times of severest trial, and which should be secured most especially on all occasions in which the issues of surgical art appear to hang tremblingly in the balance."

THE SANITARY REPORT.

At the last meeting of the Metropolitan Association of Medical Officers of Health there was a discussion respecting the Report of the Royal Sanitary Commission that deserves attention. General satisfaction was naturally felt that the need of the Commission had not arisen from failure of duty by Medical Officers of Health, but that the condemnation of the present law rested on its incomplete, not to say contradictory, provisions.

The President, who opened the debate, remarked that the local authorities were found to be too numerous and too apathetic, and the existing central authorities undermanned and underarmed. To remedy these evils, it was proposed that all conflicting jurisdictions should be abolished, and that there should be only one sanitary authority in each place; that in places where there were either a Town Council, Improvement Commissioners, or Local Boards, such boards should be the authority; in all other places the Board of Guardians; that the Board of Guardians should themselves undergo such modification as would insure their efficiency, thus securing at the same time a better system of Poor-law relief, which, the Report acknowledged, was closely connected with the subject in question. The Report recommended the Poor-law Medical Officers as specially fitted to be Medical Officers of Health. In large towns, however, and other places where the guardians were not to be the sanitary authority, the Report recommends that the appointment of Medical Officers of Health should be distinct from those of the Unions; and that in those cases the mutual relations of the Medical Officers of Health and the Poor-law Union Officers should be arranged by the local authorities, with the approval of the central authority; and that the Medical Officers of Health should not be removable without the sanction of the central authority. The chief innovation in respect of the duties was that the Officer of Health should report to the central authority, and that he should inquire into the cause of death in all cases not otherwise medically certified. Many coroners' inquests would probably be thereby rendered unnecessary. The Commissioners proposed that forms of returns relating to health should be sent out from the central authority, to be filled up by the Medical Officer of Health, such officer being empowered to call for returns from the Registrar of Births and Deaths, from Nuisance Inspectors, and others, in order to make his report as complete as possible. The importance of a registration of sickness was acknowledged, and it was recommended that at first all existing returns should be fully utilised by being forwarded to the central authority, and by being worked up by them. The Commissioners advised that inducements should be held out to encourage the study of State medicine in all its aspects.—He then said it seemed to him to be regretted that superior officers of health throughout the country, who had discharged their duties intelligently and efficiently, would be rendered so dependent on the central authority that they would not be likely to continue in office. He hoped provision would be made in the course of the Bill so that the services of these eminent men might be preserved.—Mr. Michael considered the Report unsatisfactory, because the whole scope of the Commission had been changed, the metropolis had been excluded, and the men who urged the appointment of the Commission had not been asked for their information. He considered the appointment of Boards of Guardians as the sanitary authority quite a retrograde step. The Medical Officer of Health ought to have a district and a salary large enough to make him independent of private practice. He ought also to have such powers given him as to be able to order the carrying out of improvements, undeterred by the small cottage proprietors who sat on these boards, and were the chief obstructors of all sanitary improvements. —Dr. Hardwicke considered that improvements might be made in the Coroner's Court by which many inquests now held might be avoided.—The President said that many of the Poor-law Medical Officers were not in such an abject position as represented by Mr. Michael. For his part he would like to see the title of "Poor-law" altered and some new name adopted, such as "Assistant of Public Health." In this capacity we might have men to take medical assistance to the poor and to have care of the general health.

As we have remarked, this discussion is well worth attentive study. Gentlemen engaged in the duties of health officers are well qualified to criticise the Report, and we are glad to see them ready to do so. We have also been pleased to notice in other quarters the disposition to modify the praise which some at first lavished on the report, and which, as we have already shown, is by no means perfect.

EXCLUSIVE PUBLICATION OF SOCIETY PROCEEDINGS.

We quote the following expression of opinion from the Philadelphia *Medical and Surgical Reporter* recommending its perusal to the governing Councils of the Dublin and Cork Medical societies:—

"A very small spirit indeed actuates some medical societies, and exists in all. There is usually a small clique who generally, for very sufficient reasons to themselves, if not very creditable ones, object to the public use of their proceedings. They would have them not printed at all, or made over as private property to one journal. The Cincinnati Academy of Medicine and the Philadelphia County Medical Society are examples of medical bodies in which such obstructives periodically urge narrow-minded resolutions to this effect. The former, we are happy to say, has lately repudiated, by an overwhelming majority, any such action, and we recommend the latter to take to itself some of the good sense which this vote exhibits."

It is a curious consideration that the members of a profession which is always airing its liberality of feeling and its freedom from scientific prejudices should, acting together in councils and committees, develop illiberality which as individuals they would be heartily ashamed of.

Publicity is the first essential of success in any society. Without it its proceedings, however erudite, are flat and unremunerative, and the labours of authors, *quoad* the whole world outside the little knot of listeners, little better than wasted energy. Publicity is a thing of which societies cannot have too much, and its absence infallibly dwarfs all the qualities which makes such an organisation worth sustaining. By enabling the whole world to join in the issue it sifts and purifies the communications made to the society and speedily relieves it of redundant talking, persistent advertising, the riding of professional hobbies, and the distortion of scientific facts—it makes it worth the while of the author, in anticipation of a discriminative audience, to work his subject to the bottom and of the members to listen to well-digested matter, instead of slip-slop observations and unsustainable conjectures.

It should, therefore, be the first duty of all governing bodies to invite publicity and court discussion, and for this purpose to remove out of the way any obstructions which favouritism may have set up. No journal which respects its position will be content to appear as a suppliant or to pay for that which is supplied gratis and unasked to other periodicals, and if free publicity is desired it can only be had by absolute freedom of reporting. We repeat that no single periodical, even where (like the *British Medical Journal*), it is supposed to be devoted exclusively to that purpose, and even when, as in the British Medical Association, protective laws are enacted to secure within its narrow domain contributions which authors would feign make known to the profession at large, can supply the place of free facility of reporting. How much less can a three monthly magazine, however valuable, answer such a purpose.

If other considerations did not stop the way there is no practical or financial difficulty in the way of complete publicity. Already, some of the medical societies of Dublin pay as much for an imperfect report as would suffice to provide a complete *verbatim resumé* of their proceedings. Their councils should, either in co-operation or separately, pay a reporter for transcribing their proceedings, and as soon as possible afterwards supply printed reports, by the same post, to all medical journals, and it would speedily be found that that journal which could give the earliest and fullest reprint would reap the advantage, while the societies themselves would at once become the leaders of opinion not only within their own restricted ground but throughout the entire profession.

Notes on Current Topics.

The late Dr. Felix von Niemeyer.

The Medical Profession at home and abroad have sustained a severe loss in the death of Dr. Felix von Niemeyer, of more than common note, one of the many victims of the late Franco-Prussian war, who died recently at Nancy, of typhoid fever, contracted while in the discharge of his laborious duties. His name has become well known among the Profession by his excellent "Text-book of Practical Medicine," which is unquestionably the best exposition of the subject which has been published in Germany. He was also author of some lectures on phthisis, which we lately reviewed in our columns. He was director of the Field Ambulance at Nancy. He lived and died in the discharge of his duty, and in him the Profession have lost a truly great man.

The Action of Mercury on the System.

At the Royal Medico-Chirurgical Society of Edinburgh this subject was again brought forward, and gave rise to warm discussion. It was opened by Dr. Stephenson, who read a paper on the "Action of Mercury in Children" He acknowledged that recent physiological experiments tended to prove that mercury had no direct stimulant action on the biliary secretion; but thought so long as these experiments were made only on healthy organs, they could never demonstrate that it had no effect on the pathological conditions which were interfering with the performance of the function, and the result of such experiments would overturn its use after the manner of a rational empiricism. An analysis of its action in the intestinal affections of children showed that its good effects could be explained on other grounds than its mere cholagogue action; and, although this theory of its action was erroneous, mercury was still of service. Its use, however, should be limited almost wholly to its action as an occasional purgative. When given to produce its constitutional effects, the constitutional type or diatheses greatly determined its action. It was in subjects most liable to those external diseases where mercury was of service when applied externally, that internal affections were most likely to be amenable to its constitutional use. From the consideration of its internal use, illustrated by cases, Dr. Stephenson draws the following conclusions:—1. Mercury may be employed to influence the constitution without any injurious effect on the general health. 2. To obtain its therapeutic action, it is not necessary to produce its visible physiological effects; it becomes injurious so soon as these are manifested. 3. It is an error to suppose that children are less susceptible to its influence than adults; its effects are not to be looked for in its action on the mouth, but in its depressing effects and in deterioration of the blood. 4. It should be used only so far as is necessary, and in order to stimulate the nutritive changes in the tissues, not in the character of the constituents of the blood; for this purpose it should be used as a whip or spur only—that is, occasionally and at intervals, not continuously throughout the whole course of the disease. 5. Its use in modifying acute inflammatory action is very limited, and requires further observation; but there is no question as to its power over the products of inflammation, in starting the processes of resolution and absorption where these have been arrested; and, where other remedies fail in producing a change on morbid nutrition, it does in certain cases succeed in promoting a return to healthy action. 6. No number of cases improperly treated by mercury, no number of "constitutions shattered by its abuse," no number of instances where disease has been cured without it, can in any way invalidate the results of its effects, where it has cured where other remedies have failed, or lessen in any measure the position here defended of a judicious use of the medicine. In infantile syphilis, the author had the greatest confidence in the good effects of mercury, but limited its use, as in other diseases, and stopped it whenever amelioration in the symptoms was observed, renewing it if necessary, and not giving more than one or two grains of grey powder daily for a fortnight. Dr. Bennett observed that Dr. Stephenson supported the ideas of those who maintained calomel to be a sedative, and had stated that eight or ten grains of calomel in an adult, and three or four grains in a child, when mixed with sugar and placed on the tongue, at once checked obstinate vomiting. In India much larger doses,—viz., thirty grains, had been recommended as a sedative in dysentery and cholera. Dr. Bennett believed such practice to be of no benefit, but, on the contrary, to be dangerous. If placed on the tongue and not swallowed, mercury was likely to produce violent stomatitis and salivation. As to the employment of mercury in the syphilis of young infants Dr. Bennett did not consider it to be of any service in such cases, nor in those of diphtheria. Dr. Stephenson called it a stimulus to the tissues, and said it acted as a whip or spur in chronic inflammatory disease. Such a proposition, if extensively followed would, in his opinion, be productive of great mischief. Dr. Stephenson had stated that mercury increased cell-growth and caused proliferation of cells. But did he possess any facts or series of preparations capable of supporting this assertion? Such an idea also appeared to be opposed to what was said in the first part of the paper—viz., that it caused anæmia and destruction of tissue. What was at present required in therapeutics was an effort to distinguish between the supposed action of remedies and the spontaneous cure of diseases. Wherever this in recent times had been carefully carried out, it had been shown that in many diseases violent remedies, such as bleeding and mercury, were opposed to a rapid recovery. He referred to the diminution in the mortality and duration of pneumonia, since antiphlogistics had been abandoned; and hoped before long, to convince the Society, by a tabular view of cases, comprising the bad as well as the good ones, that in hepatic disorders mercury could only be considered as useless or injurious. Dr. Angus Macdonald agreed with much that Dr. Bennett had said; but, though he set out in practice a pupil of Dr. Bennett's, with a profound scepticism as to the use of mercury, he found himself, by experience, compelled to use it in many cases, from having seen the advantage of its use. Dr. George Balfour observed that mercury, in acting as a destructive agent on tissue, acted chiefly on new and morbid tissue, and by this destructiveness did good. He also pointed out how large doses of calomel acted as mere irritant purgatives, and were not absorbed, while very small doses were absorbed by the system. It is obvious that we shall hear a good deal more about the action of mercury.

The Quarterly Return of Births and Deaths in Ireland.

The quarterly return of the births and deaths registered in Ireland has just been issued under the authority of the Registrar-General. This return includes the births and deaths registered during October, November, and December, 1870, in the 789 Registrars' districts.

Births.—The births registered in Ireland during the quarter represent an annual ratio of 1 in every 40·0, or 2·50 per cent. of the *estimated* population. In only eleven districts did the number of births registered equal 1 in 33 of the population. In the fifteen districts the number did not exceed 1 in 55, and in some districts were returned at as low a ratio as 1 in 73.

Deaths.—The deaths registered amounted to 20,715, affording an annual ratio of 1 in every 6·66, or 1·50 per cent. of the *estimated* population. The average of the corresponding quarter of the years 1865-9 was 20,965. In only four districts did the deaths registered equal 1 in 50 of the population. In the twenty-eight districts the number registered did not exceed 1 in 100, and in some districts were returned at as low a ratio as 1 in 192.

The Registrar-General says,—"It is but too apparent from the foregoing figures that the registration of births and deaths is still very imperfect, the annual ratio of births to the estimated population in England being about 1 in 29 or 30, and of deaths, of 1 in 44 or 45; whilst in Ireland, according to the present return, the ratios are—for births, 1 in 40·0; and for deaths, 1 in 66·6. The registration of marriages under the provisions of the 26 and 27 Vic. cap. 90, it is greatly to be regretted, is still more unsatisfactory." An increase of 4,057 would, therefore, appear to have taken place in the population of Ireland during the quarter.

Pauperism.—The average number of persons receiving in-door relief on Saturdays during the quarter was 46,674, against 49,617 for the corresponding period of 1869; and of persons receiving out-door relief, 20,640 against 17,770.

Health of the People.—The number of deaths in the quarter was 7 less than in the corresponding quarter of 1869. The mortality from affections of the respiratory organs was considerable. The mean temperature during the quarter was 2·6 lower than in the last quarter of the year preceding. Diseases assuming an epidemic form were less prevalent than usual. Of zymotic diseases, scarlet fever was that which proved most fatal. In Lisburn District more than one-fourth of the deaths registered were caused by it. Of the 76 deaths in Carlow more than one-fourth resulted from this disease. Whooping-cough and croup caused many deaths. Very few of the registrars refer to the prevalence of fever. Ten registrars report the presence of small-pox, viz., the Registrar of Ballymoney states that "four cases of small-pox occurred in this district. The first case was a girl, who brought the infection from Belfast, and died in the workhouse here. The other three cases were cousins of the girl, and from her took the infection; these cases have progressed favourably, *each had been vaccinated.* The poor patient from Belfast *was not vaccinated.*" In Belfast, No. 1 District, 2 deaths from small-pox were registered: the Registrar reports,—"I believe the deceased *had not been vaccinated.*" In No. 4 District 5 deaths were caused by small-pox. The provisions of the Compulsory Vaccination Act are being zealously carried into operation throughout the country, and with the most beneficial results. The cold season caused great mortality among the young and the aged; of the latter, some were stated to have attained to extraordinary longevity.

The Year 1870.—Births.—The births registered during the year amounted to 150,151, affording a ratio of 1 in 36·7 or 2·72 per cent. of the estimated population; the average number registered annually during the years 1865-9 was 145,482.

Deaths.—The deaths registered amounted to 90,695—a ratio of 1 in 60·8 or 1·64 per cent.; the average number registered in each of the years 1865-9 was 91,182.

Estimated Decrease of the Population.—A decrease of 15,399 in the population would, therefore, appear to have taken place during the year.

Provinces.—Grouping the Unions or Superintendent Registrars' Districts by Provinces, it is seen the deaths registered in Leinster during the year 1870 amounted to 1 in every 54·6; the number in Connaught, 1 in 76·8; the number in Ulster was 1 in 60·0; and in Munster 1 in 63·3.

Naval Medical Service.

Three of the candidates who passed the test at the recent examination of the Army Medical Service have been allowed to enter the Navy without undergoing further examination, and will proceed to Netley Hospital for a course of study on the 1st proximo.

We are glad to assure our readers that Dr. Gordon, C.B., is now in England, and is none the worse for his stay in Paris during the siege.

Faculty of Physicians and Surgeons.—Conversazione in the Faculty Hall.

The President and Fellows of the Glasgow Faculty of Physicians and Surgeons held a grand conversazione last week. About three hundred gentlemen were present; and Dr. Fleming, the President of the Faculty, occupied the chair. In the various rooms there was a large collection of scientific and medical objects. The microscopes were under the care of Dr. John Wilson; some physiological experiments connected with poisons were demonstrated by Dr. St. Clair Gray; the collection of surgical instruments shown by Dr. Hilliard; while there were objects of antiquarian and artistic interest. Professor Herschel, of the Andersonian University, rehearsed and explained the discoveries of Professor Tyndall.

The Late Dr. James Henderson.

This venerable member of the Profession, whose death occurred last week at Jersey, entered the Army Medical Service so long since as 1809, and served as Assistant-Surgeon and full Surgeon in the campaigns of 1810-13-14-15 in Lower Canada, and later during the whole of the Burmese War. In 1834 he was at the capture of Coorg; in 1842, in Affghanistan; and in 1848-49, in the Punjaub campaigns. He was promoted to Staff-surgeon in 1855, having received four medals and four clasps for his undaunted courage and devotion to his duties. For several years previous to his death he held the rank of Inspector-General of Hospitals. All honour to his distinguished memory.

Health of the Navy.

The statistical abstract of the health of the navy for the year ending with June, 1870, shows a total force for the year of 47,840. The total number of cases on the sick list was 57,921, which, owing to some few defects in returns, is estimated at 1,224 per thousand, being an increase of 27·7 over the preceding year, but much below the average sick rate for fourteen years. The number of men invalided was 1,541, being 32·2 per thousand, which is an increase of 1·2 per thousand over the preceding year, when the invaliding rate was the lowest on record. The deaths were 496, being 10·3 per thousand, which is an increase of as much as 2 per thousand over the preceding year. This increase was owing to the prevalence epidemically of yellow fever in the West Indies and East Coast of America, causing sixty-one deaths, and to the loss of thirty-four men drowned in the shipwreck of the *Slaney* on the China station. But for these two occurrences the death-rate would have been 8·3 per thousand, which was precisely the ratio of mortality in the preceding year, and the lowest on record. The greatest mortality on the Home station, in the Pacific, and in the Irregular Force was from diseases of the respiratory organs; on the Mediterranean and the China stations from diseases of the brain and nervous system; on the North American and the West Indies station, and the South-East Coast of America station, from yellow fever, on the East Indies station, from diseases of the alimentary canal; on the Australian station three deaths were from enteric fever and apoplexy; on the West Coast of Africa and Cape of Good Hope station the deaths from the sequelæ of fever, from diseases of the heart and blood-vessels, and from diseases of the alimentary canal were equal. The flying squadron, as a force, was remarkably healthy throughout the year, considering the varieties of climate, prolonged use of salt meat, and constant drills and exercises. The most prominent diseases of that squadron were rheumatism, catarrh, and simple febrile affections, the results of exposure to climatic vicissitudes; but the greatest loss of service was occasioned by boils, abscesses, and ulcers, attributable to the nature of the diet.

Conein.

Prof. J. Lawrence Smith furnishes the American *Practitioner* with the following very interesting item from the *Bericht Deut. Chem. Gesell.*, December, 1870:—

"'The First Artificial Production of a Vegetable Alkaloid (Conein),' by Hugo Schiff. This alkaloid has been heretofore only known as the product of the plant. Schiff has produced it artificially. For some months he has been engaged in examining the reaction of ammonia and the aminbases on aldehyde, and one of the products then discovered was *butyric aldehyde*. Latterly he has been examining the reaction of an alcoholic solution of ammonia in this butyric aldehyde, at a temperature of 212° Fahr., and from this he obtained two bases, which he calls Tetrabutyraldin and Dibutyraldin. By heating this last until it distils, the first product is a neutral oily substance; and the substance which comes over last is a strong alkaline base, that proved to be conein, having the poisonous and other physiological properties of the natural conein. The amount produced is yet small and costly; but the history of chemistry shows that the demand for its products is the greatest stimulant to increased production and cheapening cost. In this is to be seen a decided step toward the artificial production of morphine, quinine, &c."

The late Professor Wagner, of Konigsberg.

We have to record the death of the late Professor Albrecht Wagner, of Königsberg, who died at Dôle, on February 13th, of typhoid fever. He was favourably known in Germany by his works on the "Resection and Regeneration of Bones" (which was translated a few years ago by the New Sydenham Society), "On Hydrophobia," "Diabetes in Connection with Carbuncle," "Resection of Nerves," &c. He had been attached to the Army of General Von Manteuffell, as Surgeon-General. On hearing of his death the Crown Prince addressed a letter to the Albertus University at Königsberg expressive of his regret, and of his esteem for the deceased.

Gonorrhœa.

Dr. Davis L. Field, of Jeffersonville, Ind., writes to the American *Practitioner* that he has had very marked success in the treatment of this affection by the use of the following: Bromide of potash, two ounces; water, four ounces. Dissolve, and add tinct. iodine, three drachms. Of this he gives a tea-spoonful every four hours. If it produces headache, he uses the medicine less frequently, but continues it until the discharge is arrested, which he finds to be usually within four or five days. He administers a saline cathartic every other morning, and directs weak injections of sulphate of zinc—one drachm to a pint of water—three or four times a day; and insures cleanliness of the parts by having them bathed often in cold water. He has not found his patients to suffer from chordee, or be troubled with venereal desire, while on this treatment.

Whom to Consult?

However unwilling we had been to entertain any doubt that the names of the gentlemen inserted in the "Invalid's Guide," and republished by us last week, were made use of without their authority, we hardly gave credit to the publishers of that production for audacity sufficient to cover the appropriation, without leave, of the names of the leading members of the Profession. We certainly did not imagine that those whose names and addresses were then advertised either asked or paid for the doubtful distinction of a place in the "Invalid's Guide," but we were not so sure that some among them did not consent by silence, or even by patronage, to the use thus made of their names.

We consider that it behoved us to elicit such repudiation as honourable men would give; and we are pleased to know that that repudiation was readily and warmly expressed by several of the gentlemen whom the publishers of the "Guide" have subjected to this annoyance.

Sir Henry Thompson assures us that he was "unacquainted with the existence of the "Guide," and never in anyway authorised the publication of his name in it."

Dr. Forbes Winslow was "entirely ignorant of the existence of the 'Guide,' and protests against so unjustifiable a use of his name, which was introduced into the work without his knowledge or authority."

Mr. Erasmus Wilson declares that "he had no knowledge of the existence of the 'Guide,' and loses no time in expressing his disapprobation of the use, or rather abuse, of his name."

Mr. White Cooper assures us, "that his name has been used entirely without his knowledge, and he utterly disapproves of the whole proceeding."

Dr. Graily Hewitt concludes a very properly indignant letter upon the unjustifiable use of his name in the "Invalid's Guide," by remarking "with the tenour of your article I fully agree."

Dr. W. J. Little writes as follows:—

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have to thank you for having drawn my attention to the misuse of my name in a print purporting to be "The Invalid's Guide" and said to be recently published. Without your invitation, I should not have considered it necessary to disclaim, as I here do, any knowledge of the publication. It is obvious in the face of it, that the publisher had not my interest in view, or that of any of the thirty gentlemen whose names are recommended to the public, but that the advertisement of the names in question, is a blind to the scheme of making money by the discreditable offer of cheap, five shilling physicians' consultations.

As the manner of circulation of the print was under your correspondent's garden gate, it would have been almost better to have left it laying there, rather than afford it the publicity of your journal, thus lifting it from its scullery destination, to the library and drawing room.

I am Sir, your obedient servant,

W. J. Little, M.D.

71 Brook street, 22nd March, 1871.

So far as these gentlemen are concerned the exculpation is complete. Our readers will have the opportunity of eliding their names from the list, and drawing their own deductions as to the silence of others enumerated in it.

While we can readily believe that a similar reclamation might be given by others, we do not think, for the sake of the Profession, that their participation in such a transaction ought to be left in any doubt.

Mr. Paget, whose name is twice mentioned, is, as our readers are aware, very seriously ill, and cannot therefore reply.

Of the other gentlemen we are happy to append the following names, from whom we received letters of similar import to the above, up to the time of our going to press:—

Forbes Winslow, M.D.
Russell Reynolds, M.D.
White Cooper, F.R.C.S.
Sir Duncan Gibbs, M.D.
Charles Williams, F.R.S.
Samuel Habershon, M.D.
Sir Henry Thompson, F.R.C.S.
James Lane, F.R.C.S.
William Little, M.D.
Erasmus Wilson, F.R.C.S.
Graily Hewitt, M.D.
Charles Murchison, M.D.
Alexander Marsden, M.D.
Francis Sibson, F.R.S.

Dr. John Smith, F.R.C.S.E., has been appointed Surgeon-Dentist to the Queen in Scotland.

The Marriage with a Deceased Wife's Sister Bill has been rejected in the House of Lords by a majority of twenty-six.

In place of Dr. Farquharson, resigned, Dr. Clement Dukes has been appointed Medical Officer of Rugby School.

The Edinburgh local committee are actively engaged in making preparations for the reception of the British Association at its approaching meeting in Edinburgh.

Mr. R. Wallace, heir to the Marquis of Hertford, has given £20,000 in different donations to the London charities.

Dr. C. T. Williams has been elected Physician to the Consumption Hospital, Brompton, a vacancy having occurred by the resignation of Dr. Burdon Sanderson.

The Samaritan Hospital for Women has received a donation of £1,000 from Richard Wallace, Esq., who has devoted so many thousands to the relief of distress in Paris, besides many English charities.

Mr. W. H. Michael will read a paper on the Report of the Royal Sanitary Commission, at a meeting of the Social Science Association, to be held at 8 p.m. this evening at Adam street, Adelphi.

On behalf of patients who need more generous diet and more careful nursing than they could obtain at their own homes, a cottage hospital has been established at Chulmleigh through the instrumentality of the Countess of Portsmouth.

Mr. Cooper's mixture for sanitary road-watering consists of 40 lbs. of the chlorides (calcium and sodium mixed) to 250 gallons of water. It has appeared to answer very well the purpose for which it is intended.

The Academy of Medicine has refused to strike off the names of their eminent German colleagues from their *roll*. It has adopted patriotic resolutions, and protested against the shelling of the hospitals, museums, &c., of Paris and other large towns.

There is no foundation for the statement put forward by some journals as to the precarious state of the ex-Emperor Napoleon's health. His Majesty is enjoying excellent health, which has further improved since his short sojourn at Chislehurst, where he takes daily walking and horse exercise.

The following Members of the Profession had the honour of presentation at Her Majesty's Lévee, on Wednesday last:—Sir Wm. Fergusson, Sir Charles Locock, Drs. V. Bell, F. Bonney, Brewer, M.P., Cape, T. K. Chambers, L. Down, Gream, Day-Goss, Hooker, C.B., W. Pole, F.R.S., Poore, G. O. Rees, R. Read.

A medical student was last week convicted—sentence deferred—of stealing dissecting instruments and other articles, properties of the authorities of University College Hospital, and his fellow students. The prisoner admitted his guilt, and the justice of the prosecution, which had been very properly instigated by the Council for the sake of Hospital discipline, making the melancholy confession that billiards and bad companions were the cause of his ruin. We would commend this to the serious notice of intending students about entering for the ensuing Session.

At a meeting of the General Committee of the National Anti-Contagious Diseases Acts Association, held last Monday, at the house of Mr. F. Pennington—Present: Mrs. J. Butler, Mrs. Malleson, Mrs. Jacob Bright, Mrs. McLaren, Mrs. King, Mdme. Venturi, Mrs. Pennington, Mr. Shaen, Mr. Frank and Mr. W. Malleson, Mr. D. Cooper, and Mr. Williams, Professor Sheldon Amos and Mrs. Amos, Mrs. W. Malleson, Dr. C. R. Drysdale, Dr. Baxter Langley and others—a discussion was held on the question whether the Committee had anything to suggest to the Government in place of the Acts, in case these were repealed. After a prolonged debate it was resolved, that no legislation should be recommended; but that the committee should suggest that the Army system should be made compatible with the interests of women and children. The establishment of voluntary hospitals was all that should be done for the cure of the disease; and female children should be better protected from *indecent* assaults than they are at present.

The view of the adulteration question which we have taken, although ignored by the Government, is adopted by the *Pall Mall Gazette*, and we are well pleased that the cause of commercial morality and the protection of the public should repose in such able hands. The *Pall Mall Gazette* says,—"This practice of viewing adulteration as merely a sanitary question is one against which we must, if only in the interest of commercial morality, enter our most emphatic protest. The first thing, no doubt, is to prevent ourselves from being poisoned; but we have also a decided objection to being swindled, and have a right to insist on the protection of our pockets as well as our health. If butter must be mixed with fat, let the compound be sold for what it is—a mixture of fat and butter. Our present objection is not to the adulteration itself, but to the fact that an impure and compounded substance is sold under the name of and at the same price as the genuine article. A tradesman is no more justified in point of morality in eking out the deficient supply of a commodity by the addition of foreign bodies of different and inferior properties than he would be in compensating the same deficiency by the use of short weights; and Dr. Letheby's justification is as good for one practice as the other."

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, March 3rd.

Mr. Wharton, Vice-President of the Royal College of Surgeons, in the Chair.

(Continued from page 245.)

Mr. Tufnell thought it desirable that early incisions should be made, for this reason, that in cases in which incision had been made at an early stage, there was less fœtor than if made late—that is to say, unless the inflammatory swelling was given vent to, there was a liability to decomposition of the structure of the tongue, which might give rise to pyæmic fever. He did not think leeching of the tongue would be sufficient to prevent this in a bad case of glossitis.

Mr. Stapleton asked if Mr. Tufnell meant to say that when a fœtid abscess occurred, decomposition of the part would follow?

Mr. Tufnell replied that the pus which was generated in a fœtid abscess of the tongue was of a character likely to contaminate the constitution.

Mr. Fleming thought the cases brought forward did not possess any peculiarity either as regards the symptoms attending on them, or the treatment adopted, and he could not see what advantage was to be derived from the consideration of a subject with which all surgeons were fully acquainted. In a communication which he (Mr. Fleming) made to the *Dublin Quarterly Journal*, he alluded to these cases as not idiopathic, but sympathetic glossitis. He had not met the fœtid discharge in ordinary glossitis, but he had met it in those cases where the abscess occurred in the deep muscles of the tongue, and where the inflammation was characterised by great tenderness, more or less difficulty in separating the jaws, and great fulness extending below the chin. The suppuration ought to be relieved by making an incision under the tongue, and in every instance that he had seen, it was accompanied by a fœtid discharge. He was disposed to think the cases Mr. Croly had brought forward were cases of sympathetic, and not idiopathic glossitis. The occurrence of glossitis, according to his observation, was very rare, and he thought that glossitis as a secondary affection was by no means of frequent occurrence.

Professor Hargrave wished to know what line Mr. Croly and Mr. Richardson would define in making the incision so as to guard against excessive hæmorrhage. No doubt incisions of the tongue were of great value in idiopathic glossitis, or in sympathetic or in diffuse inflammation.

Dr. Henry Kennedy said that when this subject was brought forward before, by Mr. Croly, he had ventured to question the existence of so many cases of idiopathic glossitis, and this view was born out by the experience of a number of gentlemen whom he had asked, and also by the standard works which spoke of the disease. He had no reason now to alter his opinion; for, while he admitted that the idiopathic disease did occur, he yet believed that in the great majority of instances the glossitis was secondary, and the mischief had begun under the tongue. In such cases this organ was much swollen, and exquisitely painful to the touch, and the patient could neither swallow nor speak. Such cases were to be met in the course of fevers, and even without any specific fever being present; and it was very important to observe that the application of leeches afforded the most signal relief, and so did away with any risk which might, and indeed had arisen, from making incisions, of which Professor Hargrave had spoken.

Dr. Hawtrey Benson asked if Mr. Croly had seen any cases of gangrene of the tongue? He (Dr. Benson) had an opportunity of seeing such a case in a lady he was attending with his father. She died with symptoms of septhæmia, and some days before, there was a slight swelling observed on the left side of the tongue. A very minute black spot appeared in the centre of it, and this spread until one-fourth of the tongue was perfectly black. The blackness was limited by the raphé on one side, and half-way to the tip of the tongue on the other side. Mr. John Hamilton, who was also in attendance on the case, thought it better not to make any incision, as there was little acute inflammation.

Dr. White said he had only met with one case of glossitis during several years' experience in a very large dispensary district, and had never seen one in hospital. The case he referred to, he had treated successfully by leeching, and he would hesitate before making those extensive incisions recommended by Mr. Croly.

Mr. Richardson stated, in reply to Mr. Hargrave, that generally speaking, owing to the great infiltration of the tongue, the long deep incisions could be made without endangering the lingual artery, this vessel being removed to a great depth by the superimposed infiltration. In fact, the depth of the incision is more apparent than real, for when the organ has become disgorged, the depth of the incisions is almost inappreciable. Boyer recommends the introduction of a wooden wedge between the jaws, and then to place on the dorsum of the tongue a steel plate, with a slit for guiding the knife.

Mr. McDowell said that in the treatment of syphilis by the aid of mercury in the Lock Hospital, he had seen but two cases of glossitis. He did not think they arose from mercury, but from injudicious exposure to cold after treatment. In those cases in which he did see the acute inflammation of the tongue, the patients were relieved by leeching and purgatives, together with iodide of potassium.

Mr. Croly, in reply, said with regard to the chemosis of the tongue, he mentioned that he had punctured the sublingual space with great relief. There was one point of great practical importance when half the tongue was engorged, namely, that the tongue became turned upside-down, and if the knife was not carefully directed, there was great danger of wounding the artery. Mr. Fleming thought it was unnecessary to occupy the Society with this subject. On a former occasion, and, indeed, on that evening, Mr. Fleming thought glossitis was a very rare disease, and therefore it was that he (Mr. Croly) considered the subject worthy of discussion. The President of the College, Mr. Walsh, having said on a former occasion, that he had never seen a case of glossitis, he (Mr. Croly) brought him, in the month of January, 1869, to see a man who had leeches applied to his tongue. The organ was much inflamed, and the President said he was perfectly satisfied that the case was what he (Mr. Croly) had described it to be. Mr. Croly read an extract from a letter of the late Professor Geoghegan, stating that the cases described by Mr. Croly in his pamphlet were the same kind as those which had been under his (Dr. Geoghegan's) care, and that they were undoubted cases of glossitis. With regard to leeching and the use of the knife, it depended altogether on the stage the disease had reached which method should be adopted. If he met with glossitis in an early stage, he would leech; if he met with it when it was likely to choke the patient he would deeply incise the tongue from base to apex. With regard to Dr. Hargrave's question, his answer was that by keeping the bistoury parallel to the septum, the incision could be made without danger of wounding the vessels. The case mentioned by Dr. Kennedy was outside the surgical question, and did not belong to the ame class of disease as that of which he was treating. Dr. Benson asked if he had ever seen gangrene come on? The ases which he met with he incised early, and, therefore, gangrene did not come on. He thought the fact of the disease being considered rare, was the reason why every surgeon meetng a case of the kind should record it.

(To be continued.)

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 14th, 1871.

Mr. Curling, F.R.S., President in the Chair.

The new President, on taking the Chair for the first time, thanked the Society for the honour it had done him—an honour which was the more grateful to him, as to its Transactions he had contributed most of his published works. He had experienced difficulty in taking the Chair after such a man as Dr. Burrows; but he did it with a hearty determination to support the prestige of the Society.

Mr. Jonathan Hutchinson, F.R.C.S., read a paper

ON XANTHELASMA PALPEBRARUM, AND ITS SIGNIFICANCE AS A SYMPTOM.

The author stated that his paper concerned the buff or yellow patches, not very unfrequently seen near the inner angles of the eyelids, which had been described by Dr. Addison under the name of Vitiligoidea plana, and which had been accurately figured by Mr. Wilson, Hebra, and several other authorities. He preferred Mr. Wilson's name because it had reference simply to the very conspicuous colour of the patches, and to their location; and because it involved no suggestion of similarity or relationship to any other malady. For some years the author had been engaged in collecting facts as to the clinical meaning of these curious patches, in the hope of finding that their presence might furnish a clue to their possessor's diathesis or state of health. More especially he had wished to investigate the correctness of Dr. Addison's belief (founded on but very few cases) that they were usually associated with disease of the liver. The paper was based upon the narrative of about thirty cases, and was illustrated by a series of coloured drawings. The chief conclusions arrived at are summed up in the following propositions:—

1. That xanthelasma never occurs in children; while it is fairly common in middle and senile periods of life.

2. That, in a large majority of cases, its subject is not seriously ill, nor in any danger of becoming so.

3. That, in a small proportion of very severe cases, jaundice, with great enlargement of the liver, are met with.

4. That, when jaundice occurs, it almost always precedes the xanthelasmic patches.

5. That the form of jaundice is peculiar, the skin becoming of an olive-brown, or almost black tint, rather than yellow, and the colour being remarkable for its long persistence.

9. That the enlargement of the liver may be very great, and that it may subside, and the patient regain good health.

7. That in many cases in which there has been no jaundice, there is yet the history of frequent and severe attacks of functional disturbances of the liver.

8. That xanthelasma occurs more frequently in females than in males, the proportion being two to one.

9. That in all cases the xanthelasmic patches appear in the eyelids first; and that in not more than about eight per cent. do they ever extend to other parts.

10. That the patches invariably begin near the *inner* canthus, and almost invariably on the *left* side.

11. That xanthelasmic patches are of little value for purposes of prognosis, being usually the evidences of past rather than of coming disease.

12. That it seems not improbable that they may result from any cause which has induced repeated changes in the nutrition, and especially in the pigmentation of the skin of the eyelids. Thus they occur to those who have been liable to have dark areolæ round the eyes, whether from "sick headaches," ovarian disturbance, nervous fatigue, pregnancy, or from any other cause. Hence their frequency in "bilious subjects," and in the female sex.

13. That it is probable that of the causes mentioned under which the pigmentation of the eyelids may be disturbed, disorder of the liver is the most powerful; hence the fact that the more extensive cases are usually associated with hepatic disease.

The author stated, amongst other points, that when these patches are seen on the eyelids, it is usually safe to suggest that their possessor has been the subject, at some period of life, of very severe and frequent sick headaches, and that in two-thirds of the cases this suggestion would be confirmed. He added that he had met with some cases in which some of the less usual evidences of disturbance of the nervous system in connexion with sick headaches had also been observed. In one instance, a man had been liable, during his headaches, to become temporarily blind in one eye, and now and then of both; and another, a woman, was liable to sudden loss of muscular power in her arms. Two cases were related of great enlargement of the liver, with "black jaundice," both of which disappeared after a while. In one of these the patient became insane during the jaundice, but recovered afterwards, and is now well, but with large patches of xanthelasma.

As regards the pathological anatomy of the patches, the author preferred to reserve his facts, which were, as yet, incomplete. He showed drawings, however, to illustrate the important fact, not previously noticed, that the patches sometimes show evidence of other changes in the skin besides the accumulation of yellow material. Thus it is not uncommon for sebaceous glands to become much enlarged, and plugged by pellets of indurated secretion, blackened at the free extremity; and in one instance a number of large thin-walled serous cysts were developed. In these rarer forms of the malady, its real nature is usually disclosed by the presence of some small spots of the characteristic buff tint. It is also recognisable from the fact that whether the disease be cystic or sebaceous, the morbid conditions are arranged above and below the inner canthus, in what may, for convenience, be styled the *xanthelasmic positions.* Like xanthelasma in its more typical forms, they are also after a time accurately symmetrical.

Dr. Hilton Fagge said that in his cases there was no evidence of disease of the liver. In one instance the condition had been hereditary for four generations. It was impossible to draw the line between plain and tuberous vitiligoidea. In Dr. Pavy's case both varieties were present. In her, the spots began on the hands before appearing on the face. The jaundice, he had said, was light, not dark. The dark spots were on the mucous membranes.

Mr. Spencer Watson had seen a case in a woman, aged forty, of dusty complexion, and liable to bilious attacks. There were a number of buff patches on the left eyelids, but hardly any on the right. She had disturbed vision at times, as from incipient glaucoma.

Mr. Brudenell Carter said the condition of luminous zigzags surrounding the object looked at was common in hard brain-workers, and was thought to belong to hard brain-work, not to disordered liver. The fact that xanthelasmic and temporary amaurosis had been so often noted together by Mr. Hutchinson might depend on his connexion with Moorfields Hospital.

Dr. Symes Thompson had seen the clergyman referred to in the paper. The jaundice was not from obstruction, but was nervous. The recovery was complete. Such conditions might depend on defective innervation.

Mr. Hutchinson, in reply, thought Mr. Carter's suggestion fair. He still thought they might distinguish vitiligoidea plana and tuberosa. He would like to have heard more of the enormous liver which subsided.

A paper by **James Wynne, M.D.**, Guatemala, was communicated by **Mr. Spencer Wells, F.R.C.S.**,

ON CENTRAL AMERICA AS A RESIDENCE FOR CONSUMPTIVE PATIENTS.

The object of this paper is to draw attention to the elevated table-lands of the Pacific slope of tropical America, and especially of Guatemala, a city situated 5,000 feet above the sea, in lat. 14° 37′ 32″ N., having a mean temperature of 66° F. The climate is that of perpetual Spring; the air is tonic and invigorating, yet not too stimulating. Consumption is very rarely met with, and phthisical patients coming from a distance, if able to lead an open-air life, make remarkable progress. Twelve cases are recorded. Of these, four died, five recovered, and three remained under observation. Of the fatal cases all but one were seen for the first time when the disease had reached a hopeless stage. It is suggested that the value of the Central American plateaux in phthisis should be tested by sending out twenty patients in an early stage of the disease for a few years, or better, for permanent residence.

After a few words from Dr. Webster, **Mr. Spencer Wells** explained that he had brought the paper chiefly for the purpose of exciting a discussion on the effects of climate.

Dr. Bakewell said the condition of these countries, their liability to revolution, the filth, bad food, and bad lodgings, all greatly militate against their ever becoming health resorts.

Correspondence.

THE DUALISTS AND THE UNICISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your last issue a little "advice gratis" is given by your contributor, Dr. Drysdale, confessing that "the question of duality or unicity of syphilis is quite obscure enough without complicating it with arguments *ad hominem*, which might be left out." With this sentiment I and everyone else must agree, and that any superfluous energy might better be directed to the elucidation of so difficult a subject. There are, however, certain limits to be observed, and when the very basis on which observations are made, is endeavoured to be destroyed by a mere *ipse dixit*, without any foundation on ascertained facts, and when a carefully observed series of cases and observations, directly tested and ascertained beyond question to be correct, is denominated "a farrago of mutilated facts," instead of being answered by deductions from a similar series of *tested* cases, then it ceases to be a discussion, but becomes, if possible, a mere "riding down by the 'brute-force' of self-opiniated statements."

The great difficulty in all our inquiries into this matter is the tendency of endeavouring to accommodate theories to facts, instead of from facts arriving at theories. In the last observations you favoured me by publishing, I have shown "a frightful example" of the former mode of investigation, where in orde to form a variety of appearances sufficiently versatile to suit the difficulties (if not, as I say, the impossibility), of carrying out theoretical views, no less than thirteen different gradations or varieties of sores are collated; and we are furnished with dissolving views of hardness gradually fading into softness, or softness into hardness, with delightful harmony, and when the limit of these phantasmagoria is reached, we are told that neither of these conditions is necessary; nay, that even with a sore of three days' existence, the negative, or the positive, or the negativo-positive, character may be in such a "torpid" condition as to require the double stimulus of the application of acid, and the administration of mercury. Surely, here is a sad example of the over-eagerness to accommodate theory to facts. I do not in the least object to the fullest and most elaborate discussion on this subject, provided the premises be first proved correct, and that absolute testing and investigations have been performed by the author; and that all statements be strictly in consonance with ascertained fact and personal observation. Until this rule is observed—as your correspondent remarks—"the pure white light of intellect" will be painfully obscured by the haze of theoretical and dogmatic mist, and we must continue arguing merely *ad captandum*.

Deliberate misstatements, calculated only to throw discredit such as that "the cases I adduced in males were not tested by auto-inoculation," "that I had seen only three hard sores," "that my experience was limited as compared with the writer's, who was but occupied with his studentship when was an hospital surgeon," &c., must also be carefully eliminated from a discussion intended to be real, and practical, and truthful. There are many points of difficulty—certainly in our Hibernian diathesis the disease does not appear to follow the laws laid down by syphilographers abroad; and where, legislative interference for some time past may not have cause a modification, some other influence seems to preside over the phases of the disease,—a point to which I hope to refer at future period.

Yours faithfully,

28 Stephen's Green North,
March 28th, 1871.

J. Morgan, F.R.C.S.I., &c.

DR. DARBY AND THE VICE-PRESIDENCY OF THE IRISH ROYAL COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I perceive from a paragraph in your issue the 8th instant, that Dr. Darby, of Bray, President for current year of the Irish Medical Association, is a candid for the Vice-presidency of the Royal College of Surgeons the ensuing year.

Far be it from me to dictate to any Fellow of the College, the course which he might think proper to pursue in the disposal of his vote at the next election. But, as a provincial member of the Irish Medical Association, from its very origin, and as one holding no indifferent position in it since, who, at all times, and up to the present hour, felt the deepest interest in its welfare, and contributed not a little to promote its objects, viz.:—The amelioration of the condition and position of the Poor-law medical officers throughout Ireland, I would respectfully submit to the consideration of my provincial professional brethren the very superior claims which Dr. Darby has on them for their support and influence, as well as their votes at the election in question.

In the annual report of the Irish Medical Association, for the last year (1870), I find the following observations:—

"Your Council sought and procured the assistance of the Royal College of Surgeons, who, in the most liberal manner, at once determined to send their Secretary and Chairman of Council, to use their influence to have the Bill (Superannuation Bill) amended. Your Secretary accompanied this deputation. The exertions of which were above all praise, but notwithstanding the support given by the Irish members of the House, and despite the strong arguments and proofs adduced by the President of the College, and the other members of the deputation, in support of the justice of the claims of the medical officers, it was found that not only was it impossible to have the proposed amendments made, but that the Irish Office was opposed to the bill in any shape. * * * At this juncture, the deputation received the valuable assistance of Dr. Darby, of Bray, Vice-president of the Association, who, at great inconvenience and loss, proceeded to London at his own expense, and having obtained an interview with the Chief Secretary, put forward the strong claims of the medical officers in such a forcible manner, that their right to superannuation was admitted, and his assent to have something done for them promised."

Now, I am not one of those who approved of the Superannuation Bill as it stood. I was of opinion that many of us would suffer from its permissive character, and I regret to say that more than one case has occurred in my own county in proof of my apprehensions; still, no one can deny that it has done good service in providing for many a worn-out dispensary doctor since it became law. And that it will be a boon to many hereafter, wherever the poor doctor's lot is cast amongst a conscientious board of guardians, and away from an unruly and rebellious class of ratepayers.

Well, for that boon we are mainly indebted to Dr. Darby, but, apart altogether from the action he has taken in this matter, I know no man who has deserved better in the discharge of the duties devolving on him as a Member, Chairman of Council, and President of the Irish Medical Association than he has.

I would, therefore, respectfully ask my professional brethren in the provinces (who have votes), to support the man who has always advocated their cause, and whose position (if elected to the post he now seeks), will enable him to carry out his good intentions for their benefit and advantage with greater energy even than he has been hitherto enabled to do.

Apologizing for the length of this communication,

I remain, &c.,

Denis J. Hynes.

Kinvara, March 18th, 1871.

MEDICAL EDUCATION FOR WOMEN.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The pursuit of medicine by women as a study and a practice is a fair subject for discussion; and one need not, and will not if wise, hastily conclude upon it either way. Some opponents, however, have attempted to dispose of the matter by simply supposing girls or women to be placed under circumstances, first as students and afterwards as practitioners, least suited to the delicacy and the habits of the sex; and then flattering themselves that they have settled the question. In the first place, it by no means follows that men and women must study together. If, however, they should, experience, perhaps, would falsify the worst consequences assumed as certain to ensue. It is by no means sure, that the mixture of the sexes, from the age of [illegible] and during the stage of adolescence, is unfavourable to modesty, chastity, and continence. Has not the experiment been tried with success in certain large schools? Medical men, and other observers besides, know what relation to pure morals the gathering together of boys in boys' boarding schools, and of girls in girls' boarding schools, has been found to bear. Is there no reason to believe, that a well-regulated habit of social intercourse between the two, might have the same good effect that we see in the home and family circle? I remember being assured by the wife of a large manufacturer in Lancashire, that for one instance of illegitimate birth traceable to the daily association of young men and young women in the spinning mills and the weaving factories, there were a dozen among domestic servants, to whom interviews with persons of the other sex, being a rarity, became a temptation, if not an incitement.

Even so fair and moderate a man as the Bishop of Manchester is betrayed into making the worst supposable incident of medical, or rather, in a broad sense, physical study by young women, an objection fatal to the inception of a feminine class of practitioners; nor does either the snowwhite purity of the lawn sleeves, or the gravity deemed indispensable to the mitre, prevent him from turning back to his "Aristophanes" for an instance of women aspiring to masculine functions and "making a mess of it." Had his lordship consulted "the Wife of Auchtermuchty," she would have told him what came of her spouse's rash proposal to change places with her.

Maritus loquitur:—

"Dame! Ye maun to the pleugh the morn,
I shall be hussy gif I may."

Respondet Uxor:—

"Husband!" quoth she, "content am I
To tak' the pleugh my day about;
Sae ye will rule baith calves and kye,
And all the house baith in and out."

I must refer readers to the ballad for the detailed result of this experiment, proposed by the husband, not by the wife. Suffice it here to say—

"She drave all day until the night,
She loosed the pleugh and syne came home;
She fand all wrang that should been right;
I trow the man thought right great shame."

The Bishop, I foresee, will tell me that woman alone is fitted for woman's sphere. Yet, it remains to determine what are the limits of that sphere, and whether they do not really include some things hitherto supposed to lie beyond. Dr. Joseph Duggan pays the men of his profession a very high compliment in his description of the marvellous combination of intellectual powers necessary to make a physician; and I will not question it as an account of what a physician ought to be. But, as to his two-fold argument against women trying their hands at it, the scheme of his reasoning is more ingenious than it is sound or conclusive. First, he proves, or assumes as not needing proof, that the nocturnal practice of a country doctor is more than a woman could physically endure; and then he postulates, that, as woman, she has not the order of mental powers to fit the faculty. As to the former, female doctors will attend within the range of their possibility, and more will not be expected of them. As to the latter, characteristic differences between the minds of men and the minds of women in all likelihood subsist; yet it remains to be demonstrated, that those differences are so much to the disadvantage of women as to hopelessly disqualify them for the practice of medicine in all or even any of its branches.

I almost beg Dr. C. R. Drysdale's pardon for the bold attempt to add anything to his answer to objectors. At any rate, I will not follow their sophistical example of making conclusions turn upon extreme and isolated cases. Otherwise, I might adduce Mrs. Bendish, a granddaughter of Oliver Cromwell. Among her many good points was the supposed non-feminine one of "keeping a secret," which he taught her at six years old; and, whenever complimented on any merit, she used to say, "This I learned from my grandfather." When a widow, one of her schemes was grazing of cattle. She attended the Norfolk and Suffolk fairs, travelling alone in a one-horse chaise. She travelled by night as readily as by day—never detained by bad roads or bad weather, or by ignorance of the way. In her salt works at South Town, Yarmouth, she shared the toils of her workmen, stooping to all the drudgery from early morn till dark. This was her mode of life till eighty.

Of Miss Garrett, M.D. (now Mrs. Garrett-Anderson), I am not competent to speak as a physician; but, with the confidence in an eye and ear witness, I have no hesitation in saying, that she is about the most sensible member of the London School Board; and has, by her general silence and judicious breach of it, put to shame the eternal gabble of all the men. The question, however, rests upon certain broad grounds. Let there be no one in the sick room but the man doctor and the patient; and what, I ask, would become of the latter? In midwifery and its consequences, the presence, the constant presence, of a woman is indispensable. In every case of illness of any seriousness, the perpetual vigilance of a feminine nurse is even more essential. From the public infirmary and the military hospital I refrain, as too plain in their requirements and implications to need a word. What mean the sisters and the ward women of the Metropolitan hospitals? What mean the Florence Nightingales? What mean the Sisters of Charity and of Mercy? Talk of the moral impropriety of women being professionally conversant with anatomical, physiological, and morbous details! it is all arrant cant. Is it not an everyday thing for women of all ranks to speak freely with medical attendants about matters not even mentioned in mixed conversation? Why, then, should such things operate as hindrances to the study and practice of medicine by women? *A fortiori*, what they can do out of the profession, they would do much more easily in it. In short, the very circumstances of women, as daughters, sisters, wives, and mothers, make it exceedingly advisable that some of them should become medical practitioners, and that all should be better taught than they now are how to deal with questions of domestic health.

I am, Sir, yours very truly,

PHILOGYNOS.

THE VICE-PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The claims of two gentlemen for the above-named distinguished position having been canvassed in your pages, there can be no objection to my stating reasons against the election of any one who has not previously served as Councillor. The Vice-president becomes at once a member, and a most influential one, of every committee. Now, surely, he should be acquainted with their work, and especially with that of the Committee which controls our finances. In the absence of the President he becomes the executive officer of the College for communicating with other medical and public bodies without the aid of his Council. A second reading of Dr. Lush's (the *Lancet's*) Medical Bill, so destructive of our interests, and of that brought in by our College, is fixed for June 14th, when it is believed a Committee of the House of Commons will be named for inquiring into medical education and reform. At this all important inquiry the Vice-president will be our second representative, and in the absence of our then President, a circumstance which his increasing professional eminence renders most likely, and next year on his succession to the Presidency he will be our first. Surely, he should be thoroughly versed in these subjects and aware of all the transactions of our College concerning them for several past years. If our representative had never taken part in the conduct of a Medical School, Clinical Hospital, or Examining Body, his evidence before the House of Commons could be scarcely worthy of the head of the Surgical Profession of Ireland.

Both the candidates you name have many times unsuccessfully sought a seat on the Council. One counts on the votes of such provincial Fellows as may prefer him to a Metropolitan surgeon, probably their consultant or former teacher. That such is unlikely appears from the facts that in 1863, 1867, and 1870, when he sought a seat on the Council, he scored twenty-three, twenty-one, and sixteen votes—113, 116, and 101 having respectively voted. In 1867 a county infirmary surgeon received more than twice as many votes, although he sought the seat for the first time. For many past years Fellows resident in Ireland, exclusive of Dublin and its vicinity, do not form one-eighth of those who attend the June meetings, and whenever they do attend, I feel sure they will vote as they did in the years abovenamed.

The London and Edinburgh Colleges of Surgeons and the Dublin College of Physicians, have always chosen their Presidents on the ground of eminence alone. In 1862, however, we selected a Fellow because he was a provincial practitioner; that the experiment was unsatisfactory would appear from the fact that at the next general election he was not returned to the Council.

Since we obtained our Supplemental Charter, Crampton, Carmichæl (3), Wilmot, Cusack, Harrison, Ellis, Beatty, Trant, Hutton, Hargrave, Benson, Crampton (3), Williams, Irvine, Cusack (3), Fleming, Adams, Jameson, Mackesy, Wilmot, Butcher, Adams (3), Porter and Macnamara, have passed the Presidential chair. All these gentlemen served the College for many years before they sought the Vice-presidency, and I see no peculiar qualifications on the part of either of the candidates you name to obtain at once the most distinguished position in our gift. Our late ex-President is the only one of our Fellows by examination chosen for the place.

If I have dealt somewhat candidly with one or two candidates, I will impartially discuss in your columns the claims of any others, when I discover them.

In conclusion, I would ask my brother Fellows to abstain from promising votes, to honour again such an ex-President as Mr. Colles, our wisest Councillor, or to return as Vice-President either of such super-eminent teachers as Professor McDowell or Mr. Ledwich, who are high on the lists of those who have not been Presidents.

Yours faithfully,

E. D. MAPOTHER, M.D.

18 Merrion square North, Dublin,
March 25th, 1871.

COW-POX AND SMALL-POX IDENTICAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As we are indebted to the immortal Jenner for the antidote to small-pox, it may not be uninteresting to quote a few paragraphs from that original fountain of life-preserving light—his old book, dedicated in December, 1799, to George the Third, upon this all-absorbing topic just now. His first lines are an important lecture on social and sanitary economy, viz.,—"The deviation of man from the state in which he was originally placed by Nature seems to have proved to him a prolific source of diseases. From the love of splendour, from the indulgences of luxury, and from his fondness of amusement, he has familiarised himself with a great number of animals which may not originally have been intended for his associates." At pages 2 and 3 he stated,—"There is a disease to which the horse, from his state of domestication, is frequently subject termed 'grease.' It is an inflammation in the heel, accompanied with cracks and fissures, from which issues a limpid fluid, which seems capable of generating a disease in the human body, which bears so strong a resemblance to small-pox that I think it highly probable it may be the source of that disease." Page 6—"The disease makes its progress from the horse to the nipple of the cow, and from the cow to the human subject."

Page 45—"The active quality of the virus from the horse's heels is greatly increased after it has acted on the nipples of the cow; it rarely happens that the horse affects his heel dresser with sores, and as rarely that a milkmaid escapes the infection when she milks the infected cows. It is most active in the commencement of the disease, before it has become purulent, when the vitality of the virus ceases."

Page 146—"Dr. Woodville, Physician to the Small-pox Hospital, London, inoculated several persons with cow-pox who were affected with eruptions so perfectly resembling small-pox as not to be distinguished from them; but the cow-pox becomes milder afterwards." Jenner further said, —"I was favoured with some cow-pox from the London Small-pox Hospital, which produces pustules that did not nuturate; but in subsequent cases none appeared. The inference I am induced to draw is that the decline, and, finally, the extinction of these pustules are attributable to the cow-pox, assimilating the small-pox—the cow-pox being the original disease, the small-pox the *same* disease under a peculiar and, at present, an inexplicable modification." Page 151 note—"In my first publication I expressed an opinion that small-pox and cow-pox were the same diseases under different modifications. In this opinion Dr. Woodville (Small-pox Hospital, London) concurred. The axiom of the immortal Hunter, that two diseased actions cannot take place in one and the same part, will not be injured by the admission of this theory."

In support of it I may mention that in June, 1864, when small-pox prevailed in Sligo, I vaccinated four children—three brothers and a sister—and four days after observed that the vaccine vesicle and small-pox pustules both progressed simultaneously. I showed these cases at the time to two medical men. If they were not identical they would not progress together, according to the doctrine of Hunter. The fact that cow-pox and small-pox are the only two diseases that are prophylactic of each other might be received as presumptive evidence in support of their identity and origin from the same sources. Dr. T. Massey, M.D., of Brighton, states in the *Medical Times and Gazette*, of the 25th ult., that he observed two cases in 1847 in which small-pox and cow-pox co-existed, and terminated fatally; and that two cases of a similar kind were recorded by Professor Simpson in the *Edinburgh Monthly Journal*, September, 1854. A. Vintras, M.D., Physician to the French Hospital, London, quotes Dr. Depaul, Member of the Imperial Academy of Medicine, Paris, Director of the Vaccine Establishment for the principle, "That the vaccine virus does not really exist, and that the so-called vaccine virus is in reality nothing but the variolus virus." Dr. De Paul, at pages 6, 7, and 8 in Dr. Vintras' pamphlet, states that the inoculated variola of animals is milder than that of man, and that we can at any time produce variola in the horse or the cow, and avert this disease from human beings by means of this animal vaccination. These views are worthy of consideration.

Yours truly,

Sligo, March 15, 1871. J. Tucker, M.D.

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Medical News.

Apothecaries' Hall of London.—The following gentlemen were admitted licentiates of the Society of Apothecaries on the 23rd inst.:—Messrs. Thomas Vaughan Aylen, of Southsea; Alban Henry Griffiths Doran, and William Francis Hazel, of London; John Allen Lycett, of Scarborough; Samuel Silverthorne Noakes, of Newhaven; and William Rose, of High Wycombe. And at the same court, William Edward Fulford, of the London Hospital; Clement F. F. Murrell, of St. Bartholomew's Hospital; and John Walter Scott, of Guy's Hospital; passed the primary professional examination.

Wills and Bequests to Medical Charities.—By the will of the Rev. Charles Floyer, M.A., the Staffordshire General Infirmary, receives £1,000; Thomas Cutbush, Esq., late of Yalding and Maidstone, Kent, has bequeathed to the Kent Ophthalmic Hospital, the West Kent Hospital and Infirmary, £100 each.

Lunacy Regulation (Ireland) Bill.—In the House of Lords last Thursday, Lord O'Hagan moved the second reading of this bill. He stated that, above 2,000 persons in Ireland were lunatics without being under the protection of the law. The cost of putting a lunatic under the protection of the law was very great. In Dublin it amounted to £60; in the country to double that sum; and every step of the proceeding was by petition. The object of the bill was, in the first place, to open the Court of Chancery and to enable the Lord Chancellor and his officers to ascertain who were lunatics, and the inquiry, where necessary, would take place before a judge and a jury at common law, without any expense to the party concerned. Another object was to render easy the visitation of lunatics. Still another to render it necessary that the medical attendant should certify to the condition of every lunatic patient four times a year. The bill would also give the Lord Chancellor the same authority over the property of a lunatic that he now had over the property of a minor.—Lord Cairns believed the regulations proposed in this bill would, taken as a whole, be found as useful in Ireland as similar ones enforced in England now were. One or two provisions of the bill, however, required more explanation than that afforded by the noble and learned lord opposite. The question of percentage on lunatics' estates managed by the Court of Chancery was first introduced in this country by a bill passed a few years ago; the same kind of proposal was made in the present measure; but he remarked that the percentage was different in the amount. Another part of the bill requiring further consideration was that which related to the payment of officers' salaries. The Lord Chancellor appeared to possess the power of remunerating the registrar and clerks without the ordinary reference to the Treasury in such cases. This was too large a power, and he hoped that the provision would be so altered as to limit the amount of the salary, at any rate to fix a maximum beyond which no officer should be paid. The bill was then read a second time.

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Gleanings.

Chloral in Insanity.

Dr. W. J. Elstun, in the *Indiana Journal of Medicine*, reaches the following conclusions:—

1. It is more reliable in all classes of cases of wakefulness than any other agent known.
2. When given for an indefinite length of time, in extreme cases of acute mania to the extent of producing quiet or sleep, it has no perceptible effect in allaying the mania, but when the medicine is suspended the mania is as violent as before.
3. In acute mania, the effect of healthy sleep is not demonstrable after sleeping from this medicine; as the general symptoms of maniacal exhaustion proceed apparently with the same rapidity as when the mania is allowed to continue, even with prolonged loss of sleep.
4. In sub-acute mania, melancholia, and other mild forms of wakefulness, great benefit is undoubtedly derived, and may be confidently expected.
5. The action of the chloral depending upon an alkaline condition of the blood for its change into chloroform—upon which change the specific effects are based—it may be suspected, in all cases of failure, that the blood is not alkaline; but may be in a morbid state, and either neutral or acid. In which event the condition of the blood may be corrected, and the chloral again administered. But alkaline correctives should not be resorted to while the system is supposed to contain any large quantity of chloral recently administered, else dangerous results may follow.

Effects of Opium.

Dr. Hudson, says in the *Pacific Medical and Surgical Journal:*

In the almost daily use of opiates for twenty-five years, they have sometimes surprised and alarmed me. Twice in private practice, and several times in the practice of the U. S. Vol. service, the effect produced upon the patient shortly after it was taken, was a frightful gastralgia, which resembled colic. Sulph. morphia produced it once; the other cases were from camphorated Dover's powder. This evil effect was at once relieved by a second dose, or a dose of black pepper or capsicum.

Apomorphia, the New Emetic.

Apomorphia is obtained by digesting morphia in concentrated hydrochloric acid, at a high temperature, for several hours. It differs chemically from morphia in containing an equivalent less than hydrogen and oxygen, or the elements of water. It is the most speedy and certain emetic known, and its action is not accompanied or followed by any baneful effects. The tenth of a grain of hydrochlorate of apomorphia, or even less, is the dose required. It may be given with safety to children, and it acts more rapidly when hypodermically administered.

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

Advance Subscriptions.—Subscriptions at the reduced rate of twenty shillings in advance cannot be received after the present month.

The following communications in type are unavoidably held over for want of space:—

W. R. Basham, M.D., "Clinical Remarks on the Treatment of some forms of Dropsy."

◆

MEETINGS OF THE LONDON SOCIETIES.

Royal College of Surgeons of England.—Wednesday, March 29th, 4 p.m. Prof. W. H. Flower, "On the Comparative Anatomy of the Teeth of the Mammalia."

Royal College of Physicians.—5 p.m. Lumleian Lectures: Dr. West, "On some Disorders of the Nervous System in Childhood."

Social Science Association.—8 p.m. Mr. W. H. Michael, "On the Report of the Royal Commission on the Sanitary Laws."

Royal College of Physicians.—Friday, March 31st, 5 p.m. Lumleian Lectures: Dr. West, "On some Disorders of the Nervous System in Childhood."

Royal Institution.—9 p.m. Prof. Max Müller, "On Solar Myths."

Medical.—Monday, April 3rd, 8 p.m. Ordinary.

Pathological.—Tuesday, April 4th, 8 p.m. Ordinary.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Dublin Practice of Midwifery. By Drs. H. Maunsell and T. More Madden. London: Longmans, Green, and Co.

The Action of Neurotic Medicines in Insanity. By T. S. Clouston, M.D.

A Chapter in Criticism-Practical Chemist and Therapeutical Critics.

Medical and Surgical Examination Questions. By H. Aubrey Husband, M.B. London: Longmans, Green, and Co.

Letters on Vaccination. By Wm. Woodward, M.D.

Annual Report of University College.

Sussex County Lunatic Asylum Annual Report.

Small-pox and its Prevention. By Edwards Crisp, M.D. London: Hardwicke.

Clinical Report of the Rotunda Lying-in Hospital, Dublin.

Vaccination and Sanitation. By E. Haughton, M.D.

New York Medical Journal; The Practitioner; Boston Medical Journal; The Anti-Vaccinator; The Canada Lancet; Journal of the Gynæcological Society; National Transition; Chemist's Advocate; Medical Temperance Journal, &c.

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VACANCIES.

Middlesex Hospital Medical College.—Lectureship on Physiology.

Royal London Ophthalmic Hospital.—Curator. Salary £50.

Westminster Hospital.—Resident Obstetric Assistant.

St. Mary Abbotts, Kensington.—Medical Officer of Health. Salary £200.

Swansea Hospital.—Medical Officer. Salary £100, with residence.

Scarborough Dispensary.—House-Surgeon. Salary £100, with residence.

Royal United Hospital. Bath.—Honorary Physician.

Colchester Hospital.—House-Surgeon. Salary £80, with board, &c.

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APPOINTMENTS.

Brew, T. F., L.R.C.S.I., Medical Officer for the Ennistymon Dispensary District of the Ennistymon Union, Co. Clare.

Browne, R., M.B., L.R.C.S.I., Medical Officer for the Rathmines Dispensary District of the South Dublin Union.

Dobson, N. C., F.R.C.S., Surgeon to the Children's Hospital, Bristol.

Dukes, C., M.B., Medical Officer to Rugby School.

Lister, Prof., F.R.S., has been elected an Honorary Member of the Royal Medical Society, Edinburgh.

MacCormac, Dr. Wm., F.R.C.S., Assistant Surgeon to St. Thomas's Hospital, has been elected Consulting Surgeon to the General Hospital, Belfast, on resigning the Surgeoncy to that institution.

Murray, W. M., M.D., Consulting Physician to the Newcastle-upon-Tyne Hospital for Diseases of Children, on resigning as Physician.

Richardson, B.W., M.D., Hon. Physician to the Royal Literary Fund.

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Marriage.

Handcock—Oliver.—On the 16th inst., at Rothwell Church, George Handcock, M.R.C.S.E., of Leeds, to Elizabeth, only daughter of Thos. Oliver, Esq., of Haigh House, Rothwell, near Leeds.

◆

Deaths.

Grantham.—On the 15th inst., J. T. Grantham, M.R.C.S., aged 48.

Learmonth.—On the 16th inst., at Gloucester Gardens, London, John Livingstone Learmonth, M.D., aged 59.

MacClatchie.—On the 13th inst., at Bruges, A. MacClatchie, M.R.C.S.E., Surgeon, R.N., aged 53.

Maclean.—On the 12th inst., at Muirkirk, Ayrshire, Archibald Maclean, M.D., aged 32.

Marshall.—On the 11th inst., S. Marshall, M.R.C.S.E., aged 57.

Meldola.—On the 16th inst., R. Meldola, M.R.C.S.E., aged 39.

Morgan.—On the 8th inst., at Bath, W. J. Morgan, M.R.C.S., aged 27.

Reed.—On the 11th of Feb., at Tuticoreen, South India, J. L. Reed, M.D.

Watkins.—On the 21st inst., Joshua Watkins, M.R.C.S., aged 76.

ESTABLISHED 1848.

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Y 152. Within 10 miles of London, an old-established PRACTICE, capable of great increase. Receipts, £400 a year; appointments, £100. There is an excellent residence in one of the best situations in the town, with stabling and every convenience. A moderate premium only required, as the incumbent is going abroad.

Y 151. The succession to a large and unopposed PRACTICE in the north of England may be secured by a suitable gentleman on very easy terms in consequence of the incumbent's dangerous illness. Income, £600 a year, and capable of considerable increase. The house is pleasantly situate, within a mile of the sea. There are good gardens, coach-house, &c., held at a nominal rent. Part or the whole of the furniture may be taken at a valuation. The connexion is believed to be wholly transferable, and the investment is suited for a young professional man commencing practice.

Y 150. London, W. DEATH VACANCY. The succession to a small but transferable connexion is open to negociation. To any gentleman requiring a convenient professional residence in the Bayswater district, a favourable opportunity is offered. The house contains 11 rooms, and is held on a beneficial lease, 9 years of which are unexpired. The furniture, pictures, &c., may be taken at a valuation if required, or by special agreement.

Y 148. Within 8 miles of London, a well-established FAMILY PRACTICE, realizing about £550 a year, including easily-worked appointments. The house contains 11 rooms, with detached stabling and coach-house, also a long garden; the whole held on beneficial lease, at a rental of £44 a year. Patients chiefly of good middle class. An efficient introduction as long as desired. The locality is pleasant, improving, and within easy access of all parts of London by rail and 'bus.

Y 147. In a Cathedral city, an improving PRACTICE, yielding £400 a year. One horse only is required. Very little midwifery. Convenient house in a good situation. Rent, £40. Patients good middle class. Efficient introduction. Premium, £300.

Y 143. CORNWALL. An excellent country PRACTICE in a very picturesque locality near the sea, and including the best residence. The private practice alone yields £300 a year, and there are, in addition, valuable appointments, which may be expected to realise £200 a year. There are only about 40 cases of midwifery annually, and most of them good fees. The house is large and commodious, suited for the reception of resident patients; contains 12 rooms, with stabling, out-houses, &c., at a very low rent. No opposition within 8 miles. Part of the premium may be paid by instalments.

Y 140. Within 30 miles of London, in a good county town, an old-established PRACTICE for TRANSFER. The average income is about £1,500 a year. Appointments yield £220. Advancing age and ill-health the reasons for retirement. The connexion is of a good class, and the vendor has long enjoyed a high social position. The books are open for fullest investigation, and the highest references can be given. Introduction for six or twelve months, as may be desired. Premium, a year's purchase, one half of which may be left on security. No gentleman can be negociated with who cannot give a financial reference.

Y 139. A good FAMILY PRACTICE in a pleasant country town, realizing £600 a year, including about £100 a year from easily-worked appointments. Pleasant cottage at low rent. Only one opponent. The vendor is about to remove to London, and will accept a reduced premium from a gentleman whom he could conscientiously recommend his patients. No one, however, need apply who has not at least £300 at his command.

The Medical Press & Circular.

"SALUS POPULI SUPRÉMA LEX."

WEDNESDAY, APRIL 5, 1871.

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Physician to the Westminster Hospital.

Hepatic Dropsy—Ascites—Beneficial Effects of Mercurials.

Amongst the least promising forms of dropsy is dropsy of the belly from diseases of the liver—*Ascites.* Whatever hampers, retards, or obstructs the circulation through the portal vessels ramifying in the liver may be the cause of a serous effusion into the cavity of the peritoneum. Obstruction to the free passage of blood through this system of vessels is soon rendered apparent by embarrassments to the functions of many of the abdominal viscera. Hæmatemesis is not an uncommon indication. Defective powers of digestion and assimilation are the most frequent precurrent symptoms; ultimately an effect is produced equivalent to the obstruction to the venous circulation in an extremity by compression of its veins. Œdema and serous effusion follow. There are several conditions and diseases of the liver which may be the parent of ascites; and there is no point of more importance in the treatment of this form of dropsy than, as far as possible, to make out a correct diagnosis of the nature of the accompanying disorder in the liver. Dropsy of the belly may arise from hepatic or splenic disease, or both combined. For the present I will put out of the list peritoneal inflammation—whether idiopathic, scrofulous, tubercular, or puerperal. These are severally indicated by a class of symptoms peculiar to themselves, and the differential diagnosis of which I may consider hereafter.

For the present, it is necessary to limit your attention to the states of the liver or spleen capable of inducing ascites. The most common cause of hepatic dropsy is hyperæmia or engorgement, hypertrophy, and a cirrhosed state of the organ. The first state leads to the second, and, finally, to the last. No organ or texture can suffer a state of continuous congestion without eventually becoming the seat of permanent organic change. Thus, the liver, from irregular habits of life, and chiefly the imbibing stimulants unaccompanied by food when the stomach is empty, the portal blood becomes charged directly with alcoholic products. Blood so contaminated passes with difficulty through the capillaries of the liver: congestion or impeded flow of blood follows. Functional disturbances of various organs, chiefly of digestion, follow. Inappetency, nausea, retching, gastric catarrh, and even hæmatemesis usually succeed. The belly swells, the abdominal walls become tense and glistening, and fluctuation by succussion demonstrates the presence of fluid in the cavity of the abdomen.

These results, thus hastily summarised, cover periods of varying duration—from months to a year or two. For the purposes of this lecture, which is to illustrate the treatment of ascites arising from simple liver engorgement before any permanent organic change of structure had been established, the other causes of ascites emanating from the liver, such as malignant deposits therein, encephaloid, or schirrhus with their diagnostic symptoms are for the present passed by.

The case to which to-day I desire to draw your attention is that of a man, T. D., fifty-three years of age, a railway labourer, admitted the 29th December, 1870. He states that his health began to fail somewhere about Midsummer last: he lost his relish for food; he suffered frequently from a sense of weakness; and, eventually, the stomach became so irritable that he vomited frequently, and more particularly in the morning early; he has more than once seen slight appearance of blood after retching much; he does not admit that he was ever of intemperate habits. The origin of his disease is difficult to trace. He never had ague, and his health has always been good till the summer of last year. He is a tall, well-made man, and has evidently been of a powerful muscular build. He noticed that his stomach began to swell some time in November, and soon after his feet and ankles had also taken to swelling. On admission, the abdomen was very prominent; the surface of the skin shining from distension. There was distinct fluctuation and resonance of a tympanic character about and around the umbilicus as he lay on his back; dulness elsewhere. The area of the hepatic region could only be traced in its upper border, and it reached within a finger's breadth of the right nipple. Anasarca of the lower extremities extended to the thighs; the region of the lungs and heart indicated nothing wrong in them; the abdominal veins were not enlarged; the urine was very scanty, and had been so for some weeks—it was very high-coloured, loaded with pink urates, but was not albuminous. These symptoms, as well as the history of the early symptoms, indicated clearly that the liver was the seat of the disease, and that the form of it was hypertrophy, leading to, if not already producing, the stage known as cirrhosis. The prospect of a successful treatment of such a case must depend on the stage at which the treatment commences.

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*Lectures delivered during the Winter Session 1870-71.

If the stage of hyperæmia or engorgement has not been of long duration, relief and even cure may be confidently expected. If a hypertrophic condition has been established, success will be less certain, although a persistent course of treatment will accomplish much, and even at length bring about complete recovery. But if the last stage of induration and contraction has set in, the fatal termination of the disease is inevitable.

It becomes, therefore, a most important point in the management of such cases to estimate as accurately as possible the concurrent condition of the liver.

From the first examination of the patient I formed the opinion that the disease had not advanced to the last or worst stage, and there was reason to hope that the action of the so-called cholagogue purgatives might reduce the abdominal tension, and setting the circulation through the kidneys free, might encourage their action sufficiently to justify the use of diuretics. You should keep in view the cause of the scanty urine in these cases. It chiefly depends on the pressure of the abdominal fluid on the emulgent vessels of the kidneys, or even on the inferior cava sufficiently to embarrass the current of blood through these organs; and this pressure is often times great enough to induce congestion of them, and the urine becomes temporarily albuminous. In this case the tension was sufficient to embarrass the renal function, but not sufficient to induce albuminous urine. This, and the absence of any enlargement of the superficial abdominal veins constituted the basis on which the opinion was formed, that the liver had not advanced to the third stage of change.

The compound jalap powder was first given in drachm doses every morning; but, as this produced only a moderate purgative action, half-grain doses of the podophyllin, with the compound pill of colocynth, was substituted on alternate nights; and the iodide of potassium and the acid tartrate of potash (cream of tartar), was given three times a day, with the hope that the latter saline would maintain a moderate activity from the bowels in the intervals of the pills. A few days later the impression made on the dropsical accumulations, amounting to an inappreciable effect, the extract of elaterium was given in half-grain doses. This was on the 1st of February. Hydrogogue effects resulted, but the dropsy remained unaffected. Having thus witnessed the negative effects of diastric purgatives in this particular case, it was resolved to revert to the now much-neglected agency of mercurials in this form of liver disease. The treatment commenced with a combination of calomel and the bicarbonate of soda, in proportion of five grains of the subchloride to ten of the alkaline carbonate. Only two doses on two succeeding nights were given—a free bilious action having been produced. On the following day a marked increase in the quantity of urine was recorded. He was then directed to take, night and morning, a pill composed of blue pill, squill and digitalis; careful attention being paid to any sign of salivation, which was to be avoided.

On the 18th, five days from commencing the pills, he took them three times a day; the urine now daily increased in quantity, and there was a very apparent diminution of the abdominal fluid. The anasarca also of the lower extremities was daily subsiding. On March 2nd the pills were discontinued, and the treatment conducted in the following manner:—Diuretic medicines were to be taken for three consecutive days, and then the pills taken twice a day for two days, and the diuretic in the intervals; the diuretic consisted of infusion of digitalis, sp. ætheris nitrosis, the acid tartrate of potass, and the compound spirit of juniper. The last report in the "Case-book" describes the anasarca of the lower extremities as having entirely disappeared. The patient has been up and about, and there is no œdema of the lower limbs even in the latter part of the day. The abdominal distension is so reduced that the waistband of his clothes can now meet in front, and, though there is still distinct evidence of the presence of fluid in the belly, yet it is so reduced in quantity, and the renal function has become so active, that it may reasonably be expected that yet further progress towards complete recovery may follow. This will largely depend on the continuance of the remedies, and the care of the patient as to diet and regimen. So long as he remains in the hospital, so long may we expect favourable results. But it too frequently happens that patients suffering from chronic disease, having been a long time under treatment, and feeling their health slowly returning, become impatient to leave and resume, if possible, their ordinary mode of life. It is natural enough; but the result is that, at the most critical juncture of their complaint, they resume their former habits—a slight, very slight indiscretion occurs, and all is in disorder again. Let me hope that after such favourable effects of treatment as you have seen in this case such a relapse may not occur. Before I conclude this lecture I desire to draw your attention to the therapeutic value of mercury, especially in this and similar disorders of the liver. The abuse of a remedy is usually followed by its neglect, and such is the case with use of mercury. Thirty years ago, and every disease was treated, more or less, with mercury in some form or other. Inflammations of every tissue, fever of every type, the exanthemata, pulmonary, cardiac and abdominal disorders, of whatsoever character; skin diseases, syphilis, and rheumatism; all had their special treatment based on some combination or other in which mercury entered. Salivation, slight or intense, was constantly the result. In the treatment of primary and secondary syphilis the amount of mercury given was not regulated by the number of grains, taken on the days through which the use of mercury might be counted, but by the quantity of salivation produced. A reaction from this abuse of a drug has followed, and an almost total neglect of a most valuable remedy, when appropriately prescribed, has succeeded. This has partly arisen from the reaction just mentioned, and partly from the effect of the conclusions deduced by Dr. Bennett and others on the effects of mercury on the lower animals, that the action of mercury is not a cholagogue; and it is inferred that as negative results were observed on the lower animals, its physiological action on man was considered negative also. This is not the proper occasion to discuss this important question; suffice it for the present that, whether the preparations of mercury act directly on the liver, or only indirectly through their action on the intestinal secretions, particularly of the duodenum, no physician of any extent of observation, or opportunity for study, of the effects of mercury but will acknowledge that, in several forms of hepatic disorder, particularly of the kind now under observation, associated with dropsical effusions, no remedy can be administered with equal efficacy or equal hope of a beneficial result.

I propose next week to draw your attention to a case of diabetes, and explain the theories on which the treatment of that disease rests.

PROJECTS FOR STAMPING OUT VENEREAL DISEASES.

By Charles R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.,
Formerly Hon. Sec. to the Harveian Society's Committee for Prevention of Venereal Diseases.

About the same time the writer of these lines has been favoured by the receipt of three interesting documents upon the above subject. One of these was kindly sent by Mr. James Lane, the accomplished surgeon of the London Lock Hospital; the other by the energetic honorary secretary of the Association for extending the so-called "Contagious Diseases' Acts" to the whole population of the country, Mr. B. Hill, and the third is an article in the *New York Medical Gazette*, a journal most ably edited by a distinguished American physician. All of these writings breathe the some noble spirit of desire to get rid of a deplorable disease, and also a thorough reliance on the power of the State to perform much in this direction, by means of police enactments, and the surveillance of prostitution. In a bill which is now, it appears, before the Legislature of New York, a certain Mr. Madigan desires much to do something to control prostitution. This gentlemen proposes to divide the city of New York into three registration districts; to establish a board of three commissioners, with annual salaries of £700 a year, and three medical inspectors at £500 a year. The Commissioners are to license houses of prostitution, the licence fee being fixed at £100 for each house of the first class, and £50 for each house of the second class. Medical inspection to be made every fortnight, and certificates of health to be given by the inspectors. The editor of the *New York Medical Gazette* says truly enough with regard to this, that "no Bill will be favoured by a large and influential portion of the public which places the authorities in partnership, so to speak, with procuresses and brothel-keepers, and openly shares the wages of prostitution." And he also says, less cogently, I think, that "it is as proper to seek to limit the contagion of syphilis as to establish quarantine for the prevention of other contagious diseases." To this latter I only assent, if the quarantine be voluntary.

I cannot, however, agree with the praises which the editor of the *New York Medical Gazette* bestows upon the English "Contagious Diseases' Acts," which, as he truly says, have provoked so much discussion in this country. For, he adds further on, that any "system of registration should be made to include, as far as possible, all women who practise indiscriminate sexual intercourse for gain—those who frequent quiet assignation houses as well as those who live openly in brothels—inasmuch as the most dangerous and least manageable source of syphilitic infection everywhere is clandestine prostitution." The less such Acts have to do with the police system the better, he urges, and no law will be efficient which does not provide for the detention under medical supervision of any infected woman until she shall cease to be a source of danger. It appears that there is an Act, which he characterises as "bad," in operation in St. Louis, which places the system under the control of the Board of Health. I utterly object to all State interference in this matter.

The ably-written pamphlet of Mr. Lane is entitled "An Answer to a Speech by Duncan McLaren, Esq., M.P.," in which that gentleman attempted to prove at Newcastle, in September, 1870, that the statistics published to show that the "Contagious Diseases' Acts, 1866-69," had been failures in all directions. Mr. Lane objects to Mr. McLaren's denominating this Report as "the most unfair and untruthful document which it has ever been his lot to meet with." On this point, I may remark, that there certainly exists in the Report an immense deal of ambiguity, so that most persons reading it over, without the very greatest care, are very apt to be quite deceived by it. The statement about the 7,776 prostitutes on the register having been reduced to 3,016, or something to this effect, has been often quoted by unwise advocates of the Acts, as showing how it brought women back to the paths of morality. But Mr. Lane talks of the eminently satisfactory result of the Report in showing that 2,085, or about 26·8 per cent. of the prostitutes had either married, entered homes, or been returned to their friends. Surely, he must know well enough, from the works of Acton and others, that almost all women in England who become prostitutes abandon the calling in a few months or years, and become amalgamated with the rest of the population. It needs, then, no "Contagious Diseases' Acts" to do this; and, indeed, Mr. Lane might, I should think, be ready enough to admit, with M. Lefort, that such Acts tend to keep women always prostitutes, as the French laws do so invariably in Paris and other French cities where they are enforced (*vide* Lefort's letter to *Lancet*, May, 1870).

I have always been ready enough to concede to Mr. Lane, or other defenders and lovers of the Acts of 1866-69, that, by means of putting the whole of the women of Portsmouth, Plymouth, Aldershot, &c., under the police-spy system (surely a rather unfair thing), and providing hospital accommodation for diseased women, disease in the troops inhabiting such places might, *for a time*, be lessened. I say *for a time*, because, doubtless, in the present state of public opinion with regard to the morality of the male sex, these cities would soon become much frequented by strange men, for the purposes of mere mercenary intercourse, and prostitution would flourish so much that disease would again rapidly increase, as, indeed, it has always done in continental cities, such as Berlin and Paris, whenever the police system has been enforced for some length of time. For my own part, I entirely object to any State legislation on this matter, because I am convinced that the amount of evil it thereby will cause, will far more than counterbalance the little good it will effect *for a time*. Just let us suppose that we had no celibate standing army, but that the country was defended, as republican Switzerland is, by means of brave citizens, all compelled to pass a short period of a week or two yearly under arms, from the age of boyhood until forty or thereabouts. It would clearly, then, be out of the question to *protect our brave defenders* against the approaches of their poor female fellow-citizens, as is now done, any more than to protect the merchant or the tradesmen of our towns. Hence, we may at once put the celibate soldiers of Europe out of the question, since it is certain, to me at least, that it would be far more rational to reörganise our system of armies, so as to suit the institutions and populations of free States, than to add to our evils by the passing of such class-laws, for the purpose of watching a number of women (who need not, if marriage were for all, be resorted to), and who exist as a class, entirely from the unjust laws and customs of society, which prevent so many women from gaining their living in almost any other way except through the exercise of one animal function.

In the United States of America it is not very probable that the growing power of the female sex will submit that the sex shall be still further disabled by the passing of any partial laws similar to those of our "Contagious Diseases' Acts," because there is not in the States any such dominant class as there is in our aristocratic European communities, where the happiness of any portion of the community can be, and so often is, practically completely disregarded. In England, as all know who have studied the question, the main supporters of these laws have been the male sex; and especially those members of it who belong to the wealthier, and, therefore, more or less aristocratic classes. Mr. Lane thinks that he has given a very conclusive piece of evidence in favour of compulsory examination of prostitutes, when he says, that from his connection with the Lock Hospital of London during twenty years, he has become convinced that voluntary hospitals will never be of any use as sanitary appliances in venereal diseases, since the prostitute class of women are far too careless of their health to enter hospital until

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they have long suffered from disease (p. 16 of the pamphlet quoted). Now, Mr. Lane seems to forget that the Vaccination Act does not apply to adults, but only to infants or children, and that it is quite contrary to the principles laid down by the best writers on Government, that a series of regulations should be issued to protect grown-up people from the consequences of their own actions, since such laws are, as is well known, apt to paralyse all individual forethought, and thus do far more harm than good.

Mr. Berkeley Hill, in his pamphlet entitled "Statistical Results of the Contagious Diseases' Acts," has some very interesting remarks upon two points, the extent of venereal diseases, and the amount of control which sanitary regulations can exert over such complaints. He truly says that gonorrhœa is often a most dangerous disease, especially in the male sex, as it is so often followed by narrowing of the urinary passages, and thus accompanied by a certain percentage of deaths. But the prevention of gonorrhœa by sanitary regulations is, indeed a difficult task, since that disease may remain in the female for almost indefinite periods of time; so that it is hardly to be expected that a Government would pass Contagious Diseases Acts for the purpose of accomplishing so little for humanity as by attempting to stamp out gonorrhœa. Syphilis is the fell contagion we ought to endeavour to get rid of, somehow or other, and I quite endorse the expressions of Mr. Hill, when he says, it is one of the gravest of human diseases, which by its tedious course keeps the victim long disabled; "by its tendency to attack organs essential to life, causes death; and by the faculty of passing from parents to offspring, influences most materially, even when the patient survives, the development of the individual attacked." In hospital practice in London, syphilis causes a great proportion of the worst cases seen among the out-patients in my experience, whether in ophthalmic, in surgical, or in medical diseases. So that, in this respect, I do not yield to anyone in my desire to attempt to stamp out syphilis from the list of human diseases. But, in the statistics brought forward by Mr. Berkeley Hill, I see numerous fallacies. First of all, he but lightly adverts to the fact, that there is a great deal of venereal contagion in Berlin, in Paris, or in Naples, in all of which cities police regulations have been long enforced; and he assumes that it is quite necessary that standing celibate armies should continue to exist in European countries. The first of these facts shows that we, who share the opinion of Mr. Erichsen and others, that police regulations such as those carried out in Paris and elsewhere, give only a *false security* to men, in search of mere temporary intercourse with women, are right, and also show that it is in the nature of such regulations to tempt men only to have recourse to prostitution, and to shun any real friendships and intimacies with women. There are nearly one-third of the births in Paris *registered* as illegitimate; a *reductio ad absurdum*, as it seems to me, of the police sanitary laws of Paris, and of the indissoluble marriage contracts, alone permitted by the law in Catholic countries. As to Mr. Hill's assertion, that the English Acts have done much to reclaim women; this is, of course, in all probability, a most signal error, since anything which makes these women more known to the police tends (as is now well known in all countries) to keep them on the town for almost indefinite periods. In the Report of the Refuge Society of London for 1870, we find that perhaps nine-tenths of the prostitutes entering the *homes* had been domestic servants, and it seems too clear to be worthy of much discussion, that the best way to get such girls back into decent life again would be to establish, by voluntary humane efforts, servants' homes, where they could stay awhile to be taught, and then put out again in some place. The present "Contagious Diseases' Acts" should, I maintain, be repealed *at once*, for the following reasons: You cannot help the police misabusing such power as is granted by the Acts. Whenever medical examinations of prostitutes are other than voluntary, the police must try to prevent the women from evading the examination, and this gives the policeman at once far more power over women than any man is fit to be trusted with. The efficacy of such Acts, even as hygienic laws, are doubtful in *the long run*, and anyone, well acquainted with the working of similar Acts in France, knows how much oppression is carried out under their sanction. Read the *Misérables* of Hugo, or the *Splendeurs et Misères des Courtizanes* of Balzac. Such laws are grave additions to the subjection of women in France and in Berlin. Registration gives a sanction to utter heartlessness between the sexes. To see this, it is well to go to Hamburg, or some of those towns where public revenues are said to be partly obtained by the tax laid upon prostitutes. The degradation of the prostitutes in such places is beyond description. Dr. Bell Taylor has well described it.

As to the arguments made use of by Mr. Lane and others, that the idea of obtaining voluntary hospital accommodation for women suffering under venereal diseases is quixotic, on account of the asceticism of the public, I reply that the best way to change public opinion on such matters is to show the results which arise from these illiberal sentiments, which cause governors of hospitals to deny admission to the wards to cases of severe venereal complaints *occurring in women*. The world in general is profoundly ignorant of its hard-heartedness in this matter, and requires, I hope, but the voice of medical men to be uplifted, to listen to the cry for help, and to abandon the cruel dogmas of theological ages. I, myself, am certain, from what has come to my notice within the last two years, that the time is becoming ripe for the establishment of voluntary hospitals for venereal diseases in all of our large cities, and for the better care of the martyrs to the crude ideas of the day in all that relates to contracts between the sexes, and I hope that action may soon be taken.

The only radical way of attacking venereal diseases is to try to make marriages universal. This can only take place, of course, if young persons are able to get enough to maintain themselves and their offspring by their own labour, and *cannot* be accomplished, so long as the immoral practice of engendering large families is still in fashion in so many European States. But, even if families were very small, as they are in Paris, there would be prostitution and its contagions so long as the State stupidly thinks it its duty to sanction no contract between adults of opposite sexes save one, which makes happiness a mere chance affair to the mass of mankind. Facility of divorce, then, *must* be added, which has given such beneficial results in Indiana, U.S., that, to cite the words of Dr. Orpheus Everts, of Indiana, in the *New York Medical Gazette*, Feb. 4, 1871:—"Eminent judges of civil and criminal courts of that State are by no means favourable to a return to old ideas of limitation of divorce, believing that the laws of Indiana, liable as they are to abuse, are better than the most rigid known to the English code." Given a little less intolerance, then, a little more desire to get out of the rut of custom, and a little more disposition to deal gently with the more unfortunate portion of our race, and I maintain, with confidence, that we shall ere long hit upon far better social arrangements than these, which have conducted such able men as Mr. Lane, Mr. B. Hill, and others, whom I so respect, in despair, to ally themselves with police spies, and sanction, by their writings, this last unholy attempt made to add to the already far too thorough "subjection of women" by a British House of Commons.

ON THE PASSAGE OF THEIN INTO THE URINE.

By O. Hammersten.

Translated from the Proceedings of the Medical Society of Upsala, Vol. V., Part 3, 1870.

By J. W. Moore, M.B., Ch.M. Dub., L.K.Q.C.P.I., Ex-Schol. Trin. Col. Dub.

In a case of suspected poisoning, in which the patient's urine had been tested for alkaloids according to Dragendorff's method, and had appeared to contain a foreign substance in so small a quantity that no completely demonstrative reactions could be obtained, and in which it had further been elucidated that the patient had taken a large quantity of strong tea immediately before falling sick, some doubt might possibly arise as to whether the equivocal reactions alluded to might result from thein in the urine or not. In seeking to show how far so doubtful a point might be explained, I last year undertook some experiments, at the instigation of Professor Almén, and as a thesis for the examination for the *Licentiatus in Medicinâ*, with the view of answering the following question proposed by him, namely, does thein pass unaltered into the urine, and can it be recognised in it by Dragendorff's method already mentioned?

Respecting the first part of this inquiry, investigations have already been made by Wœhler and Frerichs, with the result that thein does not pass off unaltered, but that it is subsequently found in the voided urine as urea. Since, however, these experiments were carried out after an older, possibly a less complete method, they cannot give a perfectly satisfactory answer to the question before us, and make a new investigation indispensable. The experiments consequently undertaken were carried out in the Upsala Laboratory of Medical and Physiological Chemistry, under the guidance and inspection of Professor Almén.

In solving the principal question, the passage of the thein into the urine, it was necessary in the first place to ascertain, whether it was possible, by means of the method proposed by Dragendorff, before mentioned, for the detection of the alkaloids in mixtures of organic substances, to detect small quantities of thein in the urine, when such was undoubtedly present.

The order of the experiments should accordingly be, first, to add to a large quantity of urine a small quantity of thein, and afterwards to endeavour to discover the alkaloid; and, secondly, in case this should succeed, after the ingestion of thein or of strong tea, to seek for the thein in the voided urine.

As Dragendorff's method is founded on the power possessed by benzine of extracting the alkaloids from an acidulated aqueous solution, and as this power is connected with certain properties, which are not found in all specimens of benzine, it became necessary to institute a preliminary experiment, its object being to decide (*a*) on the purity of the benzine; (*b*) on its power of dissolving both asphalt and the alkaloid in question; and (*c*) as to whether the benzine would extract any substance from ordinary urine (acidulated with sulphuric acid), whose reactions might resemble those of thein, and so might cause perplexity.

Three descriptions of benzine were tested. Gas-oil left after evaporation in a watch-glass a slight residuum, which gave no reaction of thein with solutions of chlorine and ammonia. For purification the oil was subjected to distillation at a temperature of between 30° and 55° Cent., and the distillate obtained (petroleum ether) was again tested, when a residuum much larger than that previous to distillation appeared in the watch-glass. This residuum, which under the microscope appeared to be crystalline, gave no reaction of thein. Benzine obtained from an apothecary left on evaporation no noticeable residuum, neither did German benzine. The gas-oil, the distillate derived from it (petroleum ether), and the apothecary's benzine, dissolved asphalt imperfectly; the German benzine, on the contrary, readily and in large quantities. The power of taking up the alkaloid from an acid (S O_3) solution, was in the first three cases little or none; the German benzine extracted it quickly and readily. In the experiment to test the dissolving power as a reaction for thein, the behaviour of that alkaloid with solutions of chlorine and ammonia was employed, which gave a violet colour only in the cases where a newly-prepared solution of chlorine was used in the experiment. The reaction with strong nitric acid and with ammonia repeatedly failed, although it was tried in many ways. The fluid, from which in this introductory experiment the thein was extracted by means of benzine, was either an acid solution of the alkaloid in water, or an infusion of tea (about a tea-spoonful of leaves in a cup of water).

In order to determine whether benzine can extract any substance from acid urine, which may give the reactions of thein, 100 cubic centimetres of urine were evaporated, after the addition of some drops of dilute sulphuric acid, down to a residuum of fifteen cubic centimetres. This product was mixed with three times its volume of alcohol (97 per cent.), set aside for some hours, and afterwards filtered. The filtrate from the precipitated salts was concentrated until the alcohol had evaporated, after which it was shaken up with half its volume of benzine. This latter, which readily separated from the underlying urine, gave on evaporation a scanty, yellowish residuum, exhibiting no crystalline texture, and giving no colouration with solutions of either chlorine or ammonia.

After the performance of these preliminary experiments, and also after several further reactions of thein—its behaviour with nitrate of silver and corrosive sublimate, and on being heated—had been tried, an experiment was made to discover in the urine the thein, being conducted in the following manner:—To 500 cubic centimetres of urine were added three centigrammes of thein, after which the urine was concentrated (acidulated with ten drops of dilute sulphuric acid) in a water bath to a residuum of forty cubic centimetres. This was mixed with three times its volume of alcohol (97 per cent.), and was allowed to stand for twelve hours. The deposit which formed was separated, and the filtrate was deprived of alcohol by evaporation in a water bath, and was then shaken up with half its volume of benzine. After agitation three or four times, some drops of the clear, slightly yellowish, benzine-stratum were taken, evaporated in a watch glass, and left a somewhat coloured residuum, in which even with the naked eye small needle-shaped crystals might be distinguished. On evaporation together with a few drops of chlorine solution, this residuum assumed a somewhat reddish, brownish-yellow colour, which by means of ammonia immediately became perceptibly purple-violet. After repeated agitation with two fresh portions of benzine, and evaporation of the quantities of this substance added, a tolerably considerable yellowish residuum of various sized needle-shaped crystals was obtained. This residuum, dissolved in acidulated water and agitated with additional benzine, again left an almost clear crystalline residuum. This, on being heated in a cup covered with a watch-glass, deposited on it a white precipitate which gave a thein reaction with chlorine and ammonia.

Since, therefore, thein can be detected in the urine after the method adopted, even when it is not found to be present in any particularly large quantity, the important question naturally suggested itself, whether the alkaloid in question passes off unaltered in the urine. To determine this point I took six centigrammes of thein at seven o'clock in the evening, and collected the urine voided during the night (340 cubic centimetres). A second person drank two cups of strong tea (an infusion of ten grammes of the leaves), and also collected his urine, to the amount of 560 cubic centimetres. Both these specimens were then concentrated separately, and were treated in the same way as the urine in the former experiment, with alcohol, &c. In both cases the benzine assumed a yellowish tint, and gave on evaporation a brownish yellow residuum, which, under the microscope, did not show any crystalline structure, and did not give any reaction with solutions of chlorine and ammonia. After repeated agitation with fresh benzine, the quantities of benzine requisite for each experiment were added and concentrated. The resulting brownish-yellow residuum in each case dissolved, for the most part, in acidulated water, and was again agitated with fresh benzine. When this latter was concentrated, a yellow, though more slightly coloured, residuum appeared, which was not crystalline, and did not give a thein reaction.

As it is shown above that thein can be detected in the urine without difficulty when it occurs in it, so should the negative results, here quoted, make it probable that the thein does not pass off into the urine unaltered. The possibility of a contrary result, after the ingestion of yet larger quantities of tea or of thein, can of course not be denied; but since, in all cases, it is of importance and interest to know whether the thein, under ordinary circumstances, passes off into the urine in sufficient quantity to cause an essential obstacle to the testing of the urine for alkaloids, according to Dragendorff's method, one so often used, I have, in the present paper, at the instigation of Professor Almén, communicated these experiments as a trifling contribution towards the solution of this question.

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ABSTRACT OF

THE GULSTONIAN LECTURES
ON
THE HEAT OF THE BODY.

DELIVERED AT
The Royal College of Physicians, London, March 1871.

BY SAMUEL J. GEE, M.D., F.R.C.P.,
Assistant-Physician to St. Bartholomew's Hospital, and to the Hospital for Sick Children.

LECTURE II.

IN his second lecture, delivered on Wednesday, the 8th ult., Dr. Gee discussed the conditions regulating the temperature of the body—the balance struck between the heat produced and the heat lost.

The variations in the temperature in health are slight, never probably exceeding 3½° F.; and, under the same circumstances, the mean daily temperature does not vary more than the quarter of a degree. But how is it that the result is so uniform when the factors in that result are so variable? It is the very variability in the factors which secures the uniform result. There is a voluntary balancing, by changes of food, clothing, &c., which has reference chiefly to considerable periods of time, as the seasons; and there is an involuntary control which regulates the heat of the body, not from day to day, but from minute to minute. When the body is heated by muscular exercise the respiration becomes quicker, circulation more rapid, and the skin full of blood and sweating. When the body is cool the skin is pale and bloodless, protecting the inner parts from loss of heat. Thus any great change is provided against. Probably this is exerted only within narrow limits. Hence so soon as the temperature of the air approaches that of blood, sunstroke becomes common amongst those who neglect voluntary means. Excess in potential heat in food or air is limited. We cannot digest much more than we want; and muscular exercise is limited by fatigue; but the addition or abstraction of external heat is illimitable.

How does the body behave under external heat or cold? The body can only bear a temperature higher than itself in an atmospheric medium. Its own temperature soon becomes raised. Rabbits and dogs tied to a board and exposed to a hot sun soon reached a temperature of 114·8° and then died, with frequent pulse and respiration, the dyspnœa ceasing before death, which was proceeded by very rapid action of the heart and muscular cramps. The temperature continued to rise after death till it reached 122°, and the muscles afterwards were found stiff, as if cooked. The temperature of a healthy human being raised to 107° by a vapour bath, caused a great sense of heat, discomfort, faintness, unsteadiness of muscular movements, frequent pulse, and finally indications of affection of the sensorium in a strong disposition to swoon. A comparison of these symptoms with those of sunstroke left no doubt in the lecturer's mind that the latter is the result of raising the body heat up to a certain point. Blood begins to clot in the vessels at 109°. The muscles of warm-blooded animals set at 118°, and more gradually at lower temperatures. The rational treatment of heat-stroke is strongly supported by experience. The aim should be to reduce as quickly as possible the heat which is killing the patient.

When heat is abstracted from the body, its temperature can be only maintained by involuntary means, when the temperature to which it is exposed is not below 80°. When it is below that point the temperature first rises, and then gradually falls. The primary rise was noted in 1788, and has been carefully studied during the last ten years, especially by Liebermeister, who thought it indicated an increased generation of heat in the body for the purpose of counteracting the increased loss. Others deny the possibility of this, and say that the rise is due to the circumstance that the contraction of the cutaneous vessels interposes between the mass of the blood and the cold medium a layer of ill-conducting tissue, so that the body loses not more but less heat than natural. Recent experiments have shown that during the rise the amount of carbonic acid expired is greatly increased, and this must correspond to increased chemical combination, so that there can be little doubt that the body does possess the power of spontaneously adjusting within limits its supply of heat to the demand. But the loss or gain of heat in a cold or hot bath is greatly influenced by the state of the cutaneous vessels, contracted in the former, dilated in the latter, An animal shaven and varnished, and then exposed to the ordinary temperature of the air, rapidly dies, and shows such rapid loss of heat that there can be no doubt that the death is due to the depression of temperature; the rapid loss under these circumstances is due to the hyperæmic state of the skin. Such rabbits have been kept alive for five days by surrounding them with an atmosphere of 95°

The lecturer next passed to the subject of pyrexia. After glancing at the now untenable theory that there is no actual increase in the body heat in pyrexia, but merely an equalisation of the temperatures of external and internal parts, he observed that the elevation of the temperature of the blood, which undoubtedly exists, must be due to increased production of heat, diminished loss, or to a combination of the two causes. That the production of heat is increased has been proved by careful calorimetry, and the results found to agree very nearly with an estimate of Helmholtz. The loss of heat in relapsing fever has been found to be actually double that of health, and yet did not suffice to carry off all the excess of heat generated. According to the chemical theory, this fact involves increased combustion, and consequent increased excretion of the products of combustion. Accordingly, Leyden and Liebermeister have both found that the amount of carbonic acid expired is increased in the ratio of 1¼ to 1. Taking the amount of carbonic acid expired as a fair index of the amount of tissue metamorphosis, it was found that in the cold stage of fevers the production of heat is greatly increased, while the loss remains stationary at the standard. In the hot stage the production is increased, though to a less degree than in the cold stage, whilst the loss is increased also; and in the sweating stage the production falls to the standard of health, whilst the loss is greatly augmented. Urea and uri acid are both increased in pyrexia in about the same proportion as the carbonic acid. The products of combu tion are thus, in pyrexia, greatly increased in quantit The corresponding consumption of combustibles is ev denced by the rapid loss of weight in the pyretic state.

Pyrexia, secondary to local inflammation, was lon thought to be due to heat generated on the spot, an carried thence into the general circulation; but carefu observations have shown that the local increase of temperature is never equal to the general heat of interna parts, as measured by the vagina or rectum; the difference is less the further the internal parts are from the surface. How, then, is the pyrogenic influence carried from the local inflammation, by nerves which are supposed to regulate the heat-producing centres, or by vessels which absorb some matter that sets up fever? After the removal of parts of the nerves of a dog's leg, fever could be produced by a local inflammation as readily as if the nerves were not removed. Hence, by exclusion, we are almost forced to accept the doctrine, for other reasons highly probable, that traumatic pyrexia depends on pyrogenic matters absorbed by the vessels from the local inflammation.

LECTURE III.

The combination of tissues called the body cannot continue to live under an internal heat of 113° or more, but a lower temperature than that may exercise most deleterious effects. Liebermeister says, "The elevated temperature is not only a pathognomonic symptom of fever, but also the immediate and a sufficient cause of most of its other symptoms." As its consequence the kidneys undergo parenchymatous swelling, and their tissues become charged with albuminous and fatty molecules. So with the muscles. In them also a waxy degeneration has been frequently met with (by Liebermeister in half his fatal cases of typhoid). The heart undergoes softening, or simple albuminous infiltration, changes which are manifested in the increased frequency and increased feebleness of its contractions. The fibrinogenic part of the blood is diminished; there is granular infiltration of the lymph-cells, which seem to be swelled, and at the same time the blood contains many other granules; changes which seem to indicate an augmented degeneration of the blood. The uncontrollable hæmorrhage which sometimes occurs may be the result of a similar degeneration in the vascular walls.

The clinical aspect of pyrexia is better understood. Its effects, when intense or long continued, were considered by the ancients to be due to "putridity." As a matter of fact, patients do sometimes become putrid during life, and after death decomposition advances with astonishing rapidity. The tendency to putridity varies, not only with the intensity of the fever, but according to its specific nature, and also to the state of the patient. Rheumatic fever may be contrasted in this respect with epidemic diphtheria, a disease in which this tendency sometimes shows itself in the highest degree. Liebermeister's opinion is that the unfavourable course which fevers run in the aged, the intemperate, and the fat, is partly due to the existence of degenerations in their tissues of much the same kind as those produced by pyrexia.

Brodie, in 1810, drew attention to the influence of the nervous system in the production of heat, and again, in 1836, in reference to a case of high temperature resulting from injury to the spinal cord high up. Next came Bernard's experiments on the sympathetic, and it was afterwards shown that section of the corresponding portion of the spinal cord would produce a similar paralysis of the vaso-motor nerves. Then Tschechechin took up the subject, and found that division of the spinal cord was followed by depression of the temperature, which he explains by diminished production of heat from interference with the function of the heart and lungs, and by the occurrence of increased loss from dilatation of the cutaneous vessels, just as in varnished animals. The higher up the cord the section was made the greater the depression of temperature; but so soon as the upper part of the medulla was reached, and the cord severed from the pons, the temperature, instead of falling, rose to a great height. He regards it as indicative of an inhibitory power in the parts above the medulla, controlling the independent activity of the cord. Pyrexia is a paralysis of this inhibitory centre, a paralysis which can be induced in sundry ways, as by septic substances and by external irritation. Such is Tschechechin's theory. His experiments on the effect of injury to the cord itself are at variance with the clinical experience of Brodie and others. The depression in some of his experiments may be explained by loss of heat, for when this was prevented the temperature rose.

Theories of fever which are not open to the charge of explaining the little known by the less known, yet, for the most part, err by narrowing the meaning of the word "fever" to the measure of our knowledge. Theories are either comprehensive enough, and altogether unfounded, or founded on fact, but altogether unable to explain more than a part of the subject. Among the latter are Boerhaave's theory that it is due to increased action of the heart, and increased resistance in the vessels; Liebig's, that it is due to increased combustion of the structures of the body setting free more force than the natural functions require; the theory of the equalisation of external and internal temperatures. Theories less exclusive become at the same time more vague, as those of Virchow and Tschechechin. We want to know what are the antecedents of that disturbance of the heat-regulating functions which manifests itself in pyrexia. We want to know the other consequences of those antecedents; what are the concomitants of pyrexia; and we want to know what are the necessary consequences of pyrexia and its concomitants. When knowledge is obtained on these points, we shall be able to define exactly and comprehensively what we mean by fever, and not till then. Pyrexia and fever, words often used as if interchangeable, are not convertible terms. The elevation of temperature is, in fever, due to a special cause, and, moreover, is not always a constant symptom. In many febrile states the temperature may, by accidental circumstances, be depressed down to or below the normal, and in some diseases, to which the term febrile cannot be denied, as tubercular meningitis, the temperature frequently falls to a low point. The regulating function being at fault in pyrexia, perhaps if we knew in what manner, and by what means, this function is disturbed, we might be able to explain why fever should sometimes be thus accompanied, not by an elevated, but by a depressed temperature.

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Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. Rivington.)

Case 6.—*Inguinal Hernia*; *Reduction en masse; Operation; Death.*—On Tuesday, the 8th August, 1865, Mr. Rivington assisted his friend and colleague Mr. L. S. Little, in an exploratory operation, which he undertook for the relief of a supposed reduction *en masse* of an inguinal hernia.

The patient, seventy-six years of age, had pushed back a hernia which he had had some years, and had been troubled with vomiting since doing so on the preceding Friday. The pulse was very small and frequent. There was great pain across the stomach. No distinct tumour could be seen in the groin. Chloroform was given and an incision was made over the inguinal canal. The external ring which was large was opened up, and after some research, a small protrusion, as of peritoneum was discovered. This was cautiously cut, and proved to be the sac containing a knuckle of intestine much congested. The whole was then drawn down, and the stricture which was pretty tight found to exist at the neck of the sac. The stricture was divided and the intestine returned. The hernia seemed to have been pushed through the floor of the canal bodily, and to be lying between the peritoneum and the abdominal wall.

In the following case occurring in April, 1869, the sac was returned into the abdomen.

CASE 7.—*Right Femoral Hernia; Fifteen Hours' Strangulation; Operation without Opening the Sac; Sac Returned; Recovery.*—E. K —, æt. thirty-five, had been sick from 10 a.m., on the 31st March, 1869. She came into the Hospital, and Mr. Rivington was called to her about 1 in the morning, of April 1st.

There was a doughy swelling in the right groin, evidently containing fluid. At the neck of the swelling, there was a small solid lump, which was taken to be a knuckle of intestine.

The patient could not tell when the swelling came. She had had pain, but had not experienced the feeling of anything giving way suddenly. Taxis failing, a small incision was made through skin and fat to the inner side of the neck of the hernia, and the sac covered by fascia propria was at once disclosed. The upper margin of the saphenous opening (Hey's ligament) was divided. The fascia propria was slit up, and some fat being removed, bands of fibrous tissue were observed crossing the neck of the sac. On their division, the knuckle of intestine and the fluid in the sac readily slipped into the abdomen. The sac being small and quite loose, was put back into the abdomen, tucked outwards on to the psoas muscle. The wound was sewn up, and a figure of 8 bandage applied. On the following and subsequent days, there was some tenderness over the abdomen, accompanied by tympanitis, feverishness and anorexia. The greater part of the wound healed by first intention, a small hole only remaining at the lowest part of the wound, through which pus was discharged for several days. Subsequently, the wound in the groin quite healed, and a depressed cicatrix was left firmly adherent to the deeper tissues. The bowels were opened by enemata four days after the operation.

It was thought better to order the patient a truss, although the adherent and depressed cicatrix seemed to be an effectual safeguard against a further protrusion.

CASE 8.—*Right Femoral Hernia; Operation; Continuance of symptoms of Strangulation; Death; Strangulated Intestine found in the Pelvis, underneath the Peritoneum.*—Sarah E —, æt. fifty, was admitted into the London Hospital on 11th July, 1870.

The patient had been operated on ten years previously, by Mr. Luke, and had made a good recovery. She had worn a truss, but leaving it off she became a second time the subject of strangulated hernia, apparently in the same region. The bowel came down at 1 a.m. on the day of admission. There was then a small swelling on the right side, accompanied by sickness; slight tenderness on pressure; constipation and absence of impulse, and pulse of 80, extremely weak and thready. Taxis was tried by the house-surgeon, and failed. Ice was then applied. The patient was subsequently seen by Mr. Rivington, who reduced the hernia. The patient was much easier after the operation. She vomited, however, during the night, and the next morning was seen again by Mr. Rivington who, finding a re-descent of the hernia, again replaced it. She was again better for a time, the sickness subsiding. The next day (the 13th), however, vomiting recurred once more, and there being a suspicious fulness in the groin, Mr. Rivington performed an exploratory operation. The sac was opened, but there was no strangulated gut. There was old adherent omentum, and a small piece of congested intestine appeared at the upper end of the crural canal, but this was easily replaced. The fibrous structures round the opening were divided. The wound was stitched accurately, and it healed by first intention. After the operation, the patient appeared better. There was a lull in the symptoms, but the vomiting recurred on the 14th. Examination of the abdomen showed very little tenderness. Pressure seemed only to occasion pain when the bladder was full; whenever it was emptied, pressure could be made in the hypogastric region, without complaint on the part of the patient. From this time, till the time of her death, which took place on the 17th inst., there was intermittent vomiting. At first, it was thought that it might be due to chloroform, and, subsequently, that there was probably some internal cause of obstruction. Various remedies were employed for the arrest of the sickness, but without success.

Post-mortem Examination.—(Report of Mr. McCarthy). Body very fat; abdomen distended; pericardium normal; heart covered with fat; walls much thinned, especially at apex; mitral valve atheromatous; lungs œdematous; some old pleurisy on right side; adhesions between the base of the lung and diaphragm. The great omentum was adherent in the crural canal, drawing down the transverse colon, and making it U shaped. The crural canal was quite free from bowel, some lymph was found on the small intestine, which was greasy and congested along the line of contact of the coils. The true pelvis was occupied by a dark blue tumour of the size of an orange, which had pushed the bladder forwards to the left. This proved to be about six inches of gangrenous intestine—part of the ileum four inches from the cæcum, which had perforated the peritoneum, and got strangulated in a space bounded internally by a prolongation of the iliac fascia. Across the bottom of this space, ran the obliterated hypogastric artery. The bowel was thus outside the peritoneum. The kidneys were slightly granular with some cystic degeneration; the bladder had an hypertrophied muscular coat; the liver and spleen appeared to be normal.

Dislocation of Right Femur at the Hip-joint; The head thrown into the sciatic notch; Reduction after eight day's duration of the dislocation.—J. S., æt. thirty-nine, was admitted into the London Hospital on the 18th of January, 1871. On the 10th of January, eight days ago, whilst walking away from his ship, he slipped down and fell backwards with his right knee beneath him. He tried to get up but fell down again. He could not walk. When brought to the hospital eight days afterwards the condition of the limb was as follows:—

The patella of the right leg touched the limb of the opposite side about one inch above the knee. The right foot was inverted, the ball of the great toe resting on the dorsum of the left foot just above the metacarpo-phalangeal joint of the great toe. On measurement of the limb from the anterior superior spinous process to the external malleolus there was an inch and a half of shortening. The patient could bend his knee and after bending it could flex the thigh slightly upon the pelvis, but he could not lift the limb when it was straightened. He could lie down, sit up, and stand up, but in moving along he made no use of the leg. The prominence of the trochanter was somewhat obscured and pushed backwards, but its distance from the anterior superior spinous process was as nearly as possible the same as the distance between the corresponding parts on the opposite side. The head of the bone was readily felt on a level with the upper cleft of the nates about seven or eight inches below the crest of the ilium, and not more than two inches above the tuberosity.

Reduction was attempted under chloroform by the manipulative process—flexion, abduction, rotation, and extension, Mr. Hutchinson and Mr. Couper each taking a turn. As this method failed, Mr. Rivington tried simple extension in the assumed axis of the limb by means of a jack-towel round the thigh and the left foot in the perinæum, the students reinforcing the effort. Reduction was speedily effected without the occurrence of any distinct snap. The legs were bound together and the patient sent to bed. In the course of the night the head of the bone slipped out of the acetabulum again, owing to some movement of the patient during sleep. The bone was readily replaced the next day by simple extension and a long splint was applied.

During the manipulative processes, the head of the bone appeared to grate against some prominence, and a feeling was experienced by the operator as if reduction had occurred, but on bringing the limb down and measuring it was apparent that this was a fallacy. From the readiness with which the bone returned from the acetabulum unless extension was kept up, Mr. Rivington inferred that the rim of the cup had been injured and was deficient at the posterior part of the circumference.

The progress of the case was, in every respect satisfactory. The patient was kept in bed for three weeks, and then sent out with the joint secured by the application of plaster of Paris.

In the course of some remarks to the class, Mr. Rivington said, that when acting as dresser at the hospital about thirteen years previously, he had been so fortunate as to see three dislocations of the hip in a single week brought to the hospital. One of these was on to the dorsum of the ilium. One in an unusual position, the head resting on the tuberosity of the ischium and the small sciatic notch, and the third into the obturator foramen. Mr. Forbes, the house-surgeon, a powerful man, reduced the two first by manipulation under chloroform. Manipulation was not attempted with the dislocation into the obturator foramen which was attended with severe pain, chloroform was given and extension made with a jack-towel and the foot in the perinæum.

Dislocations at the shoulder-joint very frequently came to the hospital, and reduction is generally effected with the foot in the axilla. In a recent case Mr. Rivington instructed the dresser to make the patient sit down on the ground whilst standing on a sofa behind him, and fixing his shoulders he made extension by drawing the arm upwards. Reduction was effected with great facility, the bone almost immediately returning to its place. The subject of reduction in this manner has been fully treated in the last number of the Bartholomew's "Hospital Reports," and will probably be found a readier method even than reduction with the foot in the axilla.

LONDON SURGICAL HOME.

Notes of Two Cases of Intra-Uterine Fibroid Tumour.

By Mr. W. R. O'Connor, Resident Surgeon.

Case 1.—Mrs. B., æt. twenty-eight, had three children. In September, 1868, after labour of a week's duration, was delivered of a very large deformed child; great hæmorrhage followed, and severe after-pains lasted for more than a fortnight. During her pregnancy she had pain and a sensation of burning in the uterus and abdomen, extending occasionally to the stomach. For three months subsequent to her confinement there was a constant draining of blood; this was stopped by her becoming pregnant. Abortion occurred at the tenth week. The hæmorrhage recurred, and continued until she again became pregnant, which pregnancy and another, some months subsequently, resulted in abortion at the tenth week. She became very weak and blanched from the constant hæmorrhage which still continued with rare intermissions, and these intermissions when they did occur only lasting fourteen days, were always accompanied by the pain and burning feeling in the abdomen and uterus, with tympanitic enlargement of the abdomen. She was brought to the "Home" on November 21, 1870. Mr. Baker Brown having examined the uterus, found that there was fibroid enlargement of the fundus, and at the same time excessive vascularity of the os and cervix.

On November 23, the patient being under chloroform, Mr. Brown incised the os and cervix freely, plugged the uterus with lint soaked in liq. ferri. perchlor. and the vagina with oiled lint and cotton.

On the 25th the dressings were removed, the vagina was washed out with a solution of Condy's fluid, and twentieth of a grain doses of bichloride of mercury, with half-drachm doses of tinct. ergotæ, were ordered to be taken three times a-day. This treatment was continued up to the 2nd of December. When the menses appeared the flow lasted six days, and was not at any time more than natural in quantity.

On December 11th I examined by speculum; anterior incision quite healed; the posterior incision healing rapidly, still a little vascularity about the posterior lip of the os. The vagina to be syringed out twice a-day with a quart of water containing thirty grains of carbolic acid.

December 14th.—Slight bloody staining of the linen for a few hours.

December 17th.—Left the "Home" to-day with neither pain nor discharge; uterus of normal size; gaining strength rapidly.

January 11th, 1871.—Visited the "Home" to-day; no return of hæmorrhage.

March 24th.—Have heard more than once since that the catamenia are natural.

Case 2.—Mrs. H., æt. thirty-two, recommended to the care of Mr. Baker Brown by Mr. Gabb, of Hastings, and Mr. Lawrence, of Wandsworth. This patient, when brought to the "Home," February 22, presented a very anæmic appearance—quite blanched—the blue colouring of the sclerotic occurring in anæmia strongly marked; a very tired expression of countenance. She has one child nine months old; catamenia were always normal up to the time of her becoming pregnant; since her confinement she has suffered from excessive flooding at the menstrual period, lasting two or three weeks. A tumour had existed in the uterus previous to pregnancy, and has increased in size since. The uterus is now found high up in the right iliac region, the size of two fists. Very little pain in the uterus; bowels regular; heart sounds normal; pulse, weak, and ninety beats in the minute; bruit de diable very distinct; no albumen in urine.

On February 24th Mr. Brown incised the os and cervix with a hysterotome, completely divided the lips of the os with scissors, plugged the uterus with lint soaked in liq. ferri. perchlor., and the vagina with oiled lint and cotton. In the evening of the day of operation the uterus was found firmly contracted and hard, pressed down beneath the arch of pubis, from which position it did not move afterwards. Five minims of dilute sulphuric acid and thirty minims of tinct. ergotæ were ordered to be taken four times a-day.

February 26th.—Dressing and plugging removed, and vagina washed out with solution of Condy's fluid.

27th.—Muco-purulent discharge.

March 1st.—During the night the menses appeared; she ought, according to calculation, to have had them four days before.

4th.—Os uteri dressed with some lint soaked in liq. ferri. perchlor. To have grain doses of sulfate de quinine every four hours.

6th.—On the fourth day removed the dressing; catamenia ceased. It is worthy of remark that this menstrual period only lasted six days, the average duration of former periods being seventeen days; there was little loss of blood, whereas on former occasions the patient almost approached to a state of syncope from active hæmorrhage.

7th.—Copious yellow muco-purulent discharge; uterus much decreased.

12th.—Walked into another room.

16th.—Walked down stairs.

19th.—Getting strong, colour coming to the cheeks, appetite good, and the uterus little more than normal size.

21st.—The following remarks were entered in the notebook by Dr. Edmunds, who visited the "Home" to day: Have examined Mrs. — carefully. She reports herself as much better, and is very grateful. Uterus is very much reduced in size, in fact, cannot be readily felt through abdominal parietes, per vaginam; uterus feels as if much reduced; os tincæ split laterally, and on right side very completely; has a little leucorrhœa.

22nd.—Patient left the "Home" to-day.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 6TH.

MR. GAY, ESQ., President, in the Chair.

MR. W. F. TEEVAN, B.A., F.R.C.S., submitted to the Society some remarks

ON THE PATHOLOGY AND TREATMENT OF STRICTURE OF THE URETHRA.

The author commenced by defining stricture to be "any diminution of the natural calibre of the urethra, the result of the contraction of organised lymph." In this country there was but a vague and unsatisfactory idea as to the commencement of stricture, for most surgeons would consider that if, in a given case, a No. 10 catheter could be passed into the bladder there could be no stricture; hence this most extraordinary and serious pathological fact was presented to our notice, that the urethra might dwindle down to one-third its normal calibre without such an important change being recognised—nay, even not suspected. It was of the utmost importance to detect and cure stricture in its earliest incipiency, and so obviate all recourse to any operative interference. If stricture were diagnosed, and cured in its primary stage, an enormous boon would be conferred on the public, for their renal organs would be spared the evil effects on them of a stricture of long duration. Now it was not the fault or neglect of the patient that prevented the diagnosis of stricture in its early stage, for the surgeon had several years' warning, inasmuch that if there was one complaint more than another which worried a patient, whether rich or poor, it was the continuous presence of a gleet, and for the cure of that disease the public went from hospital to hospital. Now, it might be laid down as a general rule that when a patient had suffered from a gleet for more than a couple of months there was always some important pathological alterations, the most serious of which was contraction. In the ball staff we possessed an instrument which would, if used early enough, reveal to us the slightest contraction, years before the mechanical results to the stream of urine would show themselves. Stricture might, regarding its seat, be divided into sub-pubic, penile, and orificial. The most usual position for stricture was at the triangular ligament, and the separation of that variety into bulbous and membranous was entirely artificial and not warranted by any facts. Penile strictures were situated at a spot varying from two and a-half to three and a-half inches from the external meatus. Strictures at the orifice were rare, and were usually caused by the ulceration of a chancre. Of a given number of strictures eighty per cent. would be found to be sub-pubic, eighteen per cent. penile, and two per cent. orificial. Strictures, in their physical conformation, might be divided into two great classes: those which he called tunnel, as they conveyed to the ball staff the sensation of travelling through a closed and tight channel, of some extent; and, secondly, those which imparted to the bougie à boule the feeling of passing quickly through a sharp and well-defined ring. Nearly all sub-pubic strictures were of the tunnel kind, whilst penile strictures were as often of the ring form as tunnel, and orificial strictures were nearly always ring like. He had taken the length of the living urethra in one hundred males, and found that the average length was seven and one-eighth inches. Nearly all sub-pubic strictures would be found situated at a spot five and a-half inches from the external meatus. He had ascertained from practical inquiry that the sub-pubic urethra would admit the little finger without lacerating, thus exhibiting a calibre three times as big as a No. 12 English catheter. All means which had not for their end the restoration of the urethra to its normal calibre would fail to effect a permanent cure of stricture of the urethra, so that if the canal, by dilatation, sudden or gradual, incision, or rupture, be only enlarged to a diameter less than its normal capacity, it would be noticed that there would infallibly be a return of the contractions, unless from time to time the diameter of the tube be kept up to that to which it had been stretched. In severe forms of stricture only the smallest filiform bougie could be introduced, and, with patience and perseverance, it would rarely fail to effect the desired end; but if in a severe case it could not, after prolonged trial, be made to enter the bladder, such a case was a fit and proper one for the performance of external urethrotomy. Whatever treatment we adopted for stricture it would be found out that such treatment must always be followed, and nearly always preceded by gradual dilatation. It thus appeared that there was only one treatment which could be called *the* treatment—namely that by gradual dilatation by means of the French elastic instruments; all other methods were merely auxiliaries or accessories. The bougie could dispense with the urethrotome or dilator, but *they* were impotent without the bougie. In a limited number of cases it would be found that dilatation could only be effected to a certain point, or, that although dilatation were practicable to a large size, yet, that the stricture rapidly contracted again. Such strictures ought to be either incised or split. Which was the better method? That operation which the better fulfilled the requirements of surgical pathology. It was a well known law that there was more contraction after a rupture than a cut, so that, if an operation be required on a stricture, that operation ought to be a cutting and not a tearing one. Forcible dilatation was first introduced in Paris and there condemned, and it would seem to be sharing a similar fate in this country, for the practice was discontinued by Sir W. Fergusson, Mr. Coulson, and other surgeons. The objections to it were its mortality and not unknown sequences of abscess, hæmorrhage, calculus forming on the clot, retention of urine. *Post-mortem* examination, after forcible dilatation, showed rupture of mucous membrane. The treatment of stricture might be summed up in a few words—1. Gradual dilatation whenever practicable; 2. Incision wherever desirable; 3. External urethrotomy wherever necessitated.

MR. GANT preferred gradual dilatation for most strictures, but ruptured exceptional cases.

DR. MACCORMAC considered that if the Profession carried out the diagnosis of stricture in its earliest stage, as pointed out by Mr. Teevan, all operative interference would be at an end. He thought that most strictures could be well treated by gradual dilatation.

MR. HENRY SMITH was strongly opposed to forcible rupture on account of the deaths and relapses which followed it. He was glad Mr. Teevan advocated the use of gradual dilatation.

MR. J. D. HILL stated that he practised forcible rupture for the treatment of stricture. He had had two fatal results from its use.

MR. DAVY thought the use of the bougie à boule was most valuable in order to detect stricture in its earliest stage. He approved of forcible rupture.

MONDAY, MARCH 13TH.

DR. ANDREW CLARK, President.

DR. ANDREW CLARK, on taking his seat as President, delivered an address which was listened to with great interest and attention. A vote of thanks was then given to Mr. Gay, the retiring president, for his activity and zeal during his year of office, and also to Mr. Barnes, the secretary, whose term of office had expired.

ORGANIC BROMIDES. METACHLORAL WITH A NOTE ON SULPHUR ALCOHOL.

DR. RICHARDSON introduced some further additions to therapeutics under the above heading. Having first described the methods of research in therapeutics, which consist in following up certain organic compounds by modification of the elementary composition of the compound. He then introduced some new medicinal bromides—viz., bromide of quinine, bromide of morphine, and bromide of strychnine, together with combinations of the same. Bromides are best administered in the form of syrups, each drachm of the syrup containing—in the syrup of the bromide of quinine, one grain of the bromide of quinine; in the syrup of the bromide of morphine, one-eighth of a grain of morphine; and in the syrup of the bromide of strychnine one-thirty-second of a grain of bromide of strychnine. Compounds of the syrup of the bromide of quinine and morphine, and of quinine, morphine, and strychnine, were also useful. In each drachm of these the same proportion of dose—viz., one grain of quinine, one-eighth of a grain of morphine, one-thirty-second of a grain of strychnine—was maintained. The author had found the bromide of quinine of great service in syphilitic ulceration. He had obtained most valuable results from frequently repeated doses of syrup of bromide of quinine and morphine in cases of neuralgia; and in a case of diabetes the syrup of quinine, morphine, and strychnine, had been signally successful. The bromide of quinine he believed the best preparation in cases of remittent or intermittent fever. Dr. Richardson next brought forward bromal hydrate; it was less soluble than chloral hydrate, and produced more convulsive action, and, on the whole, he did not think it could at all replace the last named substance. He then passed on to anhydrous chloral, placing before the Society a specimen of pure anhydrous chloral, and by the addition of pure water it produced chloral hydrate. Chloral itself is a fluid caustic; it abstracts water rapidly, and might, he thought, be usefully employed as a caustic in some cases, when soft fungous growth required to be removed; chloral hydrate absorbed would be found to exert an after sedative influence. A specimen of metachloral was then shown as an insoluble white substance, made by exposing chloral hydrate to sulphuric acid. This substance is isomeric with chloral, and when treated with an alkali is resolved into chloroform, and formate of the alkali employed. Administered to inferior animals it seemed to act as a gentle narcotic, being probably slowly decomposed in the body. It may yet prove of service in practical medicine. Lastly, a specimen of mercaptan sulphur alcohol ($C_2 H_6 S$), in which sulphur replaces the oxygen of ordinary alcohol, was exhibited. He detailed a number of interesting facts bearing on the action of this agent, dwelling especially on the mental depression it produces, even when taken in very minute quantities. The alcohol is exhaled by the breath as it passes from the bodies of animals, and communicates to the breath peculiar odours like the odour met with in wasting diseases. From this fact the author drew a suggestion for a new line of research in diagnosis—viz., the detection of organic sulphur compounds derived from the blood in the air expired from the lungs by diseased persons. Sulphur compounds liberated in the alimentary canal seemed harmless—*i.e.*, were not absorbed; but it was now quite certain that when some of them are actually introduced into the circulation, even in minute quantities, and are diminishable by exhalation from the lungs, they produce muscular debility, feebleness of the heart, and mental depression. We may therefore infer that the formation of sulphur compounds, within the circulation from disease, might account for some examples of excessive temporary prostration, for the cause of which we have, as yet, no satisfactory explanation.

Mr. Gay called the attention of the Fellows to a very ingenious contrivance, made by Bower, for allowing a patient with injury of a lower limb to take exercise; it is called the "Invalid Bicycle." It consisted of a frame on wheels with a moveable rest for the unsound limb, crutches, &c. The patient progressed readily by pressing onward with the sound limb.

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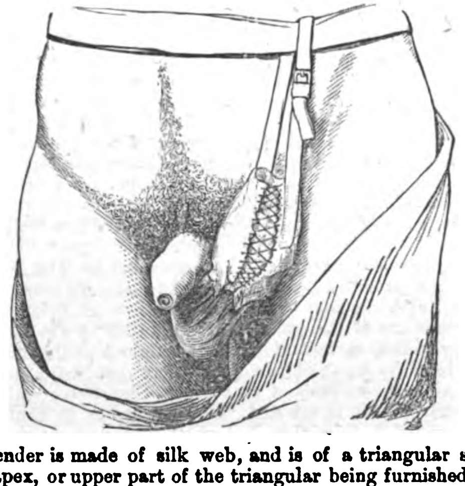
THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, March 3rd.

SUSPENSORY BANDAGE.

Mr. Morgan introduced to the notice of the Society a new method of slinging or supporting the testicle in cases of varicocele or of orchitis—he had used the method with success in many instances of specific orchitis, and found it so useful in the troublesome affection varicocele that he wished to draw the attention of the members to it. All present knew that the method of strapping an inflamed testicle had its inconveniences; but he had found none from his method, which might be adopted either by the application of the suspender or by a simpler and more ready method which Mr. Morgan usually adopted, of taking a strap of good fresh adhesive about two inches wide and sixteen or eighteen inches long, and putting a good figure of 8 fold around the testicle with one end and then raising up the testicle and suspending it well by attaching the plaister to the abdomen so as to bring it more or less to the inverted position, thus the blood current is diminished, the weight raised off, and great relief immediately afforded to the patient. Mr. Morgan found this to be a most convenient and applicable treatment of inflammatory or chronic enlargement of the testis, It is recommended not to raise the testis too high for the first few days, but to support it moderately. After a very little practice the patient will have no difficulty in attaining the pressure and the position shown above. For gonorrhœal, or other inflammations of the testicles, this method is equally applicable. The elevation of the testis by diminishing the vascular excitement gives immediate relief. It is recommended to wrap the testis round in the first instance with lint, soaked in laudanum. This plan is far more manageable and efficient than the usual mode of strapping the testis with adhesive plaister. In the *American Practitioner* for December, 1870, very satisfactory testimony, indeed, is recorded of the great benefit derived from the use of this suspender. Dr. W. T. Humphreys, Louisville, writes:—"I am glad to report the success of the suspensory bandage, devised by Mr. Morgan, of Dublin, a cut of which is contained in the *American Practitioner* for April. I have used it in two cases of varicocele, both of them troublesome cases, having previously used all kinds of appliances without relief. It is now more than a month, and the subjects in the meantime have not only suffered no pain nor inconvenience in wearing the bandage, but have been greatly comforted by it. The patients have learned to apply it themselves in half a minute, and say they have derived so much relief that they are willing, if necessary, to wear it the balance of their lives. I beg to suggest a slight modification, but I think a decided improvement, as regards the lead wire of the bandage. In Mr. Morgan's bandage the ends of the wire simply meet; I have found that by lengthening the wire so that the ends may lap somewhat, that the scrotum is prevented from insinuating itself between the ends of the wire, and becoming pinched; I think, further, that this gives better support to the testicle. I have examined the cases frequently, and from all appearances they give great encouragement that the suspensory will not only give temporary relief, but in the course of a few months effect a radical cure."

The method applied is intended to combine—1st. The supporting of the testicle and so releasing the dragging sensation and mechanical inconvenience caused by the weight and relaxation of the parts. 2nd. The equable support of the veins as in the use of the elastic stocking. 3rd. The emptying of the venous influx by elevation of the testicle and the folding of the spermatic veins more or less on themselves. The accompanying illustration shows the position of the testicle when the suspender is attached; its mode of support is simple, and can be regulated by the patient's self to suit his sensations. The suspender is made of silk web, and is of a triangular shape, the apex, or upper part of the triangular being furnished with a flexible wire of lead and copper, and the edges with hooks for lacing, as in an ordinary shooting boot. The application is made as follows, and the most suitable time is before getting out of bed in the morning, when the parts are relaxed: The testicle is well drawn down, and the piece of web with the base downwards, is laid underneath it; a little piece of lint or cotton-wadding is laid over the front of the cord leading to the testis, and the wire is well lapped around so as to grasp the enlarged veins. The suspender is now to be laced up the front, beginning at the *top*, or narrow end. Using an elastic lace, the patient draws this as tightly as his sensations will allow. A light belt is worn around the waist, and the tapes which are sewed diagonally along the web are now to be raised and fastened to the belt, thus taking the weight from the already relaxed parts.



Mr. Stapleton said if the testicle were kept down it was against Nature. There was a natural pouch for it in the groin, which was the proper place to put it, instead of keeping it down with bandages. Did Mr. Morgan mean to say that if the veins became thickened, as in a varicocele, they could be restored to their normal state by these bandages? If not, there could be no radical cure of the disease. Elastic stockings, they knew, gave great relief, and prevented the disease becoming worse; but when the veins are thickened and distorted, they could not be restored to their normal condition.

Mr. Fleming wished to know the age of the individual, and the duration of the disease?

Mr. Richardson asked whether Mr. Morgan thought the pressure of the apparatus would have any influence in increasing the tendency to atrophy of the testicle so common in this affection?

Mr. Croly said it appeared to him that the great advantage of Mr. Morgan's apparatus was that it placed the testicle in such a position that it lessened the dragging weight on the veins, and it therefore appeared to him to be a step in the right direction in the treatment of varicocele.

Mr. Morgan said the position of the testicles was the important point. What he proposed to do by this apparatus was to turn the testes upside-down, thereby taking away the unpleasant sensation of dragging, and preventing the testicle from hanging only by the chord. He wanted to combine an elastic stocking for the testes, with an interruption of circulation in the veins. As to pressure on the testes, it was not intended to make any pressure. The apparatus, of course, would not fit every varicocele, and must be suited to each particular case, which, however, could be easily done. The patient was aged twenty-two, and had the disease from puberty. He was now much relieved from the use of the apparatus.

THE NEW STARCH-BANDAGE CUTTER.

Mr. Richardson exhibited a new instrument for cutting starch bandages, which he believed to have been in use in London. The instrument has many advantages over Sutin's scissors.

The Society adjourned until the 24th inst.

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ROYAL COLLEGE OF SURGEONS OF ENGLAND.

At the meeting of the Council, on the 21st ult., for the consideration of the Draft-scheme for a Conjoint Examining Board, the Council formed itself into a Committee, when **Mr. Charles Hawkins** moved, **Mr. H. Lee** seconded, and it was resolved, that the present Committee affirms anew, and purposes that the Conjoint Board Committee should, as far as practicable, adhere to the resolution of the Council of October 7th, 1869, viz., "That it is the opinion of the Council that there should be instituted a single Examining Board for each division of the United Kingdom, before which every person who desired a licence to practise should appear, and by which he should be examined, and that a diploma from either of such Examining Boards should entitle the holder to practise medicine, surgery, and midwifery in any part of Her Majesty's dominions."

It was moved by **Mr. Curling**, seconded by **Mr. Busk**, "That an Examining Board be formed for this division of the United Kingdom; that every person desirous of being registered under any of the qualifications granted by the English licensing bodies, as mentioned in Schedule A to the Medical Act of 1858, be required to appear before that Board, and be examined on the subjects of professional education; and that full liberty be left to the said licensing bodies to confer as they may think proper their honorary distinctions and degrees."

It was moved as an amendment by **Dr. Humphry**, seconded by **Mr. Hilton**, and carried, "That it is desirable that an Examining Board should be formed by such licensing bodies as may consent to take part in it, it being understood that each co-operating body shall refrain from the exercise of its previous separate privilege of giving admission to the *Medical Register.*"

On reading Resolution 2 of the Draft-scheme, it was moved by **Mr. Simon**, seconded by **Mr. Lee**, "That the consideration of clauses II., III., IV., and V. of the Scheme be deferred till the Conference shall have had an opportunity of revising them in the sense of the resolutions which the Committee that day passed."

Amendment moved by **Dr. Humphry**, seconded by **Mr. Hancock**, and carried, "That the Committee assents to Resolution 2 of the Draft-scheme, provided each of the licensing bodies therein mentioned take part in the constitution of the Board of Examiners."

It was then moved by **Dr. Humphry**, seconded by **Mr. Simon**, and resolved, "That it is desirable, in the opinion of the Committee, that each of the examiners in medicine, surgery, and midwifery, shall be a graduate in medicine or surgery of a British University holding the highest degree in medicine or surgery of his University, or a Fellow or Member of one of the Royal Colleges of Physicians, or Fellow of one of the Royal Colleges of Surgeons in the United Kingdom, or that he shall be, or shall have been, a recognised teacher on the subject in which he is appointed to examine."

The other resolutions in the Draft-scheme were deferred for future consideration.

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The Medical Society of the King and Queen's College of Physicians in Ireland met on Wednesday evening last, the chair being occupied by **Dr. Stokes.**

Sir Dominic Corrigan, Bart., M.P., read a communication

ON DEATH REGISTRATION.

The author said that his object in bringing the matter under the notice of the Society was in order that it might be dealt with in forthcoming sanitary legislation. The certificate which, under the Irish Act, the medical practitioner was expected to furnish was worded in such a way that he thought few cases could occur in which he should feel himself warranted in filling it up in the terms in which it was couched. He decided that when the occasion arose he would explain to the responsible authorities that he could not comply with the terms of the Act.

The law on this subject varied in the three divisions of the kingdom. In England, the furnishing of the certificate was quite optional; in Scotland, a penalty of 40s. was imposed for non-compliance; and, in Ireland, the omission was subject to punishment as a misdemeanour. He (Sir Dominic Corrigan) had, nevertheless, not felt himself justified in signing such certificate. It required him to testify to the day of death, the cause, and the duration; and on each of these points it was impossible that he could of his own knowledge reply. In most cases the medical man has no actual knowledge of the fact of death; the duration of the disease must necessarily be a matter of hearsay, and the cause is in very many cases almost impossible accurately to define.

Sir Dominic Corrigan quoted two cases to illustrate the dangers which might arise from the heedless giving of such certificates. In one case he had called to see a patient whom he had left in a critical condition the previous night. He was informed by the person who opened the door that he need not go up-stairs as the patient was dead. Nevertheless, he did proceed, and found the patient sitting up in bed regulating some business affairs. In the second case he learned that the payment of a heavy renewal premium on an insurance policy was expected to fall due, and the greatest anxiety was evinced that the demise of the patient should take place before the days of grace expired. In fact, a race was run between death and the insurance. It was easy to see how much injury might be done, and how fraud might be facilitated by an incautious certificate from the medical attendant.

Dr. Lankester, the coroner for Middlesex, had said that he was aware of certificates being signed by persons who had never seen the deceased, dead or alive; and Dr. Ramsay, in his work on "State Medicine," declares that the careless signature of a certificate may render the medical practitioner liable to prosecution for conspiracy. According to the old law, the death of the person was certified "*super visum corporis;*" and in France, a special officer was entrusted with the duty, who, on notice from the relations, attended, and having learned any particulars which they could communicate, obtained the certificate from the medical practitioner.

The result of the existing law was that in England, where the giving of the certificate was optional, the records were quite unworthy of trust; in Scotland the penalty of 40s. had no effect, as it was not possible to enforce it. Dr. Christison stated that one quarter of the mortuary returns of Scotland were useless; and Dr. Walker said they were "not worth the paper they were written on." His advice to the members of the Profession under the circumstances was, that they should abstain from signing the certificate as at present framed.

Dr. Stokes coincided with Sir Dominic Corrigan in his condemnation of the system, which he considered was degrading to the Profession.

Dr. Aquila Smith reminded the Society that the subject had been under the consideration of the College in the year 1864. He instanced as showing the unsatisfactory nature of the returns that one person was represented as having died of "chronic apoplexy of eleven years' duration."

Dr. Henry Kennedy thought that Sir Dominic Corrigan attached too much importance to the matter. Medical practitioners were not called upon to certify of their own knowledge, but to the best of their belief, and, in most cases, the duty was done by the nurse or wife, or some person present at the death.

The Reverend **Professor Haughton** agreed with Sir Dominic Corrigan, and remarked that the *post mortem* examination frequently contradicts the previous diagnosis, and it may reasonably be assumed that in many cases the diseases were quite inaccurately designated. In Vienna the diagnosis before and after death were entrusted to different persons, and it was usual to confront the surgeon with the report from the dead-house, and leave him to explain the discrepancy.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 5, 1871.

THE SANITARY WANTS OF THE PEOPLE.—I.

Recent events have encouraged many essayists to write their reflections upon the subject of the advance of civilization, but the most fertile field for enquiry therein has hardly been explored. The country is lavishing its expenditure upon parliamentary blue-books, but these compilations, which remain for all time, are not the record of progress, but the continuous history of our inaction and apathy, and they testify that whilst the population is increasing in a rapidity equal to geometrical progression, we are allowing conditions to exist among us which tend to brutalize the people. If laws, universal in their operation and comprehensive in their scope, having for their basis the prevention of harm to the mass, and as their outline the revelations of the blue books, were enacted, in the place of the permissive patchwork of legislation which arises out of our parsimonious tentative method, we should soon find our country happier, our fields more productive, and our poor richer than they are now; and local authorities, to whom are entrusted the study and care of the people's wants, instead of losing sight, amid controversies and discussions of the objects at which they ought to aim, would be obliged to carry into operation some well devised hygienic system for the general good. It was long ago ascertained, and it is among the axioms which have relation to civilized life that, wherever human beings reside, they cannot possibly be healthy, and cannot escape recurrent pestilential disease, unless the area they inhabit be made subject to such arrangements as shall keep it free from excremental materials. The manner in which we have applied our knowledge may be estimated from an examination of those portions of the last report of the Medical Officer of the Privy Council which have hitherto been almost overlooked, but which deserve serious attention. It appears that, under the auspices of the Privy Council, an enquiry was made in the year 1869, as to the modes in which excrementitious matters were disposed of or removed from fifteen of the northern towns; the result of which enquiry was, that in four towns, where accurate figures were obtained,—viz., Manchester, Salford, Liverpool, and Rochdale, 64,139 houses were found to be entirely without any kind of accommodation or appliance for the disposal or removal of excreta. The figures quoted represent 33 per cent. of the whole number of houses in these towns, and if taken as an average of the whole country, they show a proportion less than that which actually exists. The report, however, to which we have alluded, reveals very much more, for it shows as facts the "wilful," though inconsiderate and therefore, "bestial" contamination of water supply, in one instance, at all events, when the water had afterwards to be used for drinking and other purposes by the man himself as well as his family.

In the town of Leeds, one of those inspected, there are 20,000 middens. These "are not cleaned out upon any systematic system," but only "when nearly full."

In Halifax, the very construction of some of the middens "helps the contamination of ground," and in Hull, the depôts for night soil and ashes are "too near to inhabited houses, their ground is unprepared, they have no shedding, and altogether are not laid out as they should be."

In Birmingham, except in the better class of houses, the whole excrement disposal is on the midden system, and it is common to find "huge wet fœtid middens uncovered, undrained, unemptied," some of them as deep and big as the foundations of an ordinary cottage; though the nuisance-inspectors indeed think that these places serve their purpose better by being left open. Many of these middens are underneath workshops, where "work is done amid stench all the year round, and among swarms of flies in the summer." Were it not that these horrible disclosures are put before us under the serious and sombre covers of a blue-book, we might have been inclined to regard them as the sensational colouring, given to his report, by a young health officer endeavouring to earn his spurs.

One of the most striking cases noted is, that of the town of Edinburgh, it is, perhaps, the worst reported upon, and is especially interesting from the fact that, although the Scotch have never held a very high character for cleanliness, as the story of Mrs. McClarty wonderfully exemplifies, yet, Scotland has lately been vaunted as vastly in advance of England in social affairs. Almost all the huge tenements in which the poorer population of Edinburgh live, are entirely without any sanitary convenience, and, in some instances, where attempts to supply the want had been made, it was found necessary to remove the contrivance which had been erected, from the circumstance that it so soon became befouled, that it was impracticable to leave it standing. The new state was, therefore, worse than the old, and to that the people returned. So that, now, for the most part, the poorer members of the community deposit their excrement, ashes, and house refuse of all sorts, in pails, and keep these actually within their living rooms, or as an only alternative, in some adjoining recess or passage, until the time comes for the daily removal of the pails into the streets in expectation of the scavenger's visit. A more barbarous, not to say disgusting procedure, can hardly be imagined, but the logic of fact is inexorable.

SCOTLAND.

EDINBURGH.

In compliance with the recommendation of Sir Roderick Murchison, the Queen has been pleased to appoint Mr. Archibald Geikie, Professor of Geology in the University of Edinburgh. Mr. Geikie was inducted at a recent meeting of the Senatus.

The Medical Scholarship for Women studying in Edinburgh, offered for competition by Mrs. Garrett-Anderson and two other ladies, to be awarded according to the results of the preliminary examination in arts in the University, has been gained by Miss Ann Barker, daughter of Dr. Edmund Barker, of Aldershot.

The Winter Session at the University of Edinburgh closed on Friday last.

UNIVERSITY OF ST. ANDREW'S.

The University Council of St. Andrew's met on Thursday last, Principal Shairp in the chair, when a discussion arose in regard to the re-establishment of the B.A. degree; the subject was ultimately remitted to the Senatus for consideration, and to report. On the subject of entrance examinations to the University, Rev. Mr. Chalmers read the report of the committee appointed at last meeting. This report, which contained several suggestions as to a system of examinations, was adopted, and the committee were empowered to communicate with other universities on the subject. Certain proposals were brought forward in reference to the alteration of the constitution of the University Court; the subject was remitted to the committee, with the view of bringing up a more complete report after the proposals of committees for the other three universities were specifically before them.

Notes on Current Topics.

City of London Hospital for Diseases of the Chest, Victoria Park.

The Twenty-third Anniversary Festival of this Institution was held on March 29th, at the London Tavern, John D. Allcroft, Esq., Vice-President, in the chair, supported by Messrs. Tucker, Williams, Norbury, Sewell, and others. It appears from the Report that, during the past year 772 patients were treated in the hospital, and of these 713 more or less relieved, while 59 died. The out-patients for the year numbered 13,128, the average weekly attendance being 1,077. The new wing, now almost completed, will increase the number of beds in the hospital from 120 to 160. To meet the balance yet due to the contractor for this wing—£4,647—as well as to pay the current expenses for the year—£7,757 3s. 5d.—the sum of £12,404 3s. 5d. is required. As much as £8,437 4s. 4d. of this sum yet remained to be obtained, and for this the chairman made a most eloquent appeal, which was most generously responded to, and resulted in the attainment of subscriptions and donations to the amount of over £5,000. The chairman, in the course of a telling speech, alluded specially to the work done by the assistant-physicians among the out-patients. It seems that these officers attend twice in the week, commencing work at two o'clock, and often not finishing before six or seven in the evening. The toast of the Medical Officers, proposed by the Rev. W. Jowitt, was received with the warmest enthusiasm, and responded to by Dr. Birkett, the rest of the staff present being represented by Drs. Peacock, Bennett, Ward, Shepherd, Nunneley, Thorowgood, and Eustace Smith.

Fatal Effects of Circumcision.

An American exchange says that two fatal results from circumcision having recently occurred, a number of Jewish Medical writers record their hostility to the operation, and think it time for its entire abolishment. On the other hand, an equal number of writers within the pale of Christian churches are calling attention to its salutary influence, and proposing its adoption by others than Israelites. It would be a singular spectacle if the Jews should relinquish this practice, and Christians adopt it.

Quinine in Croup.

Professor Eastman, in the *Buffalo Medical and Surgical Journal* for January, recommends the anti-periodic treatment of recurring croup with quinia, exhibited precisely as in intermittent fever. He affirms, "with a confidence resulting from twenty years' uniform trial of this course, that the medicine is quite as reliable in the one case as the other."

Rarity of Gunshot Wounds of the Heart.

The *New York Medical Record* says, that of 87,822 wounded in the American war, among which are 7,062 gunshot wounds of the thorax—4,759 wounds of the thoracic walls, and 2,303 penetrating wounds of the chest—there were only recorded 4 cases of gunshot wounds of the heart.

Tonic Action of Antimony and Calomel.

"Antimony impoverishes the blood." "Mercury impoverishes the blood." Such, says the *Pacific Med. and Surg. Journ.*, is the every-day talk of many practitioners, who are led by this generalization to overlook the possible action of small doses, which may produce effects exactly opposite to larger doses. Thus antimonial and mercurial preparations—particularly the latter—when used in minute quantities, will often so impress the organs of digestion and assimilation as to produce all the effects of veritable tonics. In the *Boston City Hospital Reports*, Dr. Borland refers to this matter in connection with the treatment of pneumonia, and cites Headland and Billing in support of the tonic power of the agents mentioned. "The capillary blood-vessels," it is maintained, "being distended in normal inflammation by the stasis of their contained blood, are reduced in size by the action of antimony on the vaso-motor nerves, the blood is propelled onward, exudation is checked, and heat, pain, redness, and swelling go away. In brief, the inflammation is summarily put an end to, and that, not by any weakening of the nerves of the capillaries, but by endowing them with more life. Any substance which does this must be described as an instrument of tone and power." Dr. Borland adds, in reference to pneumonia in the City Hospital: "Our cases treated in this way have been very satisfactory. No nausea or depressing effects of any kind have been observed, but the medicine has acted like a true tonic."

Editorial Determination.

Strange things sometimes come to us from the Far West. Readers may be interested in the following, which shows what determination to succeed at least an editor in America possesses. The *Galveston Med. Journ.* of February contains this :—

> "We expect to travel over the entire State next summer, and collect all dues. We will take our instruments with us, and will operate on all cases physicians will bring us. We will be in Austin the first week in March, and shall be pleased to see all our friends. We will take with us a supply of medical books and instruments, and will fill all orders for those outside of our list. We do this as much for the good of our profession as for pecuniary good, as we sell all these at publishers' and manufacturers' prices. We wish all, old and new friends, a happy new year—plenty of money and plenty of friends. Texas has been peculiarly blessed this year with health and fine crops, and plenty of sickness for the physician, without any climatic disease."

Death from Inhalation of Ether.

Some of our America friends seem to think ether perfectly safe. We beg to remind them of a case of directly fatal result from ether inhalation which occurred in Boston. A man who had received a bullet-wound in the knee, and who was etherized for the purpose of amputation, suddenly ceased to breathe during the operation. In nearly every instance of death hitherto imputed to ether, hours, if not days, have elapsed before the fatal result. The present case is more like cases of death from chloroform. The particulars were related in the *Boston Med. and Surg. Journ.*, of December 8, 1870, but many American editors seem to have quite forgotten it.

Whom to Consult?

We have received some additional repudiations of the "Invalids' Guide." In making them, some of our Correspondents have expressed the opinion that it was unnecessary to suppose honourable men had any connection with a quack publication.

These gentlemen should really thank us, as, indeed, many have done, for the opportunity we have given them of silencing insinuations for which we knew there was not the shadow of foundation.

Several Correspondents, referring to the subject, consider that the thanks of the Profession are due to us for exposing what is unquestionably an attempt to foister upon the public one or two names of somewhat doubtful reputation, by placing them in good company. We said before, what we now repeat, that there should be no doubt existing on this matter.

The publication of the names alone was sufficient to show the Profession how many first-class men had had their names improperly used. It is only for the sake of the fair fame of such men, and on account of the pressure put upon us by honourable professional correspondents, we felt obliged to give up some of our space to this subject. Sir James Alderson, Sir William Fergusson, Sir Ranald Martin, Dr. Morell Mackenzie, and Dr. Ridge, have added their disclaimers to those we have already published.

Poor-law Midwifery and Boards of Guardians.

Whenever we look over the country papers we are almost sure to find something or other that, in our opinion, is not very creditable to some board of guardians or other. One tries to snub the doctors; another grinds their salary or their extras; and, altogether, the office of Poor-law doctor is no enviable one. At Worcester, according to the local press, some of the guardians want to have midwives in the place of doctors—of course to get the midwifery done cheaper. If we are not mistaken, at this same place the plan has been tried, and resulted in a general outcry against it. Why do not the guardians ask their own wives how they would like to be handed over in their time of trouble to ignorant midwives.

At a meeting of the Worcester Board of Guardians a certain Mr. Longmore presided, when a discussion took place on the subject of midwifery cases, and the medical orders for attending them. We are told by the Worcester newspapers that several members of the Board thought these cases were on the increase, and that it would be less expensive to resort to the former system of employing midwives to attend the confinements of out-patients, and to give them the privilege of calling in the Union Medical Officers in difficult cases. Under the present system the doctors received 15s. per case.

> Mr. Minchall said the medical officer had a pecuniary interest in cases whilst relieving officers had not. With reference to the system of giving orders for medical attendance in cases of midwifery, the Finance Committee had already reported in favour of reverting to the practice of employing midwives; and if the old system were again adopted, there would be a sufficient guarantee that the services of medical men would be called in when they were required.
>
> Mr. Williams advocated the desirability of establishing a dispensary in connection with the union, which, he contended, would effect a material saving to the union, and prove a great boon to the poor, who would get better drugs.
>
> The Chairman said the doctors would be much obliged to them for establishing a dispensary, but it would put the union to an additional expense of £100 or £150 a year.
>
> The Clerk intimated that the medical officers did not find the drugs that were used; they were supplied by chemists at the expense of the union.
>
> Mr. Williams said he should like to be informed whether the cost of re-vaccination, as proposed, would put the Union to much expense, as it was feared by the ratepayers it would do.

Have we not rightly said that the Boards of Guardians consider themselves more guardians of the rates than of the poor?

It is likely enough some of the guardians may have been changed recently, still they cannot but know what occurred such a little while ago. Lest they should, we will here relate that at a meeeting of the Poor-law Medical Officers Association, held in London, June 24th, 1868, when the late W. J. Clement, Esq., M.P., occupied the chair—

Dr. Woodward, of the Worcester Union, stated that with regard to the system of midwives, the following are a few cases selected from many which illustrate the incompetence of those who are entrusted, without any restriction, with the health and lives of women at their hour of trial :—

Case 1.—Summoned after an interval of more than four hours after birth ; umbilical cord had been pulled off close to placenta which was retained in the uterus and almost wholly adherent. Removed with the greatest difficulty.

Case 2.—Flooding had been going on to a considerable extent two whole days before assistance was sought.

After returning from this case was sent for in an hour's time to

Case 3.—Arm presentation. Liquor amnii had been discharged thirty-six hours, since which the treatment of the midwife had consisted in pushing back the arm into the vagina. Patient thoroughly exhausted. Gave brandy *ad lib.;* and turned without any difficulty. Patient never rallied, and died within twenty-four hours.

Case 4 illustrates a novel treatment for retained placenta. Child born at 8 a.m.; at 11 a.m. patient was made to sit on a chamber utensil filled with hot water. A dose of castor oil with brandy at bed time completed the treatment. Next morning patient seriously ill.

Case 5.—On being summoned in haste, I attended at once, and found the patient dead on arrival. Ætat twenty-five. Body well formed, very nearly cold. Child born at full term. Uterus moderately dilated. Treatment of the midwife consisted in the application of a mustard poultice to the chest. No inquest.

Case 6.—Reported as having been in strong labour and subject to constant fits for two or three days. Applied forceps but could not extract, and obliged to perforate.

Case 7.—Patient dosed with ergot throughout the night. In the morning, on arrival, found os uteri undilated. Labour not over for best part of a week.

I might multiply cases *ad infinitum.* I can call to mind numbers of them, especially where extensive floodings have taken place, without any medical aid at all being sought—the permanent damage to the constitution being completed by a strict adherence to the tea and gruel starvation diet. In the district to which I am medical officer, containing a population of 11,000, it is very rare that my aid is ever sought ; the notes of my cases extending over an experience of many years. The midwives are paid 4s. per head, and they show every desire to get the cases over in any manner without medical assistance.

I will only add that the system as at present adopted is a scandal and a disgrace to a country which calls itself christian and civilised, and should be at once either greatly improved or altogether put a stop to.

But why do we print all this just now ? Because we see in the *Worcester Herald* that a Mr. Minchall will to-morrow move a resolution rescinding that of November, 1868, dispensing with midwives. It is not likely the Board will be troubled by our remarks, but we are not going to lose the opportunity of giving them a warning.

After the exposures and comments we have already made, in which we have been supported by our medical contemporaries, we do not like to picture to ourselves a board of guardians of the poor so wanting in the common feeling of humanity as to wish to revert to a system fraught with such unnecessary suffering and permanent ill health of the poor. They should either be provided with decent attendance, or left to secure it for themselves. We have the satisfaction of knowing that there is a central authority to which appeal must be first of all made, before the change can take place, and which is beginning to awake to a sense of its reponsibility.

The medical officers are the only men who see the evils of an imperfect system, and understand the misery produced by bad practice. Why is not their advice followed ?

We are pleased to hear that Mr. Paget is improving.

Inquests have been held on the remains of two surgeons who have died from an overdose of chloral.

Herr Schiff announces that he has procured artificial coniine, the active alkaloid of the conium.

The Social Science Association has discussed the Sanitary Report, and its deficiencies were freely criticised.

It is said Professor Parkes will be appointed a Fellow of the London University.

Professor Flower has concluded his course at the Royal College of Surgeons of England.

Mr. Condy Burrows will take charge of the Field Hospitals at the Easter Monday Volunteer Review at Brighton.

There were 108 candidates for the M.R.C.S. Eng. at the examinations last Saturday. A like number are to be examined on Saturday next.

Dr. Klein, of Vienna, assistant to Stricker, is to be invited to the new Laboratory of the Brown Trust, in connection with the London University.

One of the first acts of the self-elected Commune in Paris was to depose the existing president and professors of the Faculty of Medicine.

Twelve deaths from chloroform, hitherto unpublished, are reported in the *Cincinnati Lancet and Observer* for January.

Oil of peppermint has lately been recommended as a local application for the relief of neuralgic and rheumatic pain. It may be applied with a hair-pencil.

During the prevalence of yellow fever at Mobile last autumn, four physicians died at their posts of duty : T. J. Burke, Wm. Toxey, D. H. Herndon, and I. W. Anderson.

A German medical journal praises a work on "Progressive Atrophy of Muscle," by Miss Frances Elizabeth Morgan, M.D., of the University of Zurich.

The prospects of Medical Reform seem as dull as we have predicted. Neither of the bills introduced seems to have the least chance. The amalgamation scheme is also in danger.

All the courses of lectures at the Royal College of Physicians are now over. Those of Professor Parkes excited much attention.

Mr. Weaver Jones has had six consecutive cases of puerperal convulsions—all successfully treated by venesection. Dr. Phillips has found chloroform very successful, and in *Guy's Hospital Reports* gives a paper on the subject.

One hundred and fifty pounds of opium, the produce of Australia, was sold in the Victoria market last year. It was of good quality, having eight to ten per cent. of morphia. The yield was from fifty to eighty-four pounds per acre.

Dr. Squarey has been recommended by a committee for the post of Assistant Obstetric Physician to University College Hospital. This is not equivalent to election, as the authorities have a way of managing these things that "no fellow can understand."

In the House of Commons, on Friday night, Mr. Barclay was informed by Mr. Grant Duff, in reply to a question as to "The Annuity Branch of the Madras Medical Fund," that no decision had been arrived at by the Government as to what was to be done in regard to this fund.

Wonders will never cease. The *Lancet* has inserted a communication giving an account of the proceedings of the "bone-setter," Mr. Hutton, who once did a considerable practice in London; and the *Association Journal* has admitted a letter in favour of female medicals, arguing that the ladies can assume as well as gentlemen the truly scientific frame of mind in which delicacy or indelicacy has no place.

The last number of the *Milk Journal* adds a further item to its list of milk delinquencies. It says:—This month we have to chronicle a much higher proportion of "deteriorated milks" than last month, our numbers being—five genuine, thirty-eight deteriorated, and about eight doubtful, which latter do not figure on our published lists.

In 100 specimens of milk we have therefore:

76 Deteriorated.
10 Genuine.
14 Doubtful.

100

The increased "blackness" of the list depends partly on our having visited Brixton, from which we have derived many bad, and only one genuine milk.

The Secretary for Foreign Affairs has received a dispatch from Consul at Teneriffe, reporting that, in consequence of the prevalence of small-pox in London, and notwithstanding the existence in a virulent form of the same disease in Teneriffe, all vessels arriving from the United Kingdom will be subjected to a quarantine of three days. A dispatch from Madrid, reporting that in consequence of the prevalence of malignant small-pox at Cette, vessels arriving thence at Spanish ports with a clean bill of health will suffer three days' quarantine; but that in any other case they will be dispatched to a foul lazaretto; and a dispatch from Consul at Malaga, reporting that, in consequence of the prevalence of small-pox in London, vessels arriving at Malaga from any port in the United Kingdom with clean bills of health, are being dismissed to Almeria or Cadiz for performance of a quarantine of three days, and that ships which may have had cases of disease on board, are to be sent to one of the foul lazarets of Vigo or Port Mahon. A notice of the Portuguese Government declaring the Port of Bahia suspected of yellow fever, and the port of Rio de Janeiro free from the same disorder since the 27th of December last.

The Liverpool Health Committee has received from the borough medical officer the unwelcome intelligence that small-pox, from which the town has of late suffered so fearfully, is extending its ravages even among the better classes of inhabitants. The insufficiency of the means for gratuitous vaccination under the existing Poor-law medical system was discussed by the Committee. It appears that while formerly vaccination might be performed by every parish medical officer, since the alteration in the medical system there were but three gratuitous vaccination stations for the whole of Liverpool. The hours of attendance at them and the divisions into medical districts were complained of as inconvenient; the committee resolved upon co-operation with the Boards of Guardians, in order to bring about such changes as were held to be desirable. At the meeting, Dr. Trench, the medical officer, said that at a critical time like the present he considered it nothing short of criminal to use lymph from a re-vaccinated person. It was very rare that true pock could be produced by it; to be effective vaccination must be performed with lymph taken from a primary case.

The English correspondent of the Australian *Medical Gazette* very candidly gives, in its last issue, expression to his opinion on the Newcastle Meeting of the British Medical Association. He says:—

"I may however venture to state the impression which I strongly felt all through that time, that such a large and important assemblage of medical men, many of them of the highest science, should be spared the necessity of listening, day after day, to papers on minor details of practice, on modifications in the shape of this or that instrument, on namby pamby notions about the treatment of piles, or other such weak-minded hobbies, which should find their proper location at the ordinary discussions of local medical societies.

"During the four days of my attendance I found myself much perplexed by the immense amount of *sectional* work thus provided, and by the exceedingly awkward complication that the various sections, medicine, surgery, physiology, midwifery, &c., were held, not in different chambers in one building, but scattered in several houses in various parts of the town; and under this dispensation it resulted that each man followed the bent of his inclination, and chose the particular section he loved best. The meeting thus resolving itself into a series of special assemblies, with only the bond of union which a déjeuner, or a breakfast or a dinner, excursion or conversazione supplied, or an occasional general lecture.

"I cannot help saying that the midwifery section, which claimed most of my attention, was but poorly furnished with material for the attention and discussion of the members, and indeed was but scantily attended by them. Very few of the great obstetricians of the day honoured this section with their presence."

In the Dublin Registration District the births registered during the week ending March 25th, amounted to 230. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 177. The deaths registered during the week were 188. The average number in the corresponding week of the previous seven years was 183. A girl, sixteen years of age, died in the Cork street Fever Hospital on the 11th of March from small-pox ; in the return it is stated that there was "no mark of vaccination." Six persons died from fever, viz.—1 from typhus, 4 from typhoid or enteric, and one from simple continued fever. Nine deaths resulted from scarlet fever. Erysipelas caused four deaths. Four deaths were caused by whooping-cough, 2 by croup, and 1 by diphtheria. Fourteen deaths were ascribed to convulsions. Twenty-seven deaths were caused by bronchitis, and 9 by pneumonia or inflammation of the lungs. Apoplexy and paralysis caused 2 deaths each. Heart disease proved fatal in 5 instances, and aneurism in 2. Liver disease killed 6 persons. Nephria or Bright's disease killed 5 persons, and kidney disease, unspecified, 1. Eighteen persons fell victims to phthisis or pulmonary consumption, 2 each to mesenteric disease, and water on the brain, and 1 to scrofula. The assigned cause of death in 3 instances was delirium tremens ; and in a fourth "the result of intemperance." Three accidental deaths were registered during the week, viz—a sawyer, aged 25 years, who was "suffocated by fire while intoxicated ;" a child, aged 2 years, accidentally burnt in his bed, and a male, aged 21 years, who was "found drowned."—Inquests. An infant, newly born, was found in Ringsend Basin : verdict of coroner's jury—"Suffocation—mouth stuffed with cotton waste—homicidal."

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Summary of Science.

(Prepared specially for the MEDICAL PRESS AND CIRCULAR.)

BY CHAS. R. C. TICHBORNE, F.C.S., M.R.I.A., &c.,
Corresponding and Hon. Member of the Philadelphia and Chicago Colleges of Pharmacy. Chemist to the Apothecaries' Hall of Ireland, &c.

DR. A. W. HOFMANN'S RESEARCHES UPON THE AROMATIC CYANATES.

PHENYLIC CYANATE.

THE author prepares this substance by heating anhydrous phosphoric acid with phenylurethane, the liquid which distills over on rectification, yields the cyanate quite pure. It has a pungent odour, and attacks the eyes strongly. It boils at 163° C., and the specific gravity is 1·092. There is a curious reaction recorded between this body and triethylphosphine. If a glass rod, moistened with the phosphorus base, be dipped into a considerable quantity of phenylic cyanate, in a few moments it becomes very hot, and the whole solidifies to a mass of beautiful crystals. The principal product of this reaction seems to be a body not very soluble in water, from which it crystallizes, on cooling, in fine prisms, which may be regarded as phenylic cyanurate.

TOLYLIC CYANATE

is formed in a similar manner, that is to say, acting by phosphoric anhydride upon tolylurethane. Tolylic cyanate is colourless liquid, boiling at 185°, of high refractive power, and an odour exciting a copious flow of tears.

XYLYLIC CYANATE.

The reaction with xylidine is somewhat more sluggish than aniline and toluidine—it is a highly refractive liquid of feeble odour, and attacking the eyes slightly. The boiling point is about 200° C.

NAPHTHYLIC CYANATE.

This curious substance is also formed in the same manner. It is a colourless, not very mobile fluid, whose boiling point is about 269° to 270°. Its vapour has the pungent odour, peculiar to the cyanates, but at the ordinary temperature, the naphthylic cyanate is almost odourless. Triethylphosphine causes this cyanate to solidify almost instantaneously, and the facility with which these reactions take place with the naplthalic compound is remarkable. There seems to be no doubt, Prof. Hofmann says, about the nature of this compound.

DETECTION OF ARSENIC IN BONES, ETC.

Dr. F. Sonnenschein gives a method by which arsenic may be detected in very small quantities, say for instance, as it might be found in the bones of a human skeleton, or in the soil of cemeteries. The bones are placed in a glass tube, one end of which is sealed up. Pure hydrochloric acid is poured upon the bones, so that one-third of the tube is left empty. The tube is then gently heated until the carbonic acid is driven off, and then the open end of the tube is sealed up, it is then heated in a water bath to 100° C. for several days, or until the contents are converted into a gelatinous mass—by this method the volatilization of the arsenic in the form of chloride is prevented. The tube is then opened, and chlorate of potash added to destroy the organic matter, and arsenic is tested for, and is detected in the usual manner.

LECTURE EXPERIMENTS.

Amongst many others lately published by Professor Hofmann, the following two possess more than ordinary interest.

Sulphuretted, seleniuretted, and phosphuretted hydrogen, are each inflamed, if brought in contact with fuming nitric acid. With the last named gas a rather dangerous detonation takes place, when some warm drops of the acid are poured into a full cylinder.

Hydriodic acid, when brought in contact with the acid, makes a beautiful experiment. If a few cubic centimetres of warm acid are poured into rather a large cylinder of hydriodic acid gas, immediately a great red flame bursts forth, which is enveloped in a violet cloud of iodine vapours. At the same time the inside of the cylinder is coated with a network of steel—grey crystals of iodine.

FLUID CYANOGEN.

Dr. Hofmann in the same paper upon "Lecture Experiments" points out that cyanogen is one of the gases most easily liquified. At 20° Centigrade four atmospheric pressures are requisite, and at 0° only 1½ atmosphere. At 21° the cyanogen is fluid at the usual atmospheric pressure ; and in the neighbourhood of the point of solidification of mercury it is solid. This gas is, in fact, as easily, or more easily, solidified than a sulphurous acid.

A large quantity of cyanogen can be condensed in strong glass tubes. If provided with stop-cocks it is even not necessary to use a glass one, it being sufficient to connect a brass cock in the ordinary manner to a glass tube of some considerable strength.

ADULTERATION OF ESSENTIAL OIL OF BITTER ALMONDS AND OIL OF CLOVES.

F. A. Flucher gives the following tests :—Oil of bitter almonds is sometimes adulterated with nitro-benzole, or the "merbane oil." The author adds dilute sulphuric acid, sp. gr. 1·11, to granulated zinc, and then adds the suspected oil; after frequent stirring for two hours it is poured upon a filter ; if the oil contained the nitro-benzole the filtrate will now hold in solution a salt of aniline. If a solution of chlorate of potassium be now added to this solution, after some time, a beautiful rose colour will be developed.

The author says that oil of cloves is adulterated with carbolic acid, which may be detected in the following manner. A small quantity of the oil to be tested is shaken with hot water for some considerable time. The water on cooling is separated by decantation, and a small pinch of chloride of lime added to the aqueous solution, which now contains the carbolic acid if that sustance has been used. If such was the case the liquid gradually assumes a beautiful blue colour.

ON THE ESTIMATION OF MORPHIA.

This rather important point has been recently investigated by Professor Proctor, jun., and, in a communication read before the American Pharmaceutical Association, he analyses all the processes extant. From his experiments it would appear that Staples' process is the one to be preferred, with the modification of washing the opium with benzine, as recommended by Mr. Ebert, for the extraction of the caoutchouc-like matter which tends to resist the solvent action of water. As it differs from the process given in the "British Pharmacopœia" for the estimation of morphia, a concise description of the process is given here. A solution of 100 grains of opium, obtained by maceration in cold water, is evaporated to about half an ounce, and mixed with an equal bulk of alcohol, and filtered. Fifty minims of a solution of ammonia are then mixed with two fluid drachms of alcohol; one-half of this is added to the alcoholic solution of opium, and allowed to stand six hours, when the remainder is mixed and allowed to stand twenty-four hours. The crystalline matters deposited are detached from the vessel, and the contents are poured upon a small tarred filter, and the crude morphia washed with dilute alcohol, and then water, and dried at 120°. This was treated with boiling æther, which must be free from alcohol. The morphia and narcotine are by this time separated and estimated. Good opium gave Professor Procter 9·44 per cent. of morphia, and ·31 per cent of narcotine.

SULPHITE OF ZINC.

Mr. Tichborne gives in a recent paper the composition of this salt, which so far had not been properly investigated, the results being anything but concordant. The composition of the salt varies according to the method used in drying it.

The sulphite of zinc dried in the air or over sulphuric acid has the composition $Zn.''SO_4\ 3H_2\ O$.

Dried at 100° C. it has the composition $Zn.''SO_4\ 2H_2\ O$.

It may be easily made by decomposition from sulphite of sodium and sulphite of zinc, for although it is not immediately precipitated, on mixing the two solutions it is obtained in crystals on cooling, and is then a very insoluble salt. A saturated solution at 60° Faht., contains only ·16 per cent of the hydrated salt. One of the most striking properties of the sulphite of zinc is its great solubility in sulphurous acid; fifteen per cent. easily dissolves in the sulphurous acid of the "Pharmacopœia." When dry neither the di or tri-hydrate suffers oxidation on exposure to the air; however, when in solution, like all the sulphites, they suffer a gradual oxidation, and hence their antiseptic power. It is easily estimated with the volumetric solution of iodine.

Sulphite of zinc is deposited on cooling from a mixture of six ounces of sulphate of zinc and five and a-quarter ounces of sulphate of iodine dissolved respectively in six and ten ounces of distilled water. It forms in needle-like prisms, which may be purified by washing with water.

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Literature.

THE GEOGRAPHICAL DISTRIBUTION OF HEART DISEASE AND DROPSY IN ENGLAND AND WALES.*

The investigations of the causes of diseases are now taking what at first sight appears a strange direction. Here we have a writer who, from his inquiries, has arrived at the conclusion, that heart disease prevails mainly in those parts, or counties, of England and Wales where, owing to the natural surface of the country, the winds are prevented sweeping freely over them, and so keeping the atmosphere pure and healthy. And judging by the results at which he has arrived, it would seem that he has proved his case; for the figures show that heart affections prevail much more in some counties than others. We would just observe that conclusions of this kind require a great amount of caution before they can be fully accepted. Their truth depends upon a number of circumstances, such as the accuracy of the returns and the completeness with which these are furnished. Without in the slightest degree suspecting the gentlemen who make the returns, we can easily understand how they may be false. All the cases may not be returned. Deaths may, and do occur, which are never known; and this would surely affect the returns. But probably the cause which would most alter returns of the kind, would be the fact that other diseases are very frequently found to co-exist. We need not say how often diseases of the liver and kidney are found joined with heart disease; nor is it easy to diagnose this point. Hence the problem is by no means the simple one it, at first sight, appears; and as the author makes no allusion whatever to the possibility of such occurrences, but only speaks of heart disease *per se*, and does not even tell us what form of heart disease he means, we can arrive at no other conclusion than that his statements, truthful though they be, must be received with the very greatest caution, and will require far more extended research than it would seem the author has as yet brought to bear on them.

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Correspondence.

ON PRIMARY SYPHILITIC INFECTION ON THE FACE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In Mr. McDowell's remarks last week in your Journal, we have been furnished with a case which is introduced as that of "a healthy-looking young man," &c., just come from England, and that "the kindness of two surgeons in practice in Dublin" had enabled him to give this "illustrated example."

Denuded of mystical paraphrase, the case is simply one of a raw recruit in a military hospital, and "the two surgeons in practice in Dublin" were the regimental surgeons attached, one of whom kindly offered him, and *me* also, the inspection of the man. One of these gentlemen, of many years' greater experience in such cases than Mr. McDowell, suggested a very different origin for the sore than the writer has done, so as to carry out a theoretical view, as he thought it very probable that this soldier toying with some prostitute had accidentally conveyed infection to a scratch, or some such accident on his eyelid. Mr. McDowell says: "He has not the slightest doubt the source of contagion was a mucous patch on the woman's mouth," as the "paramour" kissed him "scores of times" on the eyelids.

There is no accounting for tastes, but to those who can understand that kissing about "the right lower eyelid" is more dangerous and ecstatic than the usually accepted pleasure of the lips, we may freely allow this extravagantly fanciful and licentious method of conveying a sore.

This is another "frightful example" of that irrepressible tendency of accommodating facts to theories. There is not a shadow of proof that the "paramour" had mucous patches, or even venereal, in any shape or form, and the important fact was not mentioned that the man was a young recruit, who, the writer admits, had intercourse on several occasions on the 6th and 7th of December, and was evidently a most libidinous example of a reckless young man just enlisted.

Divesting "this illustrative example" of the sensational and grandiloquent halo of mystery under which it is given to the Profession, what is the simple history?

A young man, a plasterer by trade, has been in the habit for 18 months or two years past, of cohabiting, as he himself admits, with a certain known woman of the town, or to use the dubious *elegantia venerea* by which she has been designated, a "paramour." She *never* diseased him; he never saw during all that time any suspicious evidence about her. She is described by him as being in good condition and very healthy-looking—it is, in fact, extremely improbable that the "paramour" had any

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[*] "The Geographical Distribution of Heart Disease and Dropsy in England and Wales." Illustrated by a large coloured map. By Alfred Haviland, Member of the Royal College of Surgeons of England; Fellow of the Royal Medical and Surgical Society of London; late Surgeon to the Bridgewater Infirmary; author of "Climate, Weather, and Disease;" Lecturer on the Geography of Disease in England and Wales, at St. Thomas's Hospital, London, &c., &c., &c. W. and A. K. Johnston, Geographers to the Queen for Scotland, Edinburgh and 74 Strand, London. J. and A. Churchill, 11 New Burlington street, London. 1871. Pp. 61.

venereal disease whatsoever, and certainly there is not the most flimsy basis whereon to ground the fanciful assumption that a labial mucous patch communicated a typical infecting sore, however theoretically desirable this might be.

On enquiry, the man admits that he had been drinking freely previous to becoming a soldier, and, indeed, enlisted while under this influence and excitement; it is not unlikely, as was suggested, that by toying with some diseased woman, he conveyed infection to his face by his finger. On further inquiry, he admits that when detained in hospital one day by the assistant-surgeon of his regiment, who had the "scab" or "scurvy" poulticed, that he took off the poultice and dressed his eyelid with lint and ointment, from a box that belonged to, and was using by, as he believes, a venereal patient in the ward. To this the man attributes the infection, and it certainly appears that it *was not till several days after this* that the specific appearance was recognised; it is, in fact, not at all improbable this absolutely was the infection source, and is far more reasonable than the assumption of mucous patches existing on the lips of a woman whom the writer never saw. The source, therefore, of this "illustrative example" is eminently hypothetical, and it is rather certain the lower eyelid kissing Dejanira, was free from any disease whatever. It appears also, that from this sore pus was abundantly secreted on the dressings, and if tested by auto-inoculation, may have proved itself inoculable, and, therefore, not a typical infecting sore at all. It is unfortunate this was not done; much mischief might be caused by a superficial recital of "such illustrative examples," and it is necessary in all such instances to give the broad facts, so that each practitioner may form his own estimate before hastily coming to a conclusion.

On the other hand, "two surgeons in practice in Dublin," Dr. Adams and Dr. McDowel, Prof. T.C.D., have had under observation a very remarkable case of primary infection on the face. The facts have been kindly forwarded to me as follows:—

A medical gentleman, father of a young, healthy family, conveyed accidentally by his finger, infection from a sore on the penis of a patient to his cheek. Without any incubative period, it assumed an angry and *very* painful character, and persistently remained for three months, when he presented himself in Dublin to get relief chiefly from the severe pain. There were no glandular hardenings, but a copious rash had developed itself, and he was undoubtedly constitutionally infected. The ulcer had a well-defined zone and pus secreting surface. Under mercurial treatment he became perfectly restored. This case, furnished from our own ranks, *is beyond doubt*, and contrasts strongly with the mucous-patch theory, which is altogether and purely assumptive, although the writer gravely remarks in reference to it: "This case which I have now recorded is another example of the eminently contagious and inevitably infectious property of the mucous patch." Surely, when we are engaged in bringing this difficult subject *ex umbra insolem*, such unsupported dogmatisms are thoroughly valueless and most inconvenient.

Yours faithfully,

J. Morgan, F.R.C.S.I., &c.

23 Stephen's green North, Dublin.

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THE UNICISTS AND DUALISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—No person regrets as much as I do, that the discussion upon this difficult question should have assumed a personal character. I can only protest, I did not take the initiative, but, under certain circumstances, it is necessary to take an independent course. In this particular case, I apprehend there are few indeed who would not have felt constrained to act as I have done. If I had quietly submitted to a process of private bullying, and public tyranny by your Correspondent, and swallowed in silence everything he advanced as indisputable, but, which I could not conscientiously subscribe to, all would be well. On one occasion, I admit, I was indignant as I wrote, and I fear I compromised the good feeling of some of my friends by condescending to notice your Correspondent's aspersions, but, I trust, I was never coarse or ungentlemanly.

The "frightful" example "Farrago No. 2" or, more properly, "Parody No. 2" produced by your Correspondent, and now again alluded to was developed, as all parodies are, by the ridiculous method of taking words, robbed of their proper connections, out of my observations on this subject. In their proper places these words have a practical and truthful meaning which he manifestly does not wish to appreciate. He has repeatedly spoken of the paucity of hard sores; and, in one place (presuming to quote my cases as well as his own, without my knowledge), stated that, in the course of a year, he had only seen three hard sores in the Lock Hospital. My experience is, that hard sores are always prevalent in men, and even women, in Dublin. *In one day*, I have recently shown six unquestionably hard sores in women, to two experienced surgeons; your Correspondent has added nothing new to our information on this subject, his remarks have rather tended towards confusion, and, it is absurd for him to expect by "brute force" to bully every one into his way of thinking.

In the Surgical Society it was stated by him, "that the treatment of syphilis by inoculation is very interesting, he had inoculated patients suffering from constitutional syphilis with vaginal discharge, the soft sore was produced, and the patients invariably got well." Syphilis invariably cured by three or four inoculations! The Society is kept in ignorance of your Correspondent's method, whilst a plate of the true method of inoculation (copied from Bumstead) is exhibited! Pursuing this course of distortion, Professor Bumstead is made to approve of this mode of treating syphilis, whereas the whole tenor of that eminent syphilographer's remarks and feelings are opposed to it.

As an example of your Correspondent's method of arriving at "authenticated facts," I take leave to quote one case from several. A delicate creature in the fourth month of pregnancy was admitted to the Lock Hospital in June last year. She was immediately submitted to his process of treatment by inoculation on the abdomen, by himself, and was reported "cured." One of the ulcers however, produced by him, extended, with the gradual expansion of the abdomen by utero-gestation, and defied all treatment, even "cruel" caustics, until the poor woman was delivered of a diseased child! So that the unfortunate creature, super-added to the sad reflection of her shame, and disease, and pregnancy, had to endure the continual torture of a spreading ulcer on her abdomen. She was also an unnecessary tax on the crippled funds of a valuable charity, the proper treatment for her cure being for many months neglected. In the face of such "deliberate" misrepresentation I may well say *ab uno disce omnes*.

I am, Sir, your faithful servant,

Benjamin F. McDowell, M.B. Univ. Dub.

29 York street, Stephen's green, 3rd April, 1871.

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DOCTORS AND ALCOHOL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I observe, in your leading article in this week's journal, "On Stimulants and Disease," that you consider, and as I believe correctly, that a reaction is setting in against the practice of stimulation in disease, or threatened disease, of late so rampant throughout the land.

Now, while Heaven forbid, that we should, in our medical practice, return to the slop diet, with bleeding and purging, which appear to have formed the usual plan of treating every kind of disease fifty years ago; yet I cannot but think that a backward step from the excessive alcoholisation method will not be ground lost.

Admitting that the administration of alcohol has been carried to a faulty and injurious extent, on whom shall we lay the blame! Partly, certainly, on the doctors, whose error is of a twofold kind; they may, in blind deference to authority, or on mistaken views of the action and power of alcohol, give this body too freely, or, on the other hand, it may be given in a too great compliance with the popular prejudice of the day. One thing is certain, and it is, that the public like a doctor who "does something." If, years ago, the doctor bled, purged, and sweated the patient well before he died, everyone was satisfied, and the physican greatly extolled for his energy and assiduity, without which none can say what might not have happened to the patient. Now peoples' views, so far as methods are concerned, are changed, and they look with a good deal of distrust on a physician who talks of bleeding and water gruel diet; but the man who, at a mere glance, says at once—"You [illegible] champagne with your dinner, and half a dozen glasses of port afterwards," is the man for the public purse. "Never mind," says the doctor, "if wine makes your head ache, it is because you don't take enough of it." The cautious, painstaking man who has been gradually but slowly getting his patient out of some exhausting nervous malady, by his two or three glasses of Manzanilla sherry at dinner time, soon is bowled out by such a go-a-head brother as the one just described, and for a time the patient perhaps goes-a-head also, the difficulty being to keep his tongue quiet on on the virtues of the alcoholic method. At last, however, down he comes all at once in a fit, and a long convalescence and terribly shattered nerves are the best results then to be looked for.

It is not the purport of this letter to say what, in the author's opinion, may be the time and opportunity for alcohol, confessedly a difficult matter, but the object of this letter is to hint at the way in which respectable drunkards and drunkardesses are sometimes made; and to entreat medical practitioners to follow the teachings of experience and of physiology as much as possible in their practice, rather than, in a too complaisant spirit, to make fashion and popular prejudice in any way a rule of action.

Yours obediently,

March 29th, 1871, J. C. T.

ON RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At the present time, when the subject of small-pox is engrossing so much the attention, not only of medical men, but of the public at large, the question of re-vaccination comes prominently forward. It is an undoubted fact that although within the last six years primary vaccination in Ireland, owing to the Compulsory Act, has been carried out with energy and success, thereby protecting the rising generation against the ravages of small-pox, re-vaccination has been neglected, in a great measure, by the majority of the population. It is only when small-pox becomes actually epidemic that persons are frightened into the necessity of having themselves re-vaccinated.

As it is the generally-received opinion at the present day, founded on trustworthy data, that the original protecting influence of cow-pock becomes weakened, and in many cases exhausted in the human system, within the space of seven or eight years, is it not to be inferred, therefore, that general re-vaccination at regular periods is absolutely necessary to protect the adult population against the contagion of small-pox.

It is a melancholy fact, full of importance, that in London, last February, during the space of one week, eighty-nine vaccinated persons died of that disease. It is not stated, I believe, whether any of them had been vaccinated a second time; it would be interesting to know if such were the case.

During the last three weeks I vaccinated fifteen persons past the years of childhood, with vaccine lymph three days old; all had well-developed cicatrices of primary vaccination on their arms. They were all successful. The cow-pock went through the regular stages, the vesicle being fully developed, and a large red areola forming in the majority, the only difference being that the vesicle appeared sooner, and the whole process was completed more rapidly than in primary cases. It must be presumed that in these cases the vaccine virus had been almost completely eliminated from the system, leaving the persons unprotected to a great degree against the contagion of small-pox; otherwise, why should they be so susceptible of cow-pock, and at the same time considered as protected, if not proof, against an attack of the former disease.

When the vaccine mark, as it too often happens from careless and inefficient vaccination with stale lymph, &c., is imperfect, the necessity for re-vaccination is still more urgent, and in what a large percentage of the population do we not observe this to be the rule.

We have full statistics from various sources of the average mortality from small-pox amongst vaccinated persons, and those who have never been cut for the cow-pock. It would be highly desirable to have fuller information of the average death-rate in the re-vaccinated, and in what percentage are they liable to be attacked by small-pox during an epidemic of that disease.

In Prussia, where the system of re-vaccination has been extensively practised during the last forty years, more especially in the army, the best results have followed, and the mortality from small-pox has been considerably lowered by adopting that process.

The following extracts from Dr. Watson's "Practice of Physic," are well worthy of perusal:—

"It may well be doubted whether all those who are susceptible of some impression from a second vaccination would become infected with small-pox under ordinary exposure to its contagion. That many of them would so contract the disease, and that all of them would be endangered by such exposure, is too certain; and a second question immediately presents itself, namely, whether this repetition of this operation of engrafting the cow-pox, renews or adds to their security against small-pox. Happily, this question may also be answered in the affirmative, and answered by statistics of the amplest comprehension. In his able and most conclusive digest of the whole subject, published by the General Board of Health, Mr. Simon shows that during the five years, 1833-7, though small-pox infection had been sixteen times imported into different regiments of the army of Wurtemburg, there had ensued among 14,384 re-vaccinated soldiers one single instance only of modified small-pox."

Still more satisfactory experience is that of the Prussian army:—

"In Prussia (as in Wurtemberg) the practice of re-vaccination grew out of the knowledge that small-pox would attack a certain proportion of those who had been vaccinated only in infancy. During the ten years preceding 1831, cases of post-vaccinal small-pox were increasing in number and fatality; and within the three years 1831-33, there had occurred no fewer than 312 deaths by small-pox. For the last twenty years the Prussian army has represented an almost entirely re-vaccinated population. And what has been the contrast? One hundred and four annual deaths by small-pox was the last experience of the former system; two annual deaths by small-pox has been the average for the re-vaccinated army. Analysing, moreover, the forty fatal cases of small-pox which, during the last twenty years, have occurred in the Prussian army, we find that only four of the number were of persons who (it is said) had been successfully re-vaccinated."

In 1841, 45,000 soldiers were re-vaccinated by order of the Government, and though previous to that time varioloid disease was prevalent, only eight cases occurred afterwards. Re-vaccination of recruits in Prussia has now become an established custom, and has to be reported on annually.

"Mr. Marson, the resident surgeon to the Small-pox and Vaccination Hospital, states 'that not one of the nurses or servants of the Hospital has had the small-pox for the last twenty years. They had all either been vaccinated or re-vaccinated on coming to live at the Hospital.' The same gentleman holds 'that as a matter of safety it is well for all persons who were vaccinated in infancy to be re-vaccinated at puberty, this measure being more especially requisite for those who, though vaccinated, have no cicatrix remaining.'"

We need no further proofs to establish the necessity and advantage of re-vaccination. It may appear difficult and coercive to compel the adoption of such a course by legislative measures; nevertheless, by means of articles in the public papers, and warning and advice on the matter, medical men may be instrumental to a great degree in inducing persons to adopt such a plan. Although in this country, by the extremely efficient working of the compulsory vaccination, grand results have been achieved, and numerous lives saved, there is no doubt that if similar activity was displayed with regard to re-vaccination, happier results would still ensue. At present, though we have reasons to believe that small-pox is not likely to become epidemic of its own accord in Ireland; yet, when persons attacked with that disease arrive here from infected districts in other countries, the disease is sure to spread, as it has done of late in seaport towns, and other places exposed to the infection. It remains to be proved whether such would be the case if it became an established custom amongst the people to adopt re-vaccination generally, and at regular periods. We might then with truth say that small-pox had been effectually "stamped out," and cease to observe, as in former times, so many faces mutilated by the disfiguring and indelible marks which this fatal and loathsome disease leaves behind it.

In connection with the subject under discussion, another question of vital importance, is the consideration as to the necessity of renewing the supply of cow-pock from its original source—the cow. It is the opinion of many eminent medical men, that during the period which has elapsed since the time of the illustrious Jenner, the vaccine virus, by its transit through several generations, and being diffused through the blood of so many thousands of human beings, has been weakened and impaired in its specific properties as an antidote against small-pox. Should such be the case, it would be desirable and necessary to renew our supplies of vaccine-lymph at stated periods from the cow. This custom is extensively practised in France, and statistics from Prussian sources also go far to prove that the vaccine-lymph does require to be renewed from the cow, in order to renovate and invigorate its powers. The members of the National Vaccine Board, as a body, hold a different opinion, viz., "that the vaccine-lymph does not lose any of its prophylactic powers by a continued transit through successive subjects." This is a matter which would require thorough investigation, in order to arrive at a safe and certain conclusion.

Daniel Donovan, Jun., M.D.

Skibbereen, March 27th, 1871.

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THE VICE-PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In opening the columns of your Journal to the letters of Dr. Hynes, of Kinvara, and Dr. Mapother, you have indicated your opinion that the subject of their communications is one suited for discussion; and, as I imagine, that you will not think it right to advise your readers editorially in the matter, I beg you will permit me to express an opinion which I think I hold in common with a majority of the Fellows.

It should be a matter of the greatest interest to the Fellows, in view of coming medical legislation, which may possibly involve changes in the constitution of the College even to its disestablishment and disendowment, that they should within the next two years be represented by men whose rank in the Profession, and whose opinions and experience on medico-educational subjects shall command the respect of Ministers and of the Committee of the House of Commons, to which the subject may probably be submitted. For this occasion, at least, if never again, the mouth-piece of the College ought to be thoroughly conversant with the medico-educational wants of the Profession, and of the public, and capable of giving forcible expression to them, and supporting them by his personal acquaintance with the subject.

The candidature of provincial aspirants for seats on the Council has, from time to time, raised the question of their eligibility for office, and, I am afraid, has been made use of to set up a jealous distinction between metropolitan and provincial Fellows, which is artificial and undesirable. I submit the question is not to be treated in this way, and a candidate is not either better or worse because he does or does not live in the country, always provided that he is willing to discharge the duty diligently.

I recognise in the fullest sense the right of the extra-metropolitan Fellows to representation on the Council, and I think that the countrymembers, unfortunately now but few in number, ought never to be without a delegate on the Council. I hold this opinion, however, not because I think there are any country interests or special views to be maintained against metropolitan opinions, but because I desire to see the College brought closer to its Fellows and Licentiates throughout the country than it now is.

Inasmuch, therefore, as I desire that an active position in collegiate administration should be occupied by provincial members, I think no country Fellow should accept the Councellorship unless he be prepared, even at personal sacrifice, to "attend and execute" the office "well, truly, and faithfully." From failure in this respect, the return of one or two provincial Fellows at each Council election has fallen into disuse, and, for my own part, I should certainly support no candidate who would not distinctly pledge himself to diligence in the discharge of his duties.

I entirely concur with Dr. Mapother that the return to the Vice-presidency of a Fellow who has not held office in the College is a very undesirable precedent which ought to be adopted only in exceptional cases. I know that there is much to learn in the public policy and internal economy of the College, and that many errors have arisen through unacquaintance with its constitution, laws, and public interests, even on the part of those who have qualified themselves by many years of service, and I assure the Fellows that this objection to the election of strangers is real and conclusive.

I hope it will not be considered that I wish to vest the highest office in this College immutably in the Council. I highly approve of the principle of rotation in all administrative bodies, but I think that principle may be much better carried out by the introduction of new opinions and fresh experiences and talents into the body itself, and, as it were, filtering out prejudices and peculiarities through its medium, than by placing at once the holder, perhaps, of crude ideas, and undigested theories, in the highest position of authority in the College.

Without, therefore, in the least forgetting the claims of Dr. Darby as an old friend of the College and as President of the Irish Medical Association, or those of his competitor, Dr. Kirkpatrick, I heartily sympathise, while giving my most hearty adhesion to the claims of provincial Fellows to a share in the Collegiate voice, with Dr. Mapother's objection to the election of any Fellow who is not thoroughly collegiate both in experience and feeling.

I am, Sir, yours, &c.,
A Dublin Fellow.

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NOTICES TO CORRESPONDENTS.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

Dr. Colles, Bath.—Thanks, the Journal has been sent to Guernsey as desired.

Dr. McN.—The attentions you thank us for are general to all our subscribers; the marked journals have been forwarded to the addresses furnished.

M.D., Manchester.—The second volume of Dr. Dobell's "Reports" was published about a month since.

Received, "Is the Brain the Origin of Thought, Intellect, or Mind By Dr. W. F. West.

"The Invalid's Guide."—As we are going to press, Dr. T. King Chambers writes an indignant letter about this publication. We regret the short article "Whom to Consult?" in the first sheet of the Journal, was printed when we received his letter, and we take the alternate course left us, in the second sheet of the same number, of inserting what our readers knew would be from him, a repudiation of the publication.

The Civil War in France.—Paris is now in full civil warfare. On Monday, a fearful battle was fought outside the city, between the troops of the National Government, and those of the self-elected Commune. A noble example of heroism and devotion to humanity was shown by a now *late* member of the Profession. Dr. Pasquier, Surgeon-General of the Army, approached the insurgents, alone and unarmed, for the purpose of preventing the shedding of blood, when his body was pierced with a dozen balls, and he fell a martyr to a noble instinct, another victim to foul assassination.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Modern Medicine. By Thos. B. Crosby, M.D. London: Churchill.

An Analysis of Cases of Organic Urethral Stricture. By John D. Hill, F.R.C.S.. London: J. and A. Churchill.

Plain Facts on Vaccination. By G. Oliver, M.B. London: Simpkins.

Dynamics of Nerve and Muscle. By Bland Radcliffe, M.D., F.R.C.P. London: Macmillan and Co.

Chloroform in its Medico-legal Bearings. By Chas. Kidd, M.D.

Quarterly Journal of Mental Science; Gazetta Medica di Torino; New York Medical Gazette; St. Louis Medical Journal; Pacific Medical Journal; The Practitioner; Journal of the Gynæcological Society; Homœopathic Journal and Review; L'Union Medicale; British Journal of Dental Science; Science Gossip.

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VACANCIES.

Westport Union, Islandeady Dispensary District.—Medical Officer. Salary £90, exclusive of Vaccination and other fees. (See Advt.)

Westport Union, Westport and Louisburgh Districts No. 2.—Medical Officer. Salary £36, exclusive of fees. (See Advt.)

King's College, London.—Chair of Psychological Medicine.

London Fever Hospital.—Assistant Physician. Election [illegible] prox.

Westminster Hospital.—Resident House-Surgeon without salary.

Middlesex County Lunatic Asylum.—Assistant Medical Officer for Female department. Salary £150, with board and residence.

Birmingham Queen's College.—Medical Tutor. Salary £[illegible].

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 12, 1871.

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RE-VACCINATION.*

By Chas. Frederick Moore, M.D., F.R.C.S.I.

In speaking of vaccination and re-vaccination—first, it is essential to secure healthy pock, which is usually best obtained on the seventh or eighth day, from a healthy child, age between three and six months.

I find on the eighth day that there generally are thin crusts formed in the line of the incisions; by carefully removing these crusts, a very good supply of clear lymph will be obtained. Should this not be practicable, a few very slight incisions on the prominent parts of the vaccine vesicle will yield lymph. Willan considered the cells of the vaccine vesicle communicated with one another. Sir Thomas Watson stated that if you puncture one cell the others remain full. Maunsell and Evanson considered the communication not very free. My own observation leads me to think that, though in the early stages the cells are separate, in the later stages they coalesce.

Some writers, speaking with the authority of office, in England, state that it is necessary to produce three, four, or more vesicles to ensure safety from small-pox. The plan I pursue most generally is to make two sets of incisions of some size, sufficiently wide apart. This method will naturally be as effective as more numerous incisions of less extent.

In operating on very young infants, it is recommended by some not to make many incisions, to diminish the risk of sloughing. Professor Hebra does not appear to consider any special injunctions needful in such patients. He does not believe that it is necessary to obtain several vesicles in order to give an additional security against the small-pox. This is not, however, the experience of some eminent British vaccinators. Having regard to the danger of small-pox in little children, Hebra states it is the custom to vaccinate in early infancy in Vienna; in the principal vaccine institution of that city, infants of ten to fourteen days old are often vaccinated, without any injurious effects being observed. Finally, he advocates vaccination at the age of fourteen days. My own practice is not to vaccinate at so very early an age, unless the child be much exposed to contagion, and when variola is epidemic.

M. Chauveau has found the solid elements, as well as those that are fluid, are essential in good vaccine.

I have for many years been occasionally called on to re-vaccinate children and adults. In some instances irritation was set up. I have re-vaccinated very few persons who were actually over fifty years of age, and I have not met with any result of an unfavourable nature in these few persons of that age. In the case of two females in the upper classes of society, between the ages of thirty-five and forty-seven, I have encountered pretty sharp inflammatory action resulting from re-vaccination, not attributable to any want of care, so far as I could ascertain. In one case the lady suffered from slight rheumatic attacks, possibly of a gouty tendency; in another instance the weather was hot, even for the time of year, July, and the lady was about to seek change of air, but thought it better to be re-vaccinated before travelling, as small-pox was prevalent at the time in the country she thought of visiting. In the case first mentioned but little medication was resorted to; in the second, the inflammation subsided gradually, also without any suppuration or other untoward result. Citrate of ammonia, with decoction of cinchona, a mild, warm aperient or two, and the local use of lotions of liq. plumbi subacetatis, of treble the usual strength, having constituted the treatment. In a case of re-vaccination, in a gentleman over fifty years of age, the irritation set up was very slight, with almost no swelling, slight heat and rather troublesome itching, subsiding almost wholly in about thirty-six hours. A miniature vaccine vesicle resulted on the sixth day, leaving a proportionally small oval-shaped scab.

One cause of irritation and, in some cases, inflammation in the adult appears to be the very common occurrence of rubbing during sleep; even in the waking hours it frequently requires much resolution to abstain from rubbing the itching part. Some persons tie the wrist of the other arm to the thigh of the same side to prevent scratching at night. In several other cases, in all ranks of life, and at all ages, from seven to thirty-five years, I have not met with more irritation and inflammatory tendency in re-vaccination than in vaccination at the same ages. At the moment I write, a good deal of irritation exists in a case of primary vaccination in a young woman of twenty-five years, with two perfect vaccine vesicles; this individual believes, however, that she had small-pox in childhood; she latterly had pain, apparently sympathetic, in the opposite arm.

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* Read before the Surgical Society o Ireland.

Besides using lymph from a healthy infant, I have, for many years, followed the advice of the late Dr. Labatt, viz., in vaccinating several persons, to dip the lancet in clean, cold water after each operation, He likewise recommended very young infants to be vaccinated in only one place; should failure of vaccination occur he would improve the diet of child or nurse by adding a little wine.

The operation of vaccination or re-vaccination I have always practised by aid of the lancet, not resorting to vesication by any of those agents that have been used by some for years. I have tried, but do not approve of the insertion of the ivory points in incisions in the arm. I now use a lancet perfectly bright and clean, but not quite as sharp as would be required in venesection; this appears a more satisfactory instrument than a needle, or the set of needle points used, I think, by Mr. Husband, with the blade for rubbing in the lymph fixed in the same handle;[*] the lancet is also more easily kept clean. In children, difficult to manage, as well in this little operation as in all others, of whatever extent, it is of course necessary so to support the hand using the lancet as to prevent the infliction of unnecessary incisions. In very young infants, as I have before mentioned, all experienced practitioners, such as the late Dr. Labatt, Hebra, and others, point out the necessity of limiting the extent of incisions, and so preventing unnecessary irritation and possible sloughing. Hebra advises the use of a lancet with one side concave, the other convex, the former being that on which he applies the drop of lymph, by introducing the end of the lancet under the cuticle to the depth of, at least, a line, holding it horizontally with the convex surface downwards, and the concave upwards; when the epidermis has been penetrated, the lancet must be turned round, so that its convex surface shall look upward, and its concave surface downward towards the cutis, then pressing with the thumb the lymph is wiped off into the cutis.

The mode of proceeding generally followed, I believe, in Dublin, and that which I find appears to give so little pain, as rarely to cause a sleeping infant to wake, is by quickly making a few parallel incisions, so superficially as barely to let the colour of blood appear in each, crossed in some instances by two or three equally light incisions or scratches, resembling what artists call "cross-hatching," then gently to rub over the scratches the lymph, if possible, freshly drawn from the arm of another infant, or from charged ivory points or glass, or glass tubes, the lymph on the points or glass having been previously softened by a minute portion of clean, soft, or distilled water.

I am well aware that gentlemen, for whose opinion I entertain great respect, object to re-vaccination for several reasons; some consider one effective vaccination in infancy sufficient for life, with which I would quite agree in ordinary times, especially if we could be sure that all mankind were so protected; but in periods of epidemic-prevalence of variola, and when it is notorious that all are not so protected, the case is different.

It has been supposed, and on good grounds, that a diminished tendency to take the disease is acquired by us in advancing years, and that, therefore, such, if not vaccinated, need not be in much dread of the disorder, or, if once protected, that is enough. On this point I would refer my hearers to the writings of Bosenstein, Labatt, and many others, as well as to the experience of practitioners in London and elsewhere at the present time.

The present epidemic, which has swept over many parts of Europe with a severity exceeding any previous one that has occurred in the experience of Dr. Seaton, cannot but test the protection which Ireland has for the last seven years derived from compulsory vaccination, tolerably efficiently carried out. When we find it stated in the "Army Medical Report for 1868" that Ireland still continues to furnish the highest ratio of unprotected men, and when we recollect the constant communication between Great Britain and Ireland, we cannot expect wholly to escape the disease. Belfast has been the district where, as yet, variola has obtained the firmest hold; nor can we be surprised when we read in the "Army Report" that the unvaccinated recruits were in far greater proportion from the Belfast district than from that of Dublin. It is obvious that recruits enlisted in 1868 had not benefited by the Irish Compulsory Vaccination Act of 1864, so we may reasonably expect that all Ireland, Belfast included, will be able in a few years more to give a better account of her recruits.

The importance of continuously attending to vaccination is well seen in many cases that have occurred in the last few years. A seaman was landed from a foreign-bound merchantman in Dartmouth, suffering from confluent small-pox; he became the means of communicating the disease to several persons inhabiting part of that town that was in a very unsatisfactory state as to healthfulness. The disease was next communicated to one of the crew of Her Majesty's ship *Britannia*.[*] In Dublin, a Swedish sailor was landed, and transferred to the Hardwick Hospital, though fatally smitten with small-pox, with impunity to those he came in contact with on board his ship, and in Dublin, because all these persons had been vaccinated. It was otherwise in the case of Mrs. T——, who lately died in Cork-street Hospital, she having taken the disease from the widow of S——, the latter having died in Liverpool, on the 3rd February last, of variola. In this case, as it appears, Mrs. S's. clothes became the means of carrying the disease to Mrs. T., who was never vaccinated, and who gave birth to a dead child on the day the eruption appeared upon her, as I understand.

The girl, E. C., whom I was requested to see on Sunday evening, the 5th inst., had the eruption of small-pox then commencing upon her, having had fever for three days, and being seventeen days from London, this case terminated fatally in Cork-street Hospital. Dr. Henry Kennedy, I have no doubt, will kindly give the Society further particulars of this case if he is present. Cases of seamen ill with the disease, have occurred on board some of the vessels trading between England and Ireland.

The Irish Poor-law Commissioners in a recent circular, observe that in the last two years they have, with the assistance of the medical officers of workhouses and dispensaries, and in a few instances with that of private practitioners, been enabled to speak with confidence of the several localities in which small-pox had appeared from time to time sporadically, and to designate the places in Great Britain, or elsewhere, from whence the disease had been imported into Ireland. Glasgow, Greenock, Liverpool, and Swansea, are named as points of departure whence the disorder had been imported into several towns in Ireland. The Commissioners add that they hope the epidemic will subside under the influence of the great impulse given to vaccination, and referring to Belfast, they add that vaccination was there much neglected up to the present time.

The last "Army Medical Report" represents the state of recruits from Dublin as follows:—Proportion per 1,000—26·4 possessed marks of small-pox, 968·6 had marks of vaccination, and only 5·0 had no satisfactory marks. For London, the figures were respectively, 55·2, 915·5, and 29·3. For Belfast the numbers were, 61·1, 785·0, and 153·9. It appears on examining the figures for each of the seven recruiting districts into which the United Kingdom is at present divided, the men having marks of small-pox, are in the proportion of 107·8 from Glasgow, 103·6 from Bristol,

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[*] Exhibited to the Society.

[*] "Medical Report of the Navy for 1868."

74·8 from Liverpool, 61·1 from Belfast, 55·2 from London, 26·4 from Dublin, and 23·1 from York. The number having marks of vaccination are most numerous from Dublin, being 968·6; from London, 915·5. Belfast ranks the lowest, yielding but 785·0 per 1,000. Lastly, Dublin ranks also first as to the smallness of the number, 5·0 of men having no satisfactory marks, London recruits numbering 29·3, York, 86·1, and Belfast, 153·9. The district last named presenting, relatively, so many unprotected men, outbalances the return from the Dublin district, where, according to the return, vaccination is most general. Dublin appears also to occupy the place next to York in freedom from recruits with marks of small-pox. In the district last named, however, the number of unprotected men out-numbers those of the same class from Dublin in the ratio of 86·1 to 5·0.

It will thus be seen that the statement made in the "Report," which I quoted early in this paper, applies not to the two Irish recruiting districts, but only to the northern.

Surgeon J. Lamprey, M.B., has published, in the same "Report," valuable notes on vaccination. He considers he has seen an unusual number of positive results attending re-vaccination of late. He has illustrated his paper with several well-executed drawings, and dwells on the importance of auto-re-vaccination as a test of the quality of the lymph, and efficacy of the previous operation. Army and naval surgeons possess special facilities for this purpose.

Dr. Seaton, to whose observations I will now revert, insists on the necessity of more careful and more universal vaccination. He regards re-vaccination of adults as indispensable, as much of the earlier vaccination was so imperfect, and because it was probable that in a certain portion susceptibility to small-pox returned after a certain age.

Dr. Grieve, speaking of 800 cases of small-pox at the Hampstead Hospital, from 1st December, 1870, to February 18, 1871, says: "In the greater number of cases death occurred within a week. At first, overcrowding increased the mortality, yet it could not be denied that the epidemic was one of extreme virulence. A large proportion of deaths was brought about by hæmorrhagic attacks. This happened in persons over puberty. His experience was that more succumbed who would have fallen victims to other zymotic diseases. Of the 800 cases, 591 had been vaccinated, 209 not. Of the former, many had been very imperfectly vaccinated. The results tended to weaken the idea that tendency to small-pox decreased with age. The number of unvaccinated persons showed a regular diminution in advancing ages. He believed that few unvaccinated persons reached above forty, without being attacked by small-pox. Vaccination, where it did not absolutely ward off small-pox, lessened its virulence, rendering it milder and more manageable. Of the 591 vaccinated, 9·8 per cent., and of the 209 unvaccinated, 45 per cent. had died. The average duration of the disease was in the vaccinated, twenty-four, and in the unvaccinated cases, thirty-five days.

Except in those under ten years of age, whose mortality in his cases was 9·8 per cent., and those from ten to twenty who died at the rate of 2·8, the mortality increased with age, from twenty, upwards, being in persons twenty to forty years of age, 12·6 per cent., and over forty, 22 per cent. Re-vaccination should be performed at about twenty years of age. The efficacy of re-vaccination was proved conclusively, from the fact that it had given perfect immunity to the officers at the Small-pox and the Hampstead Hospitals. Those attacked were of those who came most in contact with all sorts of persons. This showed the necessity of isolation, in order to prevent the spread of the disease. The returns of Mr. Marson, of the Small-pox Hospital, agreed very closely with those of Dr. Grieve's. Of 751 cases in six months, 618 were vaccinated, and 133 not vaccinated. Of the vaccinated, 9 per cent. died; of the unvaccinated, 44 per cent. The two results were thus singularly near. His experience of thirty-two years proved that the mortality increased very much in the class that had no marks to show. Dr. Marson found in his returns of seventeen years, that 50 per cent. of the unvaccinated died. Nurses who had had small-pox were not generally re-vaccinated, but it was necessary to be accurate in all such inquiries.

Over-stimulating in treating small-pox Dr. Grieve condemned as likely to bring on hæmorrhage. Patients should not remain in hospital less than three weeks. Mr. Marson could not tell for certain when the infection ceased. The breath appeared the most ready means of infection. He had had experience that the range of infection was something under fifteen yards.

Dr. Morehead states that the Bengal Commission on Small-pox have ascertained that the disease declines after the first two quarters of the year. His work shows the great value of vaccination. He speaks of a mortality of 48 per cent. in Bombay. It may be well to mention that very many have remarked the great rarity of failures in re-vaccination in the Army, and in the United Kingdom generally, during the last year or two.

Dr. Hamilton, of the United States Army, dwells on the value of vaccination and re-vaccination, and insists on the danger of the disease breaking out where troops are massed together—clothed, too often, with garments "made up in all the pestiferous dens of New York;" a hint which should not be lost on us at home. He also points out the intractable ulcers that, at times of scarcity of suitable provisions, have been known to arise from wounds, burns, and in some cases from common scratches; also from vaccination where the blood is impoverished. I believe few, if any, of my professional brethren in this city doubt the necessity of re-vaccination. I trust, however, that many will afford us the benefit of their experience.

I have received a highly interesting communication from Dr. Trayer, of Bagnalstown. He considers the seventh week a favourable time for the vaccination of infants; regards the constitution, at present, as remarkably variolous. Mentions the case of a healthy infant, who presented some well-marked vesicles of a vaccine eruption after vaccination, which he considered the direct analogue of the eruption succeeding variolous inoculation. He found vaccination with lymph from the primary vesicles on this child's arm, and that, from one of those of the eruption, yield the same result on another healthy child, that is perfect vaccine vesicles. My own idea is that this experiment might be corroborated by using the lymph from the primary vesicle on one healthy child, and that from the secondary eruption on another, as one agent may overpower the other if used on the same child. Dr. Trayer asks, might not these vesicles be drawn on for additional supplies of lymph? He suggests the possible advantage of stimulating—if I may use the expression—the receptivity of vaccination in comparatively insusceptible infants by the use of lymph from a re-vaccinated person, following out, as he regards it, the principle of using, in such cases, lymph from a still perfect vesicle, but one having more than the usual amount of redness on the eighth day, which he has found to answer. However, he doubts the propriety of at all using re-vaccination lymph. He lately observed considerable febrile reaction, accompanied almost by delirium, in a lady of thirty-three, who was re-vaccinated.

In Dr. Trayer's very extended experience he once saw a case of fatal erysipelas in an infant of six weeks; but exposure to cold, over-excitement, and fatigue, had co-operated in producing the fatal result.

From several cases of re-vaccination which Dr. Trayer has had, he considers the operation the only means of ascertaining the protection retained from the primary operation, though, generally, the protective influence is in direct proportion to the shortness of time since its performance. In variolous years he finds greater susceptibility of vaccination. He uses a small-shouldered needle, which he dips in the vaccine lymph and inserts, for a moment, to the shoulder, with great speed and success in vaccinating large numbers of persons. A case of convulsions was reported to him by the infant's mother a few hours after vaccination, leaving no bad result. Dr.

Trayer suggests the possibility of such an event in peculiarly susceptible persons.

The fact that those who meet most people are most liable to variola, is a potent reason why our sailors and our Custom house officers should be well protected against the disease; on this account, too, the following extract from a letter I lately received from Dr. Walter Dickson, R.N., Medical Inspector of Her Majesty's Customs, London, has a special interest:—"We are suffering now from an invasion of small-pox, which, by reason of your wiser sanitation, is not likely to prove so serious on your side of the channel. In the force—about 1,000 men—under my care, I have had seven cases, four very slight, three severe, including one fatal, in which, besides confluence of the eruption, there was constitutional debility and marked tendency to phthisis. All had been vaccinated in infancy, and had good cicatrices. One had just been re-vaccinated, and in his case small-pox overtook cow-pock, which no doubt modified its intensity. In January, I recommended general re-vaccination of all those who had not been already re-vaccinated; and several have undergone it with no bad result, except, in three or four instances, inflamed arms. It is always advised, if not already done, on their entry into the service. There are, therefore, few of more than thirty years who have not, at some time or other, been re-vaccinated. All seamen should be AT ONCE re-vaccinated. I have not tried blister vaccination, as time is to me precious, and the other plan is, in my experience, efficacious. Elderly or weakly persons, if re-vaccinated, should be placed under treatment, diet, and rest for a few days. With this precaution I think most will stand it well enough. I myself submitted to it the other day and with success, although on a former occasion it did not take."

From Dr. O'Flaherty, Deputy Inspector-General of Hospitals, I have just heard as follows:—"I consider the experience of army medical officers during the last eleven years to be perfectly convincing of the benefit of re-vaccination, and I am not aware of any circumstances to justify a healthy man, woman, or child, abstaining from it. There have been a few cases—three vaccinated, two not so—in the division of 4,300 men I now serve with, but none fatal."

Dr. Charles A. Holcombe, Government Medical Inspector of Emigrants, Liverpool, writes on the protecting powers of vaccination, and of the prevalence of scarlet fever and small-pox at that locality.

By the rough sketches which I hand you, Mr. President, I have attempted to represent the result of re-vaccination.

No. 1 (*about half size of life*) is from re-vaccination in Mrs. A., a married woman of twenty-four years, drawn on the seventh day after the operation, the lymph having been taken from an infant on the eighth day. I have attempted to show remaining irritation. The vesicles were, as usual, much more advanced than in primary vaccination in an infant. This person represented the soreness as having been greater on the fifth and sixth days after the operation. The irritation rapidly declined subsequently, and when seen by me four or five days ago, the scabs had fallen, and, what I have also seen in some other cases, smaller secondary scabs had formed. Mrs. A. had two very large and perfect cicatrices from vaccination.

No. 2 (*about half size of life*) is intended to show re-vaccination, on the eighth day, in a girl of eleven years, having two large and perfect cicatrices from vaccination in infancy. There was not so much irritation in this case as in that last mentioned, nor was the formation of the vaccine vesicles so early. They were considered by several who saw them as regular vaccine vessels; the figure assumed was, of course, owing to the shape and extent of the scratches.

No. 3 represents re-vaccination in a girl, aged nine years, performed by me in 1865. One place was a failure, the other only partially successful. The sketch was life size, and was made on the ninth day.

No. 4.—Re-vaccination; natural size; successful; on ninth day, in a girl of fourteen years. Also drawn in 1865.

No. 5.—A copy of the three stages of vaccination, after the late Dr. Labatt. Drawn by the late Mr. Connolly.

As to the mode of preserving lymph, I believe ivory points, smooth and well made without angles, to be at once handy and successful, and when kept cool and lapped in lead foil or in gutta percha bags, and not exposed to much pressure, lymph may thus be safely kept for a long time.

Squares of glass are excellent, but less handy than ivory points. The glass squares and glass tubes are, perhaps, the best for transport to India. If the tubes are hermetically sealed, some practice is required that the lymph be not destroyed by the heat.

I frequently adopt auto-re-vaccination; that is, if only one set of incisions take, I vaccinate in a second place on the eighth day from the first vesicle, when I find, as in Bryce's test, the second vesicle makes immense strides to overtake the first; indeed, I believe both vesicles scab about the same time. Bryce's test was thought very important by such an eminent opinion as the late Dr. Labatt, who regretted the impossibility of generally carrying it out owing to the objection of mothers to the second operation. It consisted in vaccinating the child a second time on or before the sixth day.

Finally, as to the question of re-vaccination, I regard it not only as necessary in the present state of the world, but, in common with the authorities in most civilized countries, who insist on it in their armies and navies, I believe a nation neglecting it neglects one of the first principles of self-protection.

When—through means of the light given by rightly interpreting the laws of nature—civilized nations, who owe so much to that all-wise Providence that has given to them by right to be their brothers' keeper, have duly fulfilled their calling, and, as a part of that duty, have extended vaccination and the other branches of preventive medicine to every human being, then, and not till then, can we dispense with re-vaccination.

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ON DISEASES OF THE SKIN.

By J. L. Milton, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

FURTHER it may be asserted that if a surgeon were so reckless as to try and remove eczema at the risk of setting up an internal disorder, he would certainly fail; for ordinary remedies and ordinary doses clearly produce no such effects, and the use of extraordinary ones would be speedily followed by such fatality as would cause them to be discontinued. Besides, it is quite certain that the medicines which do most good in eczema effect this only when given in such a way and such doses as to improve the health. Medicines—such as purgatives, diuretics, mercury—are continually taken to such an extent as to set up considerable irritation in the stomach and bowels. I have noted down a good many cases where this happened, but the excessive action set up was never attended by a corresponding amount of action on the eczema.

Perhaps the reader will say, as some certainly have said, "But there are cases where eczema acts as a safety valve; it is a salutary effort of Nature and ought not to be interfered with; you don't follow those cases up, and for anything you know, the most serious results may follow."

To all this it may be replied that the discharge is not salutary but morbid, and would appear so to any person whose judgment was purged from the grossness of humoral theories. It always disappears when the patient gets quite well; it never exists when a patient is really in perfect health. The more discharge there is the lower and more exhausted does the patient feel. An outbreak of eczema does not in any way relieve a morbid discharge, nor does the establishment of a morbid discharge, as I have stated, by means of a blister, seton, &c., in any degree relieve the eczema.*

For years past I have, in every instance, done my best to check the discharge of eczema as quickly as possible. During that period above 5,000 cases have passed under my notice, and as I have never seen or heard of any injurious results, I can only conclude that treatment can not produce such an effect as bringing on internal disorder by relieving eczema. *Properly employed, treatment is either innocuous or beneficial.* I can scarcely help thinking that, in such a large number of instances, if injurious results had been at all common, I must have heard something of them. On the other hand, it is quite certain that a number of patients, cured of profuse discharge, often of years'-long duration are, at the present time, not only well, but all the better for being freed from such a disgusting nuisance. I laid before the Medico-Chirurgical Society the particulars of a case, where the discharge from an eczema, covering the leg from the calf to the sole of the foot, was so profuse that the patient, an old man in shattered health, said, that often after a day's work, he returned home with his shoe half full of water. This state of things had gone on for three years, and yet the speedy removal of it, so far from bringing on any internal affection, was followed by a decided improvement in the patient's health. This old man was very well known in the part of the city where he resided, near London Bridge, and some years after, when I last heard of him, was certainly quite as well as he had been previous to having the eczema. At the same time another instance was quoted, where a case of long standing eczema of the ham was cured, and where four years after, the patient was in excellent health. This man, too, could have been easily identified, being a signalman at the Shoreditch station of the Great Eastern Railway. I could easily add to the list.

No doubt, if a patient suffering under eczema be attacked by some malady assailing the surface of the skin and the internal organization at the same time, as one of the exanthemata for instance, the eczema *may* be removed or suspended (for I trust I have shown that this does not certainly happen) as would many complaints, such as gonorrhœa; but I presume it would scarcely be considered the proceeding of a rational being to leave a gonorrhœa to take its own course, lest the removal of it might cause the development of some internal malady.

In all the cases I have seen, where eczema was complicated by an internal disorder such as bronchitis, an exacerbation of this, so far from relieving the eczema, either had no effect or made it worse; while in no case did the increased discharge, when the eczema was worse, in any way mitigate the internal affection. Thus, a poor weaver suffering from eczema of the leg came under my care. The disease of the skin was cured, and the patient remained well till an attack of bronchitis, at the beginning of the ensuing winter, prostrated him. In a very short time the eczema returned as bad as before, but without in the least relieving the bronchitis. A few years ago an old man came under my care for eczema of the leg. He was cured, and after an interval of quite four years, he again applied with the same complaint in both legs. I questioned him closely and learned that he had fallen into bad health, that then the eczema came on, and that the worse it grew the worse he became in other respects—a statement quite borne out by the results of treatment, for the eczema disappeared as he improved in health. A poor woman was recently in attendance at St. John's Hospital who had been four time the subject of a bad attack of bronchitis; each time she was laid up in this way an old eczema of the ankle relapsed and passed into a state of ulceration. There is a middle-aged woman attending now at the same institution for eczema, she has twice suffered from bronchitis, and twice eczema has followed the coming on of the chest affection.

I could have added many more cases but I need no longer note them down, as I have found no evidence on the other side of the question, and to heap together facts, merely to swell the bulk of testimony without adding to its real value, seems to me sheer waste of time. My experience is, that *if two or three cases will not induce men to think upon a question two or three hundred will not.* I shall, therefore, content myself with adducing the evidence of M. Rayer who supports the view I have been endeavouring to combat, as to there being a connection between the healing of an internal complaint and the cure of eczema. M. Rayer then says,* that he treated a patient for gastro-enteritis, who had been previously suffering from eczema, and that *during all the time the gastro intestinal inflammation lasted the eczema was worse.* Again he says,† of another patient, "the appetite fell off remarkably (a certain sign that the health was not so good as formerly), an occurrence which was followed by a notable exacerbation of the eczematous affection."

I think, then, we may conclude that the fear of curing eczema, of however long standing it may be, and however delicate the health of the patient, *is not warranted by either proof or analogy;* that no known agent possesses the power of repelling eczema; that we can cure it only by means which improve the health at the same time; and that it is as justifiable to arrest its discharge as that of diarrhœa or cholera. And I may here remark that all that has been said of eczema may be said of ulcer; there is no danger in healing it up, no bad symptoms ever arose from doing so. Those reported to have occurred were the offspring of prejudice or faulty observation, and offer only a too painful comment on the mode in which surgery has often been studied and taught.

The doctrine that it is never dangerous to cure eczema or ulcer, that discharge from either is never a salutary outlet but a morbid exhausting drain, and that neither can be repelled into the system, or be cured in any way except by improving the health, was very unpalatable when I put it forward years ago. So radical a change however, has occurred in the views of some of our writers, that now they speak in calm derision of humoral pathology, as though they had never believed in it, and indeed, had utterly scouted it from the very beginning. Dates, however, are awkward things, and a reader who is sufficiently interested in the matter to seek out the *pro* and *con*, might be apt to think there is something in this sudden schange of opinion yet to be accounted for.

Treatment.—I now proceed to examine the treatment of eczema, and I need scarcely apologise for devoting a great deal of attention to this subject, when it is remembered that the question affects the health and comfort of hundreds of thousands; that it is no uncommon occurrence for patients to be reduced to destitution by this complaint; that till quite lately medical men were unanimous in regarding it as only too often utterly intractable, and that little more than half a century ago it was pronounced, when inveterate, beyond the reach of art, and only to be palliated by treatment,‡ views which are unhappily only too widely current among the profession, and which are certainly likely to remain current under some kinds of treatment.

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* [illegible] Devergie justly says the renewal of a suppressed discharge will not remove the eczema. "Maladies de la Peau." P. 247.

* "Treatise on Diseases of the Skin." Translated by Willis. Second edition, 1835. P. 316.

† Ibid p. 322.

‡ Dr. Neligan speaks of eczema lasting five-and-twenty years; Dr. Copland of its resisting every known method of cure. M. Devergie says he knows nothing more intractable than eczema: Cazenave and Schedel give the same account. Dr. Burgess says, "some forms of this eruption baffle for a long time every remedy and every kind of treatment." Dr. McCall Anderson tells us that he has been consulted by persons whose lives had been rendered so burdensome to them by the itching of eczema, that they had wandered from town to town and from country to country in search of relief! M. Bazin says, "Elle recidide souvant, finit par devenir permanente et par se generaliser. . . . Nous devons dire que l'affection, arrivée a ce digué, est plucée ordinairement au-dessus des ressources de l'art."

As always happens with severe chronic maladies, more remedies have been recommended for the cure of eczema than any one person could examine in the course of years, at least in such a manner as to form a reliable opinion upon their value. It is not uncommon to find an author speaking of twenty or thirty powerful medicines, some of which, such as saline aperients, antiphlogistic remedies, neutral salts, and emollient diluents may mean almost anything. It is rarely that an approach to striking a correct balance as to their several powers is made; a list of remedies is given, to be used on general or particular principles as circumstances may direct, till we arrive at tincture of cantharides, mineral waters, and change of air, as our last resources. All knowledge of such a kind must, of course, consist to a great extent of conjectures which only great experience can render safe and useful, but which, in the hands of the uninitiated, may be scattered to the winds by the first difficult case met with in practice. Such experience, too, means simply conviction—the principle which guides the nurse and the empiric. The form in which it is clothed may be more scientific, the spirit is essentially the same. It is gleaned too loosely and in too wide a field to admit of the tenets on which it is based ever being proved. No lasting structure of therapeutics, no enduring system of treatment can ever be erected on so unstable a basis, and without a far more extended and accurate series of observations than we possess, we shall have to arrive at an estimate of the comparative amount of success and failure rather by collateral evidence rather than direct proof. Convictions and sweeping assertions do not save us here, and have, indeed, nothing to do with the subject. No man's opinion respecting medicines commonly used in eczema—such, for instance, as sulphate of magnesia and calomel—has any more influence upon what ought to be really the question at issue than it has upon the qualities of matter, and can no more limit their action on the nervous and vascular systems than it can affect the proportion in which sulphur combines with oxygen to form sulphuric acid, and this again with water and magnesia to form Epsom salts.

The discrepancies in the statements of different authors as to the power of medicines over eczema, the irreconcileable differences in the results arrived at by different observers, are proof enough that I am not making out a case against the present system. Whilst the most experienced surgeons in England declare that it is often a difficult complaint to manage, requiring a long course of treatment and surrounded by complications which frequently demand a variety of remedies to subdue them, the French physicians seem to remove it by means which I should have supposed possessed no control over so refractory a malady, and some of which in my hands proved quite inert. M. Cazenave quotes a model case, cured apparently by a little marshmallow infusion, and M. Bazin's treatment, when we come to individual cases, is equally simple. Alkaline syrup and starch baths form the sum of his rates in all cases, while starch baths and arseniate of ammonia fill up the formula in another. Dr. Kempster, of Utica, cured a case of neglected eczema of the scalp by simply applying a weak lotion of carbolic acid. In London men rely to a great extent on internal means in eczema; in Vienna, they trust almost entirely to outward applications, and profess to have scarcely any faith in medicines.

If there be one skin complaint in which this discrepancy of opinion is more injurious than in another, it is eczema; for it comprises nearly or quite one-third of all the cutaneous affections seen in practice, so that the surgeon who can thoroughly master eczema has already overcome the most frequent difficulty and one of the greatest he has to encounter. For all these reasons I resolved to watch the action of several drugs successively, restricting myself as far as possible to one drug or one group at a time, eliminating as well as I could all those which seemed superfluous, owing to their not possessing equal curative powers to those reserved for more special observation. Thus, for instance, tar antimony, guaiacum, and sulphur were soon given up. The results were as follows:—

1. Antiphlogistic treatment, taken as a whole, failed entirely in every case of severe eczema, both as to its power of curing the complaint and of preventing relapses. Calomel, antimony, and cathartics, in large and repeated doses, as advised by some authors, did no good in any case and made many patients much worse. Bleeding, either local or general, was only tried to a limited extent. The patients generally contrived to evade bleeding from the arm, and the results, as given by those who advocate it, are not very encouraging. Sir William Jenner, however, M. Bazin, and Mr. Hunt still recommend venesection, though Mr. Hunt admits that of late he has rarely found it necessary. Leeches never seemed to do any good, and the low regimen which, according to all orthodox rules, ought to go hand in hand with antiphlogistic treatment, was quite as injurious as the use of depressing medicines; whereas, a good diet, accompanied in all cases of exhaustion by a moderate use of red wine and plenty of fresh vegetables, proved of the greatest service.

If the reader will analyse the results of this anti-inflammation or devastating treatment, just as they are given by those who employ it, I think he will confirm what I say. Bleeding, leeches, salines, antimony, and mercury (judging from their statements when they assume a sufficiently definite form), employed in the most vigorous style, rarely produce much effect on a sharp case of eczema in less than three or four weeks. Now my experience is, that rest from toil and worry, fresh air, good diet, and mild aperients, followed by the use of steel, will do the same good in the same, if not less, time, and do it too much more agreeably, perhaps also more safely and effectually. Mr. Hunt, however, devoutly believes in the virtue of lowering treatment. Besides bleeding and leeching, he gives large doses of antimony and salines, accompanied by a vegetable diet and no stimulants; a plan which, at any rate is energetic and consistent, but for which I do not see the necessity, as I have never met with severe eczema unaccompanied by a certain feebleness of breath. He stands, however, almost alone, and two of our leading authorities, Mr. Startin and Mr. Wilson, are both averse to the use of lowering means.

(To be continued.)

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Hospital Reports.

KING'S COLLEGE HOSPITAL.

SATURDAY, FEBRUARY 25.

Sebaceous Tumours, Removal of—Nævus.

(Under Sir WM. FERGUSSON.)

SIR WILLIAM removed three of these tumours—two of them from men without the aid of chloroform; the third from a little girl under the influence of the anæsthetic. The operations were performed in the usual manner, but in the first case the tumour was dissected out entire. Such tumours as these, Sir William afterwards remarked, were easily removed, though at times difficult to dissect out whole. The one he had so extracted was a good specimen, though softer than many, and he would have it placed among the surgical preparations of the Museum. The common situation of these tumours were the eyelid, the mastoid process of the temporal bone, and the forehead.

Sir William's next operation was for nævus, or as it is sometimes called aneurism by anastomosis. He performed this in the usual method, by tying it with the knot described and depicted in his "System of Practical Surgery."

After the operation, he remarked on the importance of paying attention to these minor operations, as they were termed. Such operations were far commoner to meet with in practice than tying either the subclavian or external iliac artery, and if surgeons depended upon living by the performance only of the latter operations, he feared their diet would be but a sparse one. Again, there were surgeons who could slash off a leg, but if called upon to ligature a nævus, would, by their clumsiness, convey the idea of being possessed of no fingers but all thumbs. Many surgeons preferred applying nitric acid to the procedure he had employed. Sir William's objections to its employment were—the necessity of frequently applying it, and the unsightly scar it left.

Excision of the Elbow-joint for Gelatinous Degeneration of the Synovial Membrane.

(Under Professor Wood.)

Professor Wood's patient was then placed under chloroform, and the operation was commenced by making a long free incision along the inner side of the elbow, extending for some distance above and below. Mr. Wood then made an incision at right angles. The ulnar nerve was seized and held aside, the lower end of the humerus, the upper end of the ulna, and, finally, the head of the radius were sawn off; two arteries were then tied; wherever the gelatiniform tissue presented itself it was cut away with scissors, the wound was then sponged with solution of chloride of zinc, the cut surfaces accurately brought together by sutures, a strip of lint soaked in carbolic acid was left in the wound to ensure thorough drainage, a bandage applied, and the patient removed.

Professor Wood then said that the patient was not in the best of health. He had been a hard liver, still he regarded the case as one likely to do well. The urine had been examined very carefully for many days, but no traces of albumen had been discovered, nor could it be positively stated there was disease of the liver, though it was probable. The next question was, if it was more advantageous to excise the joint than to amputate? To this he replied—1st, the operation was less formidable, and there was less shock to the system; 2nd, the statistics of amputation were undoubtedly higher, and more favourable than that of excision, still the statistics of the operation under consideration were very favourable; and, lastly, the wish of the patient to have excision rather than amputation performed. Whenever he performed this operation it was the Professor's custom not to be guided by any particular kind of incision so long as there was room to work. He generally preferred one long incision, which he endeavoured to take in such a direction as to cut through the greatest number of sinuses, for the more sinuses that were laid open the better the parts healed hereafter; indeed, this had been a favourite practice of his for some years past. The incision had here assumed an L shape for the object already mentioned. He then showed to the class a small saw he used to remove the head of the radius, and which at his suggestion had been modified in such a manner by raising the handle as to enable the operator to avoid the adjacent skin when using it.

The disease was what Professor Wood expected to find, viz., *gelatiniform degeneration of the synovial membrane.* The bone itself was perfectly healthy, the cartilages of the joints had all disappeared, while this gelatinous membrane was seen all about the joint, and especially remarkable was it in the vicinity of the head and neck of the radius. In appearance it was not unlike epithelioma to which it was in some measure allied. The patient did well for a few days, when symptoms of pyæmia set in, of which he ultimately died.

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LONDON HOSPITAL.

(Under the care of Mr. Rivington.)

Lacerated Scalp; Fractured Sternum and Fractured Spine.

([illegible] Notes by Mr. Edis, the Dresser.)

[illegible] thirty-seven, was admitted into the London [illegible] on January 4th, 1871.

The patient was walking in the street, and whilst passing under some scaffolding it gave way and fell on him, striking him on the head and rendering him unconscious. He had on at the time a hat which was completely crushed and flattened. The scalp was torn off from the skull, behind a line of laceration which extended from a point 2½ inches above the left ear obliquely forwards and upwards to the top of the forehead, and then passed obliquely downwards and backwards to the right side of the head, ending 3 inches above, and 1¼ inches behind the right ear. The extensive flap thus formed was replaced and kept in position by pads and a bandage.

When brought in the patient was in a state of collapse from shock; his extremities were quite cold. He was conscious, and exhibited no signs of compression. The pupils, which were slightly contracted, acted when stimulated. There was a depression over the sternum about 1½ inches from its upper border, due to a separation of the manubrium from the gladiolus. The upper edge of the latter was prominent. He could not move his legs, and said they felt numb; sensation appeared to be almost entirely abolished up to within two inches of the nipples. Reflex action could not be excited by tickling the feet. There was a slight priapism. His urine and fæces had not been passed involuntarily, and on passing a catheter very little urine was found in his bladder.

No irregularity could be detected by Mr. Rivington in the line of the spinous processes. The patient complained of great pain in the region of the fractured sternum, said it was as if a cart-wheel were passing over it, and could not bear anything on his chest heavier than a sheet.

Jan. 20th.—10 p.m. Temperature, 99·8; pulse, 96; respiration, 20.

Jan. 21st.—Pain in chest has left him; no pain in head; slept during the night; coughed up a little blood in the night; tongue furred; very thirsty. Temperature, 99·3; pulse, 100; respiration, 22. Says his legs feel warm to him, but that he cannot feel when he touches them with his hand. They are warm to the observer's touch.

9 *p.m.*—Temperature, left axilla, 100·8—left groin, 101·8; pulse, 105; respiration, 20. Pain in chest on coughing; no sensation in legs or in the lower part of the trunk. Cannot move his arms very well, and they appear to be weak: has slept during the day. Appetite not very good; thirsty; tongue furred and moist; bowels have not yet been open. The scalp which was torn off appears to have united in great part with the periosteum. Has no pain in the head; edges of wound look healthy. The urine, which is drawn off every night and morning, is clear, acid, and of sp. g. 1026—on standing, a considerable quantity of lithates are deposited.

Jan. 22nd.—Had an injection of morphia this morning at 3 a.m., and he slept off and on for about an hour and a-half at a time till 10 a.m. Has no pain in chest, complains of a hot headache. No improvement in his lower limbs or trunk; the paraplegia continues.

12 *noon.*—Temperature, left axilla, 102·5—left groin, 102·4; pulse, 120; respiration, 24. Urine high coloured. He coughed up a small table-spoonful of clotted blood during the night.

8 *p.m.*—Still complaining of pain in head. Tongue—furred but moist: bowels confined; much thirst. There is a slight degree of sensation in his legs, but he cannot tell which is touched. No reflex action and no power of movement. Temperature, left axilla, 102·5—left groin, 103·5; pulse, 108; respiration, 28.

Jan. 23rd.—Slept during night after morphia injection. Has been troubled with flatulence; bowels have been opened by an enema. Does not complain of pain. The skin of the head down to the middle of the forehead is raised, of a highly red colour, is painful and pits on pressure. Tongue furred, but moist; very thirsty. No sensation in legs or trunk, nearly to the line of the nipples, on being pricked with a pin.

Morning.—Temperature, left axilla, 102·6—left groin, 103·4; pulse, 108—110; respiration, 28—32.

Evening.—Temperature, left axilla, 105·2—left groin, 105·7; pulse, 110; respiration, 32.

Erysipelas has spread a little further down the forehead, and has extended down the right side of the head to a level with the lobe of the ear. Breathing is laboured and the nostrils dilate. Bowels have been open again today; urine, which up to the present has been clear and acid, is now slightly turbid.

Jan. 24th.—Erysipelas has spread over forehead and down the right side of neck. There is a large bulla on the left buttock, and a similar one on the little toe of the left foot, the end of which has become discoloured and dark. Mr. Rivington said that the spine was probably fractured about the fourth dorsal vertebra. Temperature, left axilla, 104·0—left groin, 105·1; pulse, 106; respiration, 30.

Jan. 25th.—Temperature in axilla, 103·75—in urethra, 104·9. The water which is high coloured and acid was drawn off three times during the night.

6.45 *p.m.*—Is in a profuse perspiration. Temperature in axilla, 104·6—at urethra, 104·5; urine very acid sp. gr. 1028, slight trace of sugar.

Jan. 26th.—Temperature in axilla, 104·3—at urethra, 105·75; urine very acid, sp. gr., 1025: a large quantity of lithates, no sugar. The breathing is very laboured and short, and there is a profuse perspiration. The patient became worse during the day, and died in the night.

At the *post-mortem* examination it was found that the body of the third dorsal vertebra was fractured, together with its spinous process and the spinous process of the fourth dorsal vertebra which were moveable, although no irregularity could be found by Mr. McCarthy, the Pathologist, before the removal of the soft parts. A portion of the column was removed for subsequent examination. The part of the spinal cord involved was situated just below the body of the third dorsal vertebra. For half an inch the nervous substance was softened and of a red colour, and had evidently been severely bruised. The continuity of the cord was uninterrupted. The membranes were entire.

The manubrium was displaced backwards from the gladiolus, the upper end of which was prominent underneath the skin.

Remarks.—The injury to the spinal cord and the fracture of the sternum were due, in all probability, to the forcible flexion of the body in the dorsal region. The scaffolding fell upon the patient's head and drove it forwards and downwards, so that the chin came in contact with the sternum. The spinous processes of the 3rd and 4th dorsal vertebræ being detached and the body of the 3rd vertebra being fractured, the cord was violently flexed and bruised opposite to the 4th dorsal vertebra. The lesion to the cord was therefore not directly, but indirectly, due to the fracture of the vertebræ. The cord itself was not compressed by the broken bones which were but little displaced. There was a remarkable tendency in this case to loss of vitality in the skin at the prominent points of contact with the bed-clothes, very slight pressure occasioned discolouration and formation of bullæ, &c.

According to the returns of the temperature, the paralysed parts were a degree warmer than the unaffected limbs.

Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

FRIDAY EVENING, MARCH 24TH.

DR. ALBERT WALSH, President of the Royal College of Surgeons in the Chair.

THERE was a very large attendance of members and of visitors.

DR. CHAS. FREDERICK MOORE communicated a paper on

RE-VACCINATION.

which will be found at page 303.

MR. TUFNELL said he was an advocate for re-vaccination He held in his hand evidence in support of the view that re-vaccination was not attended with any serious consequences. He had had that evidence afforded to him as surgeon of the military prison where a large number of men were admitted from time to time. He had carefully examined 100 men, and he would state the result. The total number of men re-vaccinated was ninety. Several of the men in prison were not re-vaccinated on entering the service because they bore such good marks of primary vaccination that the medical officers of the regiment did not consider the operation necessary. Of the 90 men 57 bore what might be called unquestionable marks of vaccination; 13 had bad primary marks; 13 no primary marks at all, while 7 had bad small-pox. Of the 57 bearing good primary marks, in 17 re-vaccination succeeded. Of the 17, 10 had good secondary cicatrices, and 4 had fair secondary cicatrices. In 40 re-vaccination failed. Of the 13 who had bad primary marks in 8 re-vaccination succeeded; of these, 1 had good secondary cicatrices; 6 had fair cicatrices, and in 5 re-vaccination failed. Of the 18 bearing no primary marks, in 10 re-vaccination took, of which 4 had good, and 5 fair secondary cicatrices, and in 3 re-vaccination failed. Of the 7 who had had small-pox vaccination did not take. Of the 90 men re-vaccinated, not one man had any ill effects. Of the men bearing perfect primary marks, several upon re-vaccination, had just as good secondary cicatrices as the primary. One of these men was twice re-vaccinated, and another three times, and the marks of each re-vaccination were just as good as those which followed the infancy primary vaccination. One individual bore two very good marks of primary vaccination, but so strong was the variolous susceptibility, that, at six years of age, he got small-pox, and notwithstanding this when re-vaccinated at nineteen years of age, the virus took perfectly, leaving a good secondary vaccine cicatrix. Dr. Green, of the 17th Lancers, writing to him recently said, "I send you a return of the number of those vaccinated since I joined the 17th Lancers, just four years ago. No ill effects followed in any case. Men vaccinated, 227; perfect vesicles, 36; modified, 170; failed, 21. Women, total vaccinated, 3; perfect vesicles, 2; failed, 1. Children, total, 71; perfect vesicles in all." Dr. Green adds, "During the fifteen years I served in the 1st battalion of the 21st Fusiliers, I vaccinated hundreds of people, and I never met with any ill effects." Dr. Knox, surgeon of the 15th, writing from the Royal Barracks says, "I have examined the regimental books with regard to vaccination, and since the year 1866 we have re-vaccinated 600 men. Out of this number we have only admitted two to hospital. These were cases of inflammation of axillary glands, and in neither case did we find it necessary to detain the patient more than three days." Thus, out of 1,100 men only two individuals suffered any unpleasant consequences after re-vaccination. In private life he (Mr. Tufnell) had vaccinated a good many people. He had recently re-vaccinated his own daughter, fourteen years of age, and another young lady, under fourteen, and in both, perfect secondary vesicles had been the result. He took vaccine virus from one of these vesicles and with it a child was vaccinated, and from the vesicles produced on that child, other children were vaccinated, and all were going through the disease. Who would tell him then that it was not necessary to re-vaccinate those children at fourteen years of age? He had re-vaccinated himself twice, but on neither occasion did it succeed. That very day he had seen on a patient, under Dr. Beatty's care, two as perfect vesicles as could be formed.

DR. CRONYN said the question before the Society was, whether re-vaccination was *necessary?* Mr. Tufnell had stated his opinion in favour of re-vaccination, and had supported it by facts which had come under his observation; but he (Dr. Cronyn) considered that re-vaccination was not necessary. He founded that opinion from having re-vaccinated a considerable number of persons, and from having seen in several of these cases extremely unpleasant results. He had seen a large amount of irritation, of inflammation, of glandular swelling, and of uncomfortable symptoms of every description follow the process of re-vaccination; and yet he had never seen what he would consider a perfect vaccine-vesicle produced. His impression therefore was, that it was decidedly unnecessary. He could not see why any limit should be placed on the protective influence of the vaccine-lymph. He thought if a person was successfully vaccinated in the first instance, the protective influence continued as long as that person lived, and he did not see the necessity for the production of a disease in a system which was thus protected. He was aware that many important authorities had come to a different conclusion, but he had consulted a number of his most eminent medical friends, and without exception, the opinion of these gentlemen was against re-vaccination as a matter of science and a matter of practice. If a patient came and insisted upon being re-vaccinated, he thought the practitioner would be wrong not to indulge him or her as the case might be, but that it was necessary he did not believe.

Dr. McClintock observed with regard to the effects likely to supervene on re-vaccination, his experience was, that it was an operation entirely devoid of danger. As a rule, perhaps in adults, it was followed by a considerable deal more of local irritation and erythematous inflammation than was seen in primary vaccination; but he had never seen serious consequences arise from it. He was aware, however, that unpleasant consequences had, in very rare cases, resulted from re-vaccination. With regard to the other question before the Society, he thought the great question underlying the whole, and which ought to be first discussed and decided, was the duration of the protective influence resulting from vaccination. It was almost impossible to apply a crucial test on this matter. If persons come before you with cicatrices on their arms, and you wanted to know if the individuals were capable of taking small-pox, if you inoculate them, you expose yourself to the law, that test therefore could not be applied, and if you re-vaccinate them, and vaccination succeeds in the most perfect manner, he (Dr. McClintock) denied that they were justified in inferring from that, that these persons are capable of taking small-pox. Mr. Tufnell having examined a great many men, thought the fact of vaccination going through a normal course in persons who had undergone primary vaccination was a proof that these persons would take variola. He was quite at issue with him on that point. He referred to the experiments and writings of Jenner himself, and no one had examined this subject more carefully. A great many cases were recorded where, after vaccination, Jenner inoculated individuals with variolus matter, but he did not find in the many cases in which he tried the experiment, that in any instance was true variola produced; and in one instance he inoculated an individual forty years after he had been vaccinated, and yet the man resisted the poison, and the same individual nurse-tended a brother through the small-pox, and was exposed to the virus in every possible way, and escaped it. A great many other cases were recorded in which the result had been similar. His own conviction was very much that of Jenner, that vaccination once done the individual was protected.

Dr. Kidd asked if the person whose case Dr. McClintock cited from Jenner's works was a man named Phillips, a dairyman, and subjected to constant re-vaccination.

Dr. McClintock.—It is not one case but several cases that are recorded in Jenner's work.

Dr. Byrne asked these gentlemen who had seen so many cases of re-vaccination, where there was a well formed cicatrix, whether they had seen after it, a case of variola?

Dr. Darby said he had re-vaccinated a great many people, and never once saw a vesicle or pustule produced from which he could venture to take lymph. He had vaccinated about 150 people since Christmas, the thing having been forced upon him. An individual was three weeks in bed from inflammation arising from the re-vaccination. Another of his patient's, a lady, was now suffering from irritative fever, and that very day a lady, a friend of his, had a letter from her sister in England, stating that their cousin had died of re-vaccination. Some years ago he (Dr. Darby) saw a person who had had natural small-pox. His face was seamed, and he was completely deformed by it. During the last epidemic of small-pox, this was the first individual in the locality who took the natural pock, and he died of the disease. He had vaccinated persons who had the natural pock, and had produced a pustule very much the same kind as he had seen in cases of re-vaccination. He re-vaccinated a gentleman the other day. When that individual was about twelve years old, he vaccinated his two sisters and an infant brother from lymph got from the Cow-pock Institution. The arms of the two children were so much inflamed that the mother would not allow him to vaccinate the boy. He had, however, been afterwards vaccinated four times, and his arm was riddled with pits. The other day he (Dr. Darby) re-vaccinated the gentleman, and produced a pustule, but not such as he would venture to vaccinate from. On the whole, he did not think re-vaccination necessary.

Dr. Madden, who had been an army medical officer for twenty-five years, said that, within the last three months he had vaccinated 300 recruits in Birmingham and Manchester, and these men had continued at their drill, and in no one instance, had it been necessary to admit any man to hospital. His experience did not agree with that of the last gentleman who had spoken, as his hospital sergeant who bore most distinct marks of cicatrization, contracted variola and nearly lost his life from it. This man was, however, greatly exposed to contagion, and the disease was very prevalent at the time. His only object in rising was to say, that in all his experience—and he had re-vaccinated twelve hundred men in his own regiment—he had not met with one case in which it had become necessary to admit a man to hospital on account of the effects of re-vaccination.

Dr. Athill said, the majority of the Society would agree with him, that the symptoms after re-vaccination were so trifling as not to admit of discussion, The real point to consider was, whether re-vaccination was necessary or not. Dr. Darby had given his opinion against it, but he had given no grounds for that opinion; neither had he (Dr. Athill) any grounds to give from his own personal observation for coming to an opposite conclusion. He had never seen half a dozen cases of small-pox in private practice, and he must look elsewhere for information on the subject. What had recently occurred in St. George's Hospital was an important point to consider. Small-pox broke out in that hospital, and in six weeks twenty-seven patients took it directly or indirectly from the patient first affected. On the 12th of January, the authorities decided to re-vaccinate every patient in the hospital, and after the 14th of January, not a single case occurred amongst them. He thought that could hardly be a coincidence. With respect to the marks on the arm, he did not lay the slightest stress upon that point. He had re-vaccinated 100 persons during the last month, and those who had good marks on the arm took the cow-pock quite as well as those who had no marks whatever.

Dr Charles Robinson said he had latterly performed re-vaccination in many cases, and he was not aware of any death from small-pox having occurred where primary vaccination had been properly performed, nor could he find any instance of the kind in the medical records which he had consulted. Important proof of the protective influence of re-vaccination, was found in the fact, that the nurses at the Small-pox Institution were re-vaccinated when commencing their duties, and yet not one had ever contracted the disease during their stay in the institution.

Mr. H. G. Croly was entirely in favour of re-vaccination. As to whether the operation in the first instance was properly performed, he would wish to know whether any one could undertake to say with certainty that the marks on the arm were produced by the genuine cicatrices of vaccination? Severe inflammation in the arm after re-vaccination did not prove much. That very morning he was consulted about a child who had most severe inflammation of the forearm, and sloughing of the point of the elbow from primary vaccination. He had re-vaccinated a great number lately. In one school, he re-vaccinated twenty-eight young ladies. Eight of them took it perfectly, some so perfectly that he could not think they had been vaccinated before; others refusing it. It was not unreasonable to come to the conclusion, that in the cases where the girls took the re-vaccination, they would be more susceptible of small-pox if they had not been re-vaccinated, People sometimes took small-pox although they had been vaccinated, and he had seen very bad confluent small-pox in such a case. He thought taking away too much lymph from the arm was calculated to deprive the patient of the advantages of vaccination, and on that account women were often very reluctant to bring their children back to the dispensaries.

Dr. White stood in an exceptional position to the gentlemen who had spoken, for he had never yet re-vaccinated. He was a poor-law medical officer for many years, and during that period he went through one epidemic of small-pox, and during his hospital experience, he had seen the epidemics of 1849 and 1852. His first experience of small-pox was in his own house. His sister took it, and out of a family numbering thirteen or fourteen, not a single individual took the disease from her

All had been vaccinated in infancy, but not one was re-vaccinated. During his first experience of small-pox in hospital, there was but one case of a patient in the hospital taking the disease from those who were brought in. Not a servant or pupil in the hospital took the disease. In 1852 he was Dr. Stokes' clinical clerk, and what occurred during that epidemic? There was a number of cases in the hospital. One pupil, now a surgeon in the army, took small-pox immediately after the first case was brought in, but not a single patient, nurse or servant, took the disease. All that, he thought, pointed very clearly to the protective influence of vaccination. Not an individual in the hospital was re-vaccinated during the periods he referred to. In his dispensary practice he had about twenty cases of small-pox, and there was but one instance in which a second case occurred in the same house, and there was not a single death in that time in his district. He asked one of the students of the Mater Misericordiæ Hospital about the progress of the disease there, and he stated, that three of the students and one of the sisters took the disease immediately upon its first appearance, and there had been no subsequent case. He asked "How many of the sisters and the pupils got re-vaccinated?" and he replied not one. He might mention, that after the small-pox occurred in his own house, two of his sisters got re-vaccinated by Dr. C. Johnston. Both were seriously ill after it. One suffered from inflammation from the top of her head to the tips of her fingers, and the axillary glands were enlarged; and the other had a desperately sore arm. He had lately seen one of the students of the Meath Hospital, with his arm in a dangerous state from the effects of re-vaccination.

Dr. Frederick Robinson (Scots Fusilier Guards) said, that during the present epidemic of small-pox in London, the Brigade of Guards had been much exposed to contagion. The men were more exposed to diseases of that nature than the troops of the Line. They were quartered in the neighbourhood of low localities, and therefore must be considered obnoxious to the disease; but all these men were re-vaccinated carefully and with the best results, whereas, in the Line only those men were re-vaccinated who did not bear distinct marks of primary vaccination. He had been in the Line five years, and in the Guards fourteen. He went through the records of his regiment and found there had been a number of cases of small-pox and but one death occurring, in a case of confluent small-pox. During the fourteen years he had been in the Guards not one case of death from small-pox occurred. He was in favour of re-vaccination. He thought the good results of it had been shown in the present epidemic in London. Of course, cases might occur where, from some idiosyncrasy, the tendency to take variola was so great, that re-vaccination would not protect the individual; still, the majority of the testimony was in favour of re-vaccination. The occurrence at St. George's Hospital and the immunity of the nurses at the Small-pox Institution were important facts in its favour. With respect to sore arms he might say that the officers of his regiment where expecting to go to London had all been re-vaccinated, and with good effect, a pustule having been produced with scarcely an exception. During that time these officers had not departed from their usual habits of life, dining at mess, taking wine as usual, and even hunting. The arms of some were inflamed but not very seriously.

Dr. Thomas Beatty said the great question which that Society ought to endeavour to solve was, whether re-vaccination was necessary or not? He confessed that at present he thought they had not data before them to answer that question. It was possible that if the cases which occurred during the present epidemic in London were carefully observed and the results recorded fairly, they might be able to arrive at some definite conclusion; for, unless they knew who the parties were that were attacked by small-pox, and whether they had been vaccinated or not, they could not form a positive opinion on the subject. All these questions were still unanswered, and until they had the evidence fully before them, he did not think they were in a position to state decidedly that such a proceeding as re-vaccination was necessary. On the contrary, it was very possible that if an accurate and true account were given of all these cases in London the evidence would be such as to show that re-vaccination, although a safe and wise thing, was not absolutely necessary. Then as to the wisdom of the proceeding. There could be no question that in a number of cases of re-vaccination perfect vesicles had been formed on persons who bore the distinct marks of primary vaccination; and he thought there was no difficulty in deciding what was a distinct mark of vaccination. He had seen in cases where there were distinct marks of primary vaccination, perfect vesicles formed on the eighth day, and in the usual manner after vaccination. In a young lady at present under his care, and whom he vaccinated twenty years ago, there were two as perfect and distinct marks on her arm as he had ever seen, so distinct that she reproached him for making the mark so low down on the arm. The re-vaccination ran through its course, and so perfect was the vesicle that, if she were an infant, he would be tempted to take vaccine matter from it. There could be no doubt, therefore, that the vaccine disease could be reproduced. As to bad results the cases in which he had seen such occur were so few that he would not take them into account at all in treating of the wisdom of vaccination. He had seen very sore arms, but they were only two or three, and not such as to deter him from re-vaccinating in cases where he wished to do so. As to the wisdom of it when panics prevail, and a family come to a doctor and say they wish to be re-vaccinated what was he to do? He would not say to any persons thus applying, "You should not be re-vaccinated" because he could not tell by what accident some member of that family might get the small-pox in after years, and he would not run the risk of being taunted with having prevented the individual from obtaining what he and his friends considered to be the protective influence of re-vaccination. As to the protective power of vaccination, he had just been asked by a member of Parliament, with a view to his answer being communicated to people in authority on the other side of the water, whether any of his private patients who had been vaccinated in infancy had ever taken small pox? His reply was, that he had been vaccinating for forty years, that during that time he had vaccinated sixty children every year, and that to his knowledge, not one of them had ever had small-pox. It was most likely if any of them had taken the disease he would have heard of it. Nevertheless, he did not hesitate to re-vaccinate if asked to do so.

Dr. Benson asked Dr. Beatty what he considered the best age at which re-vaccination should be done?

Dr. Beatty replied, that he did not think any particular age preferable to another, as he did not believe in the wearing out of the protective influence of vaccination.

Dr. Churchill wished to say a few words upon the two points put so strongly by Dr. McClintock, and which had been more or less touched upon by the previous speakers, namely: the protective power and the duration of the protective power of vaccination. As to the first question, there were instances on record of persons who did take variola after having been vaccinated. As to the duration of the protective power, he could confirm for the same length of time the answer which had been given by his friend Dr. Beatty to the question of Sir Dominic Corrigan. He (Dr. Churchill) had been vaccinating for thirty-nine years. Unfortunately for the first seven years he did not record the cases, but after that he had entered them carefully in his diary, and he counted over 1,600 cases of successful vaccination entered at the time, and for which he could answer. He attended 2,500 cases of confinements, and allowing for deaths and the number which he had vaccinated before he began to record them, he could not have vaccinated less than 2,000 children, and he had never seen or heard of a single case of variola occurring in one of them. A crucial test almost occurred in a family which he attended. There were two families, the gentleman having married twice. The children of the second marriage were all vaccinated, when the eldest of the second children was seventeen, a case of small-pox occurred in one of the family of the first marriage, but not one occurred in any of the second children. As to the point mooted by Dr. McClintock—if you re-vaccinate a person and he takes the disease, does that prove that if he had been exposed to small-pox he would take it also. It was a doubtful question. He should like to know how many gentleman in the room had been re-vaccinated?

The Chairman asked those who had been re-vaccinated to hold up their hands, and eighteen gentleman did so. There were about 100 in the room.

Dr. Churchill said it was quite clear that of all the classes of society there were three, who ought to be re-vaccinated if it be essential—doctors, clergymen, and nurses, and they would stand excused if they went out of their way to get it done; and yet they did not hear of the doctors getting small-pox. With regard to sore arms, it was quite clear that a great many persons got re-vaccinated without getting sore arms. It was quite clear on the other hand, that some persons did get sore arms as the result of the operation. An inquest was held in Liverpool a few days ago, on a person who died after having been re-vaccinated; and he had seen diffuse inflammation from the elbow to the shoulder-joint occurring after re-vaccination.

Dr. Evory Kennedy said that he thought no man ought to get up to address the meeting without having the full responsibility that devolved on him present to his mind. The question was as to the propriety or the necessity of re-vaccination.—(A voice.—"The necessity.") Dr. Kennedy would accept the word necessity. Whatever was the duty of a medical man to do, was a necessity. The necessity arises to the medical man if his wisdom, his experience, his opportunities of observation, and his honest judgment drew him to the conclusion that re-vaccination was the wisest thing he could do for the safety of his patient and of the public, and by that test alone was a man to be tried. Gentlemen talked of an *experimentum crucis*, but there was no *experimentum crucis* in a question of this kind. It was only the result of careful, accurate, and repeated observation that could guide the profession, and lead them to just and proper action in such a matter as this. The variety of opinions that had been expressed that evening confirmed him that the question was still an open one, and he approached it with those feelings which should influence every man who appreciated the importance of the question, and the caution which should guide him in expressing his opinions upon it. Many of the speakers caught at no argumentative line, but stated their calm and deliberate observations, and gave the results as they had occurred to them. It was from the accumulated observations and experiences of such men, that a sound conclusion on the question was to be arrived at. There was one fact which had been apparently forgotten in the course of the discussion, viz., that one affirmative proof outweighs a host of negative evidence. If there was one case of small-pox occurring after vaccination, the question was an open one for re-vaccination. Who that opened the public journals, who that went into the public hospitals, could hesitate to say that vaccination was not a perfect protection against small-pox? It was not a perfect protection; it was only a partial protection, and this was established by numerous and undoubted facts. One gentleman did not see any necessity for re-vaccination, because he had never seen any case of small-pox after vaccination; but others had seen them repeatedly, and with serious and even fatal results. The necessary conclusion from the observations of the latter was, that vaccination was only a partial protection. There was a protective influence as far as it went; but he had no doubt from what he had heard in the course of the debate that the protective influence wears out, and that it could be renewed. His friend, Dr. William Moore, who was on the Committee of the College of Physicians that investigated this subject, and who had been in communication with many persons in England and Scotland, had favoured him with the following etter, bearing on the question under discussion.

My dear Dr. Kennedy,—In reply to various queries as o the prevalence of small-pox in Ireland and the sister kingoms, many most instructive and interesting points have been nentioned to me with respect to vaccination and re-vaccination; thus, Dr. Gelston, of Limerick, makes the remark "that here must be strong variolous tendency prevalent, as every ne, young and old who have been re-vaccinated have taken ." Again, Dr. Brunker, of Dundalk, in a very interesting tter, tells me, "that a boy, aged twelve years, who died of mall-pox in his neighbourhood, had been *successfully* vaccinated by him in infancy;" now some of our oldest obstetric ractitioners here have assured me, that such a circumstance as not occurred with them.

Dr. James Dunlop, of Glasgow, one of the Medical Officers Health of that city, and inspector of vaccination under the rivy Council, &c., has, in the kindest manner, given me the llest information respecting the epidemic small-pox in lasgow, and among other interesting facts, he mentions that r. Russell, superintendent of the Small-pox Hospital, told m a few days ago, "that he was quite delighted with the ility of vaccination *to turn the edge of variola, even* although e latter had the start of two or three days, if vaccination is rformed with fresh lymph the disease becomes modified, and e pustules small. The difference was very striking in cases moved rom the same family, some of whom had not been ccinated, others that had been vaccinated *only after* the riola had laid hold of them." This, as far as I know is, to a valuable extension of vaccination, and coming from such an unquestionable source, it is well worthy of a trial. Again, with respect to re-vaccination, Dr. Dunlop has given me the following interesting details: "In a Female Industrial School in Glasgow, containing 150 girls, varying from seven to fourteen years, fourteen girls were attacked with small-pox. Dr. Dunlop had them all removed within twenty-four hours to hospital, and he re-vaccinated 110 girls and five lady nuns, three weeks have now elapsed, and no new case has occurred." I confess, although not an ardent *re-vaccinator*, I think this is a very important fact, and I thought you might think it worth mentioning at the "vaccination" meeting of the Surgical Society.

Believe me, yours very truly,

William Moore.

67 Fitzwilliam Square, 24th March, 1871.

Dr. Kennedy proceeded to say with reference to the allusion made to the appearance of small-pox in the Mater Misericordiæ Hospital, that if he were looking for the strongest case to induce him to re-vaccinate, he would take the case of the Mater Misericordiæ Hospital. He thought whenever persons were exposed to the risk of contagion, they ought to be re-vaccinated; and he considered the man culpable who did not give his patient the advantage of it when he knew its efficacy. He was quite aware that there had been a panic got up in Dublin, and that he had got the credit of originating it. If there was anything in his professional life, he approached with more satisfaction than another, it was the line of conduct he had adopted on this question. How had small-pox been reduced in this country? How had it happened that whereas 90,000 cases of small-pox occurred in this country in a period of ten years, and 1,000 cases occurred in Ireland in one year; the disease had been so far overcome, that in the year 1869, there was not a single death in our hospitals from small-pox. How had that been brought about? By panic, by inflicting panic on the public, and obliging them to be vaccinated (hear, hear). That was the course the profession ought to adopt,—to state in a manly way their convictions regardless of the consequences. In advocating re-vaccination, he wished to be understood that he only advised it where there was a repeated exposure.

On the motion of Dr. Kidd, the discussion was adjourned until the next meeting of the Society.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXIV.

COMPOSITION OF HUMAN EXCRETA, AND OF SEWAGE, AND QUANTITIES OF EACH YIELDED PER DIEM BY THE POPULATION.

Having described in detail the various processes in operation at different places for the disposal of sewage and human excreta, and having also ascertained what are the results thereof, we are now able to discuss the question of the most safe, easy, and profitable means of utilising them. Preliminary to this, however, it is obviously of great importance that we should have correct notions of the composition of sewage and human excrement; and to this end we will inquire into the results of the analysis of fæces, urine, sewage, &c.

The investigations of Messrs. Way, Lawes, and Playfair, in this country, and of MM. Liebig, Simon, Wolf, Lehmann, Fleitmann, and others, on the continent, have sufficiently explored the subject to enable us to construct the following table, which represents, not merely the average proportions of solid and liquid matters discharged daily from the human body, but also the proportions of the chief constituents of urine and fæces in the case of children and adults of both sexes.

Average Weight, in Avoirdupois Ounces, of the Chief Constituents of Urine and Fæces passed by Children and Adults in Twenty-four Hours.

Chief constituents.	Males.		Females.		Average at all ages.
	Boys.	Men.	Girls.	Women.	
URINE.	oz.	oz.	oz.	oz.	oz.
Fresh state . . .	19·875	48·490	16·881	42·157	31·851
Dry matters . . .	0·969	2·197	0·750	1·588	1·376
Organic matters . .	0·677	1·720	0·574	1·216	1·072
Nitrogen . . .	0·166	0·481	0·161	0·326	0·284
Mineral matters . .	0·292	0·477	0·176	0·372	0·332
Phosphoric acid . .	0·035	0·069	0·024	0·049	0·044
Potash	0·040	0·078	0·027	0·055	0·050
FÆCES.					
Fresh state . . .	3·421	5·240	1·061	1·414	2·784
Dry matters . . .	0·879	1·112	0·282	0·376	0·662
Organic matters . .	0·762	0·939	0·244	0·325	0·567
Nitrogen . . .	0·049	0·062	0·016	0·022	0·037
Mineral matters . .	0·117	0·173	0·038	0·051	0·095
Phosphoric acid . .	0·039	0·062	0·013	0·018	0·033
Potash	0·014	0·023	0·004	0·006	0·012

So that the range in the daily proportion of liquid and solid excrement from children and adults of different sexes is considerable, as from 17·94 ounces, in the case of girls, to 53·73 ounces in that of men—the dry solid matters in the two cases being 1·03 oz. and 3·31 oz. In order, therefore, to estimate, approximately, the total amount of excrementitious matters contributed by a mixed population of different sexes and ages, we must take the normal proportions of them as they occur in a town population of—say 10,000 individuals; and then the following will be the daily quantities contributed in each case:—

Amounts of Solid and Liquid Matters contributed Daily by a Town Population of 10,000 Persons—consisting of 1,644 Boys, 3,020 Men, 1,662 Girls, and 3,674 Women.

Chief constituents.	Males.		Females.		Total at all ages.
	Boys.	Men.	Girls.	Women.	
URINE.	lbs.	lbs.	lbs.	lbs.	lbs.
Fresh state . . .	2073·2	9152·5	1753·6	9680·3	22659·6
Dry matters . . .	99·6	414·7	77·9	364·6	956·8
Organic matters. . .	69·5	324·6	59·6	279·2	732·9
Nitrogen . . .	17·1	90·8	16·7	74·9	199·5
Mineral matters . .	30·0	90·0	18·3	85·3	223·9
Phosphoric acid . .	3·6	13·0	2·5	10·6	29·7
Potash	4·1	14·7	2·8	12·7	34·3
FÆCES.					
Fresh state . . .	351·5	989·1	110·2	324·7	1775·5
Dry matters . . .	90·3	209·9	29·3	86·3	415·8
Organic matters . .	78·3	177·2	25·3	74·6	355·4
Nitrogen . . .	5·0	11·7	1·6	5·0	23·2
Mineral matters . .	12·0	32·6	3·9	11·7	60·2
Phosphoric acid . .	4·0	11·7	1·3	4·1	21·1
Potash	1·4	4·3	0·4	1·4	7·5

From which it appears that every 1,000 persons in a mixed town population contributes 2,266 lbs. (avoirdupois) of urine, and 177·5 lbs. of fæces per diem, the dry solid matters of which amount to 137·2 lbs.; and they contain 108·8 lbs. of organic matter (with 22·3 lbs. of nitrogen) and 28·4 lbs. of mineral matters (with 5·1 lbs. of phosphoric acid, and 4·2 lbs. of potash). The average amount per head of the population is 39·1 oz. of moist material, containing 2·2 oz. of dry solid matter, of which about 291 grs. are insoluble in water.

But these are not the only matters contributed to the sewage of a town, for it also receives the fluid refuse of every branch of industry, as the filth of kitchens, laundries, and dye-houses, the drainings from stables, slaughter-houses, and markets, the liquid impurities of trades and manufactures, and the washings of the public thoroughfares. These, with the excreta of the population, and a large volume of domestic and sub-soil water, make the complex liquid which forms the sewage of a town, and which varies in its composition, with the habits of the people, the season of the year, and even the hour of the day. It is, therefore, difficult to arrive at a very absolute conclusion respecting the average composition of sewage. Perhaps, however, the sewage of this metropolis may be taken as a very near approximation to a normal standard; and we submit the following as the average results of a great number of analyses by Dr. Letheby, of the sewage discharged at all hours, and at all seasons, from the outfalls of ten of the large City sewers, whose ordinary rate of flow, at mid-day, is about 3,490 gallons per minute.

CHIEF CONSTITUENTS OF A GALLON OF LONDON SEWAGE.

Chief constituents.	Day sewage.	Night sewage.	Storm sewage.
	Grains.	Grains.	Grains.
Soluble matters . .	55·74	65·09	70·26
Organic matters . .	15·08	7·42	14·75
Nitrogen . .	5·44	5·19	7·26
Mineral matters . .	40·66	57·67	55·71
Phosphoric acid .	0·85	0·69	1·03
Potash . . .	1·21	1·15	1·61
Suspended matters . .	38·15	13·99	31·88
Organic matters . .	16·11	7·48	17·55
Nitrogen . .	0·78	0·29	0·67
Mineral matters . .	22·04	6·51	14·33
Phosphoric acid .	0·89	0·64	0·98
Potash . . .	0 08	0·04	0·16

If mid-day sewage, therefore, be taken as representing the average composition of London sewage, it will be seen that it contains about 94 grains of solid matter per gallon—55·7 of which are in solution, and 38·2 in suspension. The organic matter amounts to 31·2 grains per gallon—of which 15·1 are dissolved and 16·1 suspended. The total amount of nitrogen in the sewage is 6·22 grains per gallon, and of this 5·44 grains are dissolved and 0·78 in suspension. Of the mineral matters, amounting to 62·7 grains per gallon, 1·74 are phosphoric acid, and 1·29 potash.

These proportions of the most important constituents of sewage are not very different from the results obtained by Dr. Hofmann and Mr. Witt in their enquiries in 1857 into the mean composition of London sewage. Their samples were obtained from the Savoy-street sewer, because the Government referees considered that it furnished the best specimen of normal London sewage; and they were taken hourly during the twenty-four hours, and mixed, so as to produce a fair average sample. This yielded 30·7 grains of organic matter per gallon, 6·76 grains of nitrogen, 1·85 of phosphoric acid, and 1·03 of potash—quantities which are very similar to those obtained by Dr. Letheby. The analyses, also, of the Rugby sewage, made by Mr. Way in 1861, 1862, and 1863, for the Royal Commission appointed to inquire into the best mode of distributing the sewage of towns, gave almost the same result; for it was found, as a mean of 93 analyses, that a gallon of sewage contained 92·5 grains of solid matter—29 of which were organic, and 63·5 mineral. The nitrogen, in the complete analyses, amounted to 6·18 grains per gallon; the phosphoric acid to 1·68 grains; and the potash to 2·81 grains. Dr. Voelcker's estimate of the average composition of sewage is a little too low; for he says a gallon of sewage contains 70 grains of solid matter (or one part in a thousand), and of these 20 grains are organic (yielding 5·67 grains nitrogen, or 7 ammonia), and 30 are mineral (yielding 1 grain phosphoric acid, and nearly 3 grains of potash).

The amount of sewage contributed daily by the inhabitants of London were, at the time of the analyses, about six cubic feet, or nearly 37·5 gallons per head of the population; and of this about 80 per cent. was represented by the water-supply. It is easy, therefore, to distribute the principal constituents of sewage under the head of human excreta, and other fluid refuse; for to take the sewage of 1,000 persons in a town population, it may be said that the following are, approximately, the chief sources of the several impurities contained in it.

WEIGHT IN POUNDS (AVOIRDUPOIS) OF THE CHIEF CONSTITUENTS OF THE SEWAGE DAILY FURNISHED BY EVERY 1,000 PERSONS OF A TOWN POPULATION, AND THE SOURCES THEREOF.

Chief constituents of 3,750 gallons of sewage.	From excreta.	From other refuse.	Total.
	lbs.	lbs.	lbs.
Soluble matters . .	95·7	202·9	298·6
Organic matters . .	73·3	7·5	80·8
Nitrogen . .	20·0	9·1	29·1
Mineral matters . .	22·4	195·4	217·8
Phosphoric acid .	3·0	1·6	4·6
Potash . . .	3·4	3·1	6·5
Suspended matters . .	41·6	162·8	204·4
Organic matters . .	35 6	50·7	86·3
Nitrogen . .	2·3	1·9	4·2
Mineral matters . .	6·0	112·1	118·1
Phosphoric acid .	2·1	2·7	4·8
Potash . . .	0·8	—	0·4

It is very probable, looking at the relatively large amount of nitrogen in the matters derived from other refuse than human excreta, that the estimated quantity of nitrogen in the latter is a little too small; or it may be that the nitrogen of the mid-day sewage, which is here taken for comparison, is somewhat in excess of the average; or perhaps both these causes are concerned in yielding so large a quantity as 9 lbs. of nitrogen to 7·5 of organic matter. The Commissioners appointed to inquire into the best mode of distributing sewage, say, in their third report, that after a very exhaustive inquiry they find that 12·6 lbs. of ammonia is the amount annually yielded by each average individual of a town population. This would give a total of 28·43 lbs. of nitrogen daily by 1,000 persons, instead of 22·3 as we have estimated. Broadly, however, it may be said that the 3,750 gallons of sewage contributed daily by every 1,000 persons of a town population, contain about 167 lbs. of organic matter, 33·3 lbs. of nitrogen, 9·4 lbs. of phosphoric acid, and 6·9 of potash; and of these nearly half the organic matter, seven-eighths of the nitrogen, about half of the phosphoric acid, and nearly all the potash are in solution. The relation, therefore, of the most important constituents of sewage are as follows:—every 10 parts of organic matter represent 2 parts of nitrogen; and every 10 parts of nitrogen are associated with 2·82 parts of phosphoric acid, and 2·07 parts of potash

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 12, 1871.

THE SANITARY WANTS OF THE PEOPLE.—II.

THE statements we have quoted represent more or less faithfully the general sanitary conditions of the towns throughout the country, to say nothing of the hamlets and villages where, for the most part, the arrangements permit of the soaking of the soil and thereby render the area worse than if no provision at all had been made in it. The epidemic at Terling can hardly yet have been forgotten, and circumstances similar to those which gave rise to it are constantly making and maintaining thousands of pest-beds throughout the country, so that, instead of surprise at the prevalence of epidemics, the wonder rather is, that fever is not more wide spread than it is. Endemic fever kills annually in England from fifteen to twenty thousand persons, and the lives of, perhaps, twenty times that number are endangered, and the individuals are grievously sickened by disease which prevails through the pollution of the atmosphere and drinking water with excrement, and although the fact has been reiterated over and over again, it seems that its very general admission favours the apathetic spirit in which the subject has been treated by the Legislature. In his tenth report the Medical Officer of the Privy Council reverted to excremental poisoning and remarked, that he had then reported again and again on the subject which he now characterizes as the "filthiest chapter in the history of our pestilences;" he further says, that it cannot properly be set aside, unless the Legislature and Government have already quite exhausted their endeavours against the evil, and he adds, that he believes such is not the case, and he invites judgment upon the question—with what practical result we have already seen! However, turning once more over the last report of the officer we have just mentioned, we find that there is still some gleam of hope in it, and that it is not impossible to remove all the sanitary difficulties which, at the present time, are simply a disgrace to us. Thus, in Manchester, systematic measures are being taken for the regulation of middens, and the by-laws of the Corporation require that the situation, dimension, ventilation, drainage, and construction of these conveniences "shall be subject to the approval of the Corporation, and that every ash-pit shall be so enclosed and covered over as to be kept dry and ventilated, and the floor shall be flagged to the satisfaction of the Corporation." In the specification, which is also given, one of the requirements is, that if the midden is built against the wall of a dwelling-house, "such wall must be lined with Rochdale flag," but the inspectors remark, "We do not think that a siding of a Rochdale flag is to be relied on to prevent the foundations of a house being polluted by excrement;" but a more serious defect to which they invite attention is the undue retention of the midden contents in the town. The new pits are made large enough to hold from three to four months' accumulation of excrement and refuse, and the scavenging arrangements only contemplate the removal of this accumulation when the pit is ready to overflow. Manchester, too, is not the only town in which some attempt at sanitary improvement has been made, something had been done in most of the towns inspected, but generally so imperfectly, and so unsystematically, that, in no instance, does the report speak altogether favourably.

One long chapter is devoted to the earth system and much is said for it, though it is not altogether approved, several pages of the report are devoted to engravings demonstrating the various ash-pit, pail, and water contrivances in use in many of the towns, and hardly any of them are sweepingly condemned, but the want of order and uniformity appears to undo in one direction all the good that is done in another, and thus all the systems are rendered more or less objectionable. It is, indeed, not a question whether the midden and pail systems are in themselves radically wrong, it is rather whether some modification of one or both of them may not be the best; in many respects, they are superior to the earth system, and all are incomparably above the water system from whatever point of view they may be regarded. The drying of earth is an expense and it entails labour, but ashes are present in every household, and dry ashes are of nearly the same antiseptic value as dry earth; besides which, ashes are themselves valuable as manure, it is true that if they are allowed to collect and get wet, all the abominable attendants of a nuisance are certain to arise out of them, but the same argument applies to the earth system dryness and systematic removal being the essential of success in working it. If now, we consider for one moment the system of removing excrement by water, we shall see at a glance its evils; first, the waste of water, which, in London, for instance, may be estimated by hundreds of thousands of gallons daily—this water immediately decomposes the excrementitious materials, eliminating effluvium therefrom, and this perpetually fills the sewers with noxious gases which escape into the town at every leak and ventilating hole, whilst domestic ashes which ought to be used as antiseptics, are under present arrangements, allowed to collect in dustholes with other house refuse, where they get wet and decompose, and emit noisome smells, until it suits the convenience of the contractors of the disgusting "dust-cart" to remove them.

The ignorance and want of judgment displayed by town councils and local boards in regard to sanitary matters, and the carelessness of their own interests shown by these bodies is well exemplified in that portion of the report which has reference to Nottingham, where hygienic arrangements have been attempted on a principle which is so sound that it is worthy of imitation, but yet the working expenses exceed the income by a third, and although we read that there is an increasing demand for the refuse as manure in the country all along the line of the canal, it appears that the authorities dispose of this manure at a tenth to a seventh of its value.

If we reflect upon the subject it really appears marvellous how, instead of advancing we have retrograded, and how instead of, by sewage utilization, keeping our arable soil fertile, we first befoul the ground we live on, and then by useless storage pollute the atmosphere we breathe, and ultimately, by wanton waste, contaminate the water we drink, and produce fever with one of the most valuable manures obtainable. The Chinese, whose civilization we have too readily been inclined to look upon as incomparably beneath our own, ages ago solved for themselves the great hygienic question upon which we allow our town councils to squabble, whilst thousands of lives are sacrificed in consequence of their divided opinions. In China not one atom of any refuse is wasted, but every ingredient that has been removed by a crop is, according to the Chinese system of agriculture, returned to the soil, and that object being kept in view, the collection of excremental materials forms a part of the Chinaman's daily business. The result is, that the land of China, instead of becoming impoverished, increases in fertility with the continually increasing population. The ancient Romans, too, were not ignorant of the value of excremental materials, and their hygienic arrangements generally were such as could put all ours to the blush. Their water supply was the most perfect that any nation possibly could have, and the remains of their water-courses to this day testify not only the scale of magnificence, but also the order and method upon which the Romans reduced their principles to practice. Frontius tells us that in the year A.D. 92, Rome had no less than nine large aqueducts by which water was brought to that city. These aqueducts were, in some instances, covered over throughout their whole course. Some of them were from forty-two to fifty-four miles in length. They conveyed water from the river Arno, and from springs and lakes round Rome, and poured into the town a supply of at least 332 millions of gallons per day, or as has been computed 332 gallons per head, about ten times the amount per head now supplied to London. More than a half of the London supply is wasted with the solid excreta which we, at a prodigious expense, throw away, whilst we remain content with endless discussion, and wonder where we ought to draw our water from. It is not that we have not good water in the country; we have rivers, and lakes, and springs innumerable, which will yield the most wholesome water in the world if we protect them from sewage contamination, and we have engineers who can not only build water-courses, but who also can construct middens and removal carts capable of collecting and removing refuse, without emitting pest whiffs at every turn of the street, but what we stand in need of is, bold and determined legislation. A constructive measure that shall at once provide for a necessity and put an end to that useless expenditure of life, which is the consequence of our imperfect and indefinite sanitary law. The day when local authorities will learn wisdom is, perhaps, very far distant, but a central authority might teach, and the voice of the nation which finds the money for investigations, might enforce the carrying out of such sanitary regulations as enlightened reason dictates to be the essential of the common weal.

SCOTLAND.

Dr. Matthews Duncan has been elected one of the consulting physicians of the Royal Sick Children's Hospital.

The first session of the Edinburgh University Philosophical Society closed on Wednesday, Principal Sir Alexander Grant, Bart., delivering the valedictory address, the greater part of which consisted of an able criticism of the Darwinian theory of the descent of man.

The question of admitting female medical students to the Royal Infirmary will again be considered at the next meeting of the Board of Managers. The subject has been brought before the Board by a Society for Promoting the Medical Education of Women in the form of a communication, embodying a scheme for the admission of women to clinical instruction, without endangering those objects for which the Infirmary was originally designed.

James Paget, Esq., has been elected an honorary member of the Medico-Chirurgical Society of Edinburgh.

Notes on Current Topics.

Vaccination.

Dr. Oliver, of Redcar, is strongly of opinion that the intelligent portion of the community—though for the most part admitting the benefits of vaccination—require some simple and reliable summary of facts bearing on all sides of the question. Doubt and opposition, he thinks, are growing rapidly even among persons of education, such as the clergy. The only remedy is to supply information. He has, with this intention, written a little work entitled, "Plain Facts on Vaccination." It is a plain exposition of facts, without indulging in invective against those who oppose—be they doubters or real opponents—the united voice of our Profession in favour of vaccination. Abuse is not the best part of argument, and would not convince our readers; and we approve the plan of stating plainly the grounds of our belief, and let them counteract the trash with which the public are plentifully dosed. The pamphlet, though designed for the public, may be of use to medical practitioners—those, for instance, who have neither time nor inclination to go into the larger works, and who seek for a handy collection of facts with which to meet popular prejudices.

Briton Medical Life Association.

Nothing could be more encouraging to those of our readers who are share or policy-holders in this company; or to such of the Profession who have not, as yet, made some provision in a life office for their families in case of death, and are hesitating which to invest in, than the Seventeenth Annual Report presented by the Directors of the Briton at the meeting held last week. A dividend, at the rate of 8 per cent. per annum on the capital of the

Company, with a still larger bonus in perspective at the quinquennial division, is a very gratifying feature, especially when the unsettled state of affairs generally, and the panic which set in against insurance offices, consequent upon one or two heavy failures during the past few years, is considered. Our opinion of the soundness of the undertaking is based upon a careful review of the past with its present position, upon the confidence reposed in it by those who have watched its progress from infancy, the readiness with which its claims are met, and the difficulty of obtaining shares in the market; and lastly, though perhaps the most important of all, the high character and position of its trustees and governing body. Having carefully waded through the *verbatim* report and the balance sheet of this last year, our opinion is but further strengthened, and the Association has our hearty wishes that it may go on in the path already trodden, when a greater success must still be achieved. For detailed statement of the position of the Company, we refer our readers to another part of our columns, from which they will be able to draw their own conclusions. The directors were unanimously re-elected, and a vote of thanks to the chairman, and of continued confidence in the able manager, to whose zeal and assiduous attention the Association were much indebted for much of its success, brought the proceedings to a close.

Unqualified Practitioners.

The *Bayswater Chronicle* has drawn attention to the impropriety of unlicensed men prescribing, and referring to a recent case, says:—

> "If barber-surgeons are extinct there is a class of men equally dangerous to society when they go beyond the sphere of their knowledge: we allude to chemists and druggists, and men who prescribe medicine without an idea of the nature and properties of the compounds and their effect upon the human body. A few large bottles of coloured water in a window, or a brass plate upon a door, in a low-class neighbourhood, and you are dubbed 'the doctor;' and there are hundreds of men in London practising and dispensing medicine with no other qualification than the bottles or the brass plate afford them. A case in point is noticed in another page, and shows how desirable it is that chemists should not be permitted either to prescribe medicine or attend in midwifery cases unless they have passed an examination, and obtained a diploma. A woman's life in the hour of her travail should be held as sacred as it would be if she were suffering from typhus or scarlet fever. Nature may do all that is requisite, but unskilful treatment may thrust nature aside, and the poor patient succumbs and dies. It is in the interest of society that such cases as that which occurred last week in Paddington, where a mother and child died from causes not very satisfactorily explained by the medical evidence, should be as few as possible. It is for the medical press and the medical college to bring their power to bear upon these matters. Charlatanism in medicine is more mischievous than in any other science, and society is so burdened with it, that it is altogether unable to protect itself against its insidious disguises."

It is almost surprising to be told we ought to take up this question. No organ of the Medical Profession has failed in its duty in this matter. Let the general press follow the example of this West London paper, and we may hope for more effect. After all, it concerns the public, not the Profession, to protect themselves from the injury of unlicensed practice.

A correspondent sends us a copy of *The Sphynx*, a Manchester weekly, from which we are happy to make the following extract on this subject:—

> "Surgeons *v.* Chemists and Druggists.—Taking advantage of a case of accidental poisoning in a surgeon's family, sundry chemists have been descanting on the trade unfairness of medical men making up their own prescriptions. Dispensing, they urge, is the trade of a chemist and druggist, not of a professional man. The modern chemist to a certain extent has supplanted the old apothecary, and the apothecary of the present day is perforce a perfectly educated doctor. Theoretically, it would be much better for medical men to abjure dispensing, but practically it would amount, in an ordinary second-class practice, to a second charge to the patient of at least one-half more. Clubs could not exist—perhaps, as they now stand, not an unmixed loss—and the independent poor could not avail themselves of a qualified medical man at all. In a first-class practice it is the invariable rule not to dispense, but for the sake of the poor we hope medical men will long exercise their undoubted rights as to the compounding their own prescriptions. There is another side of the picture which these *ne sutor ultra crepidam* people will not care to let the public see. Except a few of our best firms, chemists have assumed the functions belonging by law only to legally-qualified medical men. This abuse of their position has more to do with our heavy death-rate than most people are aware of. Chemists are answerable for the majority of the deaths among the children of the labouring closses. If chemists really want a reform, why do not they begin at home? Let them take down all their misleading signs, and burn all their equivocal labels. So bold have these pseudo-doctors become that they even sign the authorized forms of certificates of death, generally styling themselves 'medical chemists.' We were at an hospital the other day, and we saw several specimens of men who had either been lamed or had their constitutions lamed for life by chemists; and the surgeon for the week assured us these were common occurrences. We inquired what had been paid to these quacks, and their names. The 'fee' was in all cases larger than would have been asked by a qualified man, and the ruin wrought was truly frightful. A darker page still against chemists could be unfolded, but it is unfitted for promiscuous ears. This picture is rather under than over-drawn. Mr. Leigh, our Medical Officer of Health, was for some years a registrar of births and deaths. It would be interesting and instructive were he to tell us how many certificates he received, written or verbal, from the prescribing chemists of his district. In some districts it is self-evident that the quasi-illegal use of certificates is a matter of bargain between parties other than the chemists. Surely, the Registrar-General ought to put a stop to this irregularity."

Health of Dublin.

In the Dublin Registration District the births registered during the week ending April 1st, amounted to 279. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 188. The deaths registered during the week were 154. The average number in the corresponding week of the previous seven years was 206. Nine deaths were caused by fever, viz.:—4 by typhus, 4 by typhoid or enteric, and 1 by simple continued fever. Scarlet fever proved fatal in 7 instances. Whooping-cough was the cause of 13 deaths; quinsy and croup of 1 each, and measles of 2. Fifteen deaths were ascribed to convulsions. There was no death from small-pox registered. Thirty-one persons died from bronchitis, and 7 from pneumonia or inflammation of the lungs. Three deaths were caused by kidney disease, unspecified, and 1 by cystitis or inflammation of the bladder. Seventeen persons fell victims to phthisis or pulmonary consumption, 4 to mesenteric disease, 2 to hydrocephalus or water on the brain, and 1 to scrofula. Three accidental deaths were registered, viz.:—1 from fractures and contusions and 2 from drowning.

The Lady Students in Edinburgh.

When the question of admitting lady students to the Infirmary was last before the Board of Managers, it was resolved, by a majority, that previous resolutions on the subject should not be disturbed until the ladies satisfied the Board that they could present a plan for carrying out their purpose without danger to the objects for which the Infirmary was originally designed by its founders. The *Scotsman* understands that the challenge thus thrown out has been accepted. At the usual weekly meeting of the Managers, held last week, the clerk intimated that he had received from Professor Calderwood, as representing the Society for Promoting the Medical Education of Women, a communication embodying a scheme for the admission of ladies to clinical instruction, which is submitted as fulfilling the required conditions. The communication will come up for consideration at next meeting.

London College of Surgeons.

Twenty-nine gentlemen passed their primary examinations in anatomy and physiology at a meeting of the Court of Examiners on the 5th inst. Six candidates having failed to acquit themselves to the satisfaction of the Court of Examiners were referred to their anatomical and physiological studies for three months.

The Small-pox Epidemic.

At the meeting of the St. Pancras Guardians a communication was read from the Poor-law Board, in which they stated that, acting in concurrence with the Lords of her Majesty's Privy Council, they approved of the formation of each parish into one district for public vaccination, with four stations, under one general vaccinator. The Poor-law Board, however, recommend that there should be also a deputy vaccinator, to act for the vaccinator-general in case of illness or necessary absence, or at times of pressure. The Chairman inquired if this deputy would necessitate the creation of another office. Mr. Fildew, the clerk, said it would not be attendant with any extra expenses, as the vaccinator-general would appoint his deputy subject to the approval of the Board.

Protection of the Public from Accidental Poisoning.

The inevitable vested interests, the *bête noir* of all legislators, has made itself heard against the proposed regulations for ensuring the safety of the public against errors in dispensing. The chemists and druggists of England are in arms as one man, and vehemently proclaim the superiority in value of their convenience over public safety, and declare loudly that they really cannot be bothered keeping books or making inquiries.

We are truly sorry to observe that the Council of the Pharmaceutical Society have succumbed to the popular clamour, and withdrawn the regulations which at the instance of the Privy Council they had promulgated. We use the word "withdraw" because they have decided simply to recommend the adoption of the regulation, a course equivalent, as they well know, to their abrogation. The *Journal* of the Society informs us that the amendment, expressing this decision, was carried with only a single "No"—that of the President, Mr. Sandford, who then and there tendered his resignation. We think the case is one in which the Privy Council should sustain its views, and enforce upon obstructive tradesmen the means necessary to secure the public against loss of life or health.

Assistant Dispensers in Her Majesty's Naval Establishments.

An open competition for these appointments will be held in London on April 25th. Candidates must possess at least the minor qualifications of the Pharmaceutical Society. Five persons will be selected, if so many shall be found qualified. Two appointments are now vacant, one at Jamaica, and one at Ascension.

The subjects of examination are—1. Handwriting. 2. Orthography. 3. Arithmetic (to vulgar and decimal fractions). 4. English Composition. Limits of age—20 to 25.

The pay commences at 5s. a day, and may rise to 10s. a day, besides other allowances.

London Water.

Professor Frankland, in his report to the Registrar-General on the water supply of the metropolis in the year 1870, states that the eight water companies supplied above 25 gallons to each person. All the companies delivered during the year water containing a conspicuouly smaller average proportion of solid impurity than in 1869. The improvement in the case of the river water is mainly attributed to the drought, during which the Thames and Lea were chiefly supplied by deep springs; in fact, their winter samples contained a larger proportion of solid impurity in 1870 than in 1869. The average proportion of organic matter, as measured by the organic carbon, was considerably less in 1870 than in the previous year. The degree of purification effected by filtration is proportional to the thickness of the filtering medium and the slowness of the passage of the water. The companies are under strong temptation to save expense by using the smallest quantity of filtering material (Harwich sand costing 10s. per cubic yard), and by providing filter beds of the smallest area and passing the water through at a rapid rate. The consequence of yielding to this temptation is the delivery of turbid and impure water whenever the rivers happen to be more than usually foul. Professor Frankland supplies also a statement of the weight of nitrogen contained in the organic matters found in each sample of water. Organic matters of animal origin are more highly nitrogenous than those of vegetable origin, and therefore the presence of any considerable proportion of organic nitrogen in river waters known, like those of the Thames and Lea, to be polluted by sewage must be regarded as throwing grave suspicion upon their quality. Another table is given showing the amount of previous sewage or animal contamination. So far as chemical analysis can show, the whole of this can be oxydized and converted into mineral and innocuous compounds when the analyses were made; but there is always a risk that some portion may have escaped this decomposition, and produce disease in those who drink the water. The risk is much greater when the water is from rivers and shallow wells than when it is from deep wells and springs. Professor Frankland states that while the evidence of this previous contamination in the Thames and Lea waters exposes them to grave suspicion, he regards the same evidence (though greater in amount), in the Kent Company's water as practically of no importance, if access of drainage from the upper strata be rigidly excluded from their deep chalk wells, and since the spring of 1868 his analyses afford no indication of any such soakage into these wells. The causes already described as operating to reduce the amount of combined nitrogen are active in obliterating the evidence of previous contamination with animal matters. Professor Frankland strongly recommends the use of Clark's process for softening water, which has also an effect in purifying it.

Whom to Consult?

We have already published the repudiations of most of the medical men whose names were so improperly used in the "Invalid's Guide," and, although some have questioned our wisdom in giving that obnoxious publication any notice, the majority—evidently seeing that such a course was forced upon us—have recorded their approval. It was not for the sake of those who knew the distinguished men mentioned that we adopted the course we have followed, but for the sake of their fair fame before the mass of the Profession who did not personally know them, and who asked us if it were possible men in such high places could regard the proceeding with any feeling but that of loathing. A few names delayed too late for our last impression must now be added.

Mr. Solly, in repudiating the "Guide," "considers it an impertinent and disgraceful publication."

Dr. Cotton, finding that his friends, holding distinguished positions, have thought it right to put in a disclaimer, asks us to add his name, though, as he justly remarks, neither we "nor anyone whose opinion he values would for a moment suppose he could have been a party to so contemptible a transaction." Certainly we knew it, and, as we said at first, we knew as much of all those who were named.

Dr. Fuller now disavows it, though, but for our second article, he would have hardly thought it necessary, "as the fact is patent to all who knew him."

Mr. Brodhurst had never heard of the "Guide" until our columns drew attention to it, and is surprised to hear that his name has been used in such a manner without his authority.

Mr. Harvey, of Soho square, has written to say he knew nothing of the "Guide" until he heard of it through our columns.

Mr. H. Lee tells us he was not aware of its existence.

Our correspondents who have condemned the proceeding will see that in such cases as this the Profession is still as honourable as they had hoped.

The Medical Ladies at Edinburgh.

On Monday last, at a meeting of the Victoria Discussion Society, Dr. C. R. Drysdale in the chair, a paper was read by Mrs. King, a lady who has taken a prominent part in agitating against the Contagious Diseases Acts, 1866-69, on the "Necessity of Admitting Females to an Equal Position as Citizens, and in Industrial Life with Male Citizens." The chairman said he agreed with the reader of the paper that the *regimé* of marriage should be that of equality, not of subjection of either party to the other. He then mentioned that he had just received a letter from one of the lady medical students at Edinburgh, showing that they had taken first-class honours in the classes of anatomy and surgery, in open competition with their male fellow students of the College of Surgeons. This announcement was received with loud cheers.

The Dialectical Society.

At a most crowded meeting of the Dialectical Society of London, on April 5th, present, among others, Lord Amberley, Mr. and Mrs. Jacob Bright, Mrs. Lynn Linton, Mr. and Mrs. Conway, Dr. and Mrs. Chapman, Mrs. J. Robertson, Dr. C. R. Drysdale, Mr. Levy, Mr. Fox Bourne, &c., a paper was read by Mr. Moncure Conway "On Marriage. Dr. J. Chapman occupied the chair. After tracing the present state of the marriage law from the times of barbarism, through the Roman Empire, up to the present, Mr. M. Conway expressed himself as entirely favourable to the divorce laws existing in Indiana, U.S., and in Prussia, where the law was quite similar to that of Indiana. In ancient Rome, there never was so much happiness as in the days when divorce was quite free; and the same state of things, if again existing, would do away with an immense amount of the crime and immorality engendered by the cohabitation of so many partners who were so inimical to each other, as often to give the very worst of examples to their children of cruelty and bad conduct. Dr. C. R. Drysdale said that he, too, was persuaded that the legal impediments to divorce should be but slight, although *public opinion*, doubtless, in any individual case, might be justly condemnatory of divorce. In Indiana, U.S., where the sexes were numerically equal, the women had recourse to divorce from uncongenial partners in nearly double the number of cases that the men had—thirty-seven women had sued for divorce and nineteen men in one court. Dr. Everts, of that State, had written to say that the best informed men of the State of Indiana approved highly of the results of the law of Indiana, which gave divorce for almost any cause. Infanticide was unknown in the State, according to Dr. Everts; wife-beating unknown and ill-treatment of children so rare as to excite feelings of public resentment whenever it was known to occur. The parents were always allowed free access to their children. Dr. Drysdale added that John Milton said that christianity was not opposed to facile divorce. W. von Humbolt said the State had no business to make laws on this point; and Mr. Mill said that there should be but *slight legal* difficulty in getting divorce. Miss Wallington, Dr. Wylde, and a visitor took the opposite side to that advanced by Mr. M. Conway; Mr. Levy, Mr. P. Bedford, Mrs. Smith, and other speakers were in favour of Mr. Conway's views. The adjournment of the debate was moved by Mrs. Johnston-Robertson, and seconded by Lord Amberley. The adjourned debate is fixed for the 19th inst., at 1 Adam street, Adelphi, at eight p.m., when Mrs. Robertson and Lord Amberley will re-open the question.

Professor Pietro Luzzati, of Milan, died suddenly on the 22nd ult. He was one of the most accomplished obstetricians of his country.

Sir James Alderson, ex-Pres. R.C.P., Lond.

On the expiration of his term of office, the accomplished President of the Royal College of Physicians delivered an address, referring to the College events of his term of office. For four years has Sir James fulfilled the duties of the high office of President of the College with an energy and zeal that has elicited the cordial thanks of the Fellows. During these four years important improvements have been carried out, and questions of medical reform have occupied much attention. The conciliatory manner in which the amalgamation scheme has been met, and the judgment and prudence displayed by the President in a former address, when that scheme seemed to be lost, deserve the approbation of the whole Profession.

As a physician, a scholar, and a gentleman, Sir James Alderson's qualities are appreciated, not only by the Fellows who so cordially recorded their thanks to him, but by the great mass of the Profession throughout the three kingdoms.

Dr. Burrows, Pres. R.C.P. Lond.

The Fellows of the Royal College of Physicians of London have to be congratulated on being able to secure as successor to Sir James Alderson in the Presidency, so worthy a physician as Dr. Burrows. But for the great claims of Dr. Burrows, the Fellows would no doubt have re-elected their late excellent President; but as Dr. Burrows was willing to accept the position, and as his fitness for it was peculiarly manifested before as President of the General Medical Council, and of the Royal Medical and Chirurgical Society, it was but natural he should be elected, and, moreover, it is desirable that the highest honours of the College should be held in succession by those who have risen to the position, and have the confidence of their brethren.

Apart from his position as a physician and scholar, Dr. Burrows is one of the few who may be called medical statesmen. He has been interested in—has worked hard in—medical politics all his life. He knows all the attempts at medical reform that have been made for the last half century. He is practically familiar with the defects of the existing laws. He knows well what the Medical Council is, what may be expected of it, what uses it can be put to. He is equally acquainted with the Corporations, and though, as it were, identified with some, he may be trusted to discern their imperfections, and to do what he can to remedy them.

We cannot omit mention of the fact that, in days gone by, Dr. Burrows fought well against the exclusive privileges of the English universities in regard to the Fellowship of the College over which he is now called to preside. We therefore look forward to a bright epoch in the existence of the College. We congratulate the Fellows on their choice, and wish the new President all the support he can desire, assured that he will lead them in the just and liberal way of progress that may add much to the prosperity of the College.

Vaccination.

The vaccino-phobiacs have had the chance of expressing their fears to the Parliamentary Committee, but fortunately also the voice of reason has been heard in the same quarter. The Medical Officer of the Privy Council mentioned some statistical and other facts that will not fail to have an effect on the Committee. It is doubtful if they will influence the ignorant meddlers who have not hesitated to do all they can to rouse the prejudices of the uneducated against a benevolent practice.

Mr. Simon mentioned that at Rotterdam, with a population of 121,000, the deaths have recently risen to 116 in the week, a proportion which, if equalled in the metropolis, would represent more than 3,000 deaths in the same time. At the Hague, with a population of 92,000, there had been a still higher mortality—viz., 121 deaths. This extraordinary mortality was due to the practice in Holland to defer vaccination until the children are six or seven years old.

Dr. Harvey's Indian reports show that small-pox is never absent from Bengal. Every few years it breaks out into an epidemic, attacking all persons who have not had the disease previously. In a given epidemic not more than 2·22 per cent. of the mortality occurs amongst persons who are over ten years of age, all above that age being protected either by having been inoculated or having had small-pox. In gaols, nearly every one presented traces of having had the disease, and in one 200 were all found pitted. In the last epidemic the mortality per 10,000 of the population was, in Agra (unprotected) 128·64; in Delhi, less unprotected, 104·0; in Burtpoor, partially protected by previous visitations and vaccinations, 65·0; and in the British army in Bengal, fully protected, 3·59.

Mr. Simon pointed out the fallacies involved in the statements made as to the non-effect of a high mortality from small-pox on the general rate of mortality, which, he said, were utterly delusive. These fallacies were: 1. The movements of population. The general death-rate of the kingdom must be raised if there was any considerable movement of population from rural districts into towns, and as this movement had undoubtedly taken place to the extent of twelve per cent. between 1851 and 1860, no deduction could possibly be made as to the special effect of small-pox. 2. The absence in the statements made to the committee of any reference to the altered proportion of young children. It was found, for example, that the birth-rate had risen from 32 per 1,000 of the population of London in 1851, to 34·41 per 1,000 in 1861; and the increased proportion of children being accompanied by a special high mortality would mask any diminished mortality from small-pox. 3. The mortality due to special conditions, geographical, industrial, &c.

Dr. Buchanan had shown that dividing the whole period from 1838 into three portions—viz., from 1838 to 1849, from 1850 to 1854, and from 1854 to 1869, the annual death rate from all causes except small-pox was in No. 1, 25·023; No. 2, 23·952; and in the last period 23·591 per 1,000. Thus there was a diminished annual rate of mortality from all diseases except small-pox of 1·5 per 1,000. During the same periods the mortality from small-pox had been, from 1838 to 1849, 0·581; from 1850 to 1854, 0·300; from 1855 to 1869, 0·263; so that there had been a diminution of the death-rate from small-pox, probably due to compulsory vaccination, and also a diminution of the general death-rate.

Cholera has again become more prevalent in St. Petersburgh.

Dr. Parkes will take the chair at the annual festival of University College Hospital.

The Marquis of Bath will take the chair at the dinner of the North London Consumption Hospital.

The opponents of the Contagious Diseases Acts declare confidently that they will be repealed.

This evening (Wednesday) the Epidemiological Society is to be occupied with the subject of "Relapsing Fever."

The Edinburgh lady students have again distinguished themselves at the examinations.

Mr. Cook having retired from the senior surgeoncy at Guy's Hospital, the students intend to present him with a testimonial.

The Local Government Bill contains clauses intended to carry out some of the suggestions of the Sanitary Commission.

Professor Maclean opened the Netley School last week with an interesting address in which he referred to the accomplished plan of making Netley the "United Service Medical School."

The University of Durham has offered to contribute towards the establishment of a School of Science at Newcastle-on-Tyne. The offer has been accepted and the new school may therefore be considered as likely to be opened in a short time.

Mr. Geo. B. Black, 60 Quadrant, Regent street, has forwarded us an excellent portrait of Dr. Forbes Winslow that he has lately added to his gallery, and of which copies may be had on application to the artist, as they are printed for private circulation.

Professor Attfield lately delivered a valuable lecture on the "Chemical Nomenclature of the 'Pharmacopœia,'" which appears in full in the *Pharmaceutical Journal*. He thinks the time has come when a few slight alterations would give us a complete system of pharmacopœial nomenclature independent of, but harmonious with, science, and, therefore, likely to be more permanent than any other.

Testimonials and presentations to medical men are seldom the expression of the feeling of the sick poor who have most benefited by the exertions of the doctor. We observe, however, that Dr. Hime, of the Women's Hospital, Sheffield, has received a very gratifying mark of the estimation in which his skill and kindness towards his patients are held, consisting of a silver biscuit box purchased by subscription. The smallness of most of the individual contributions prove the limited means of the donors, but at the same time render the gift all the more gratifying.

Dr. Clodimir Bonfigli passes in review in the *Revista Clinica di Bologna* a number of interesting therapeutical contributions. We take a few items from this interesting article. Professor Dessi-Carloni cured two cases of tetanus by opiates and warm baths. Bromal hydrate has been used in epilepsy by Steinnauer; and perchloride of ethyle pointed out by Oscar Liebreich has been used as an anæsthetic in twelve operations by Langebeck, Bardeleben, and Albrecht. Dr. Cororra has tried with success subcutaneous injection of curare as an antidote to strychnine. M. Bergeron has had satisfactory results from cubebs in diphtheria. Dr. Somnis cured a case of psoriasis that had resisted all remedies by means of copaiba. M. Guyot finds phosphate of lime the best remedy for the night sweats of phthisis.

Correspondence.

THE PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The letters on this subject in your late numbers have surprised me a good deal, for although a fellow of the Irish College I reside in England, and here the council invariably select or nominate their president. Not having ever heard of either of the candidates, I think it would be satisfactory if they announced their claims, such as surgical writings, services to the college, &c., conduct to their junior brethren since they arrived at a consulting position, in your columns or by circular. Such was not considered undignified by Sir W. Fergusson, Erichsen, and others when they sought a place on the council of the English College. I agree in the main with the arguments of Dr. Mapother, and certainly in all the learned bodies in this country, the president is chosen out of the council; for example, Sir B. Brodie and Mr. Airy when nominated to the chair of the Royal Society. If the practice is to be departed from, it would seem to me more fitting that some man whose fame has crossed the Channel, such as R. W. Smith or J. Hamilton, should be selected for the second most distinguished place in surgery in the British Empire.

I am, &c.,
F.R.C.S.I. (resident in England).

THE UNICISTS AND DUALISTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—However desirous I always feel, as well as your many other subscribers, of seeing medical matters fairly and amicably discussed in your largely circulating journal, I must say that, on opening your number for this week I was hopeful that the syphilographists had grown weary of their "*argumenta ad homines*," and that in peaceably laying down their pens they would determine on allowing the readers of the Medical Press and Circular to form their opinions on a subject protracted in a tone and spirit not to be described to an uninteresting length. I don't know what opinions our Metropolitan professional brethren may have formed on the "*questio vexata*" between two surgeons, colleagues, in two hospitals in Dublin, your subscribers in the country perfectly agree with the remarks made by Dr. Drysdale in a letter he addressed you on this subject some weeks ago; for my part I fear if the belligerent syphilographists do not become *dualists* in one sense they will ultimately appear as *duellists* in a more quickly to be decided form.

Your obedient servant,
Frank J. Davys.

Cremona, Swords, 6 April, 1871.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—As the question of the unity or duality of the venereal poison which I introduced this Session to the notice of the Surgical Society of Ireland, has been in your last issue, reduced to the whining process of appealing, *ad misericordiam*, and to the expedient of hinting at the "unnecessary taxing of the crippled funds of a valuable charity," which my treatment, Mr. McDowell would have it supposed entailed, I think a stage has been now reached where further remark is unnecessary, and would be unbecoming the regard due to our profession as a science. I introduced the subject as one of scientific and practical interest. I was the first to do so, and therefore it was desirable that my effort to cultivate a great field of observation which had so long lain fallow, should be at once stifled, and that the soil which Mr. McDowell so frequently represent, he has had longer the advantage of cultivating, should produce no scientific fruit, but remain as hitherto an unweeded garden where indeed

"The wild briar,
The thorn and the thistle grew broader and higher."

What the wretched attempt at a puling sentimentality, or "the taxing of the funds of a valuable charity," have to say to a scientific and practical enquiry, I may fairly leave to the better judgment of your readers, who, doubtless, will understand the real value of the sentimentalism. I cannot, however, avoid making one or two remarks on the accuracy of the statements made, which are characterized by that "looseness of doctrine" which I have already adverted to.

The "unfortunate creature who was delivered of a diseased child," and "whose shame" is so pathetically introduced, no doubt as a highly scientific fact, happened to be a married woman, who is so entered on the registry, and who always protested herself as such. It was, I apprehend, "no shame" for her to be pregnant, nor indeed diseased as it was from her husband she got it. The delivery of a diseased child is a pure misrepresentation; a finer and healthier specimen of a child could not be seen in Dublin. This woman I pronounced, and do now reiterate, was free from any evidence whatever of syphilitic taint, and her child was as fine a specimen as could be seen. When she left the hospital on October 25, 1870, how far diseased condition was latent in her or the child was of course impossible for me then to say—every practitioner knows the difficulty of making such a declaration. This is another instance, indeed, of the assumptive mode of coming at conclusions which I remarked on last week. Where your professional readers are supposed to be so simple, because a man got a sore on the "right lower eyelid," that they will swallow the dogma as given, no doubt "*ex cathedra*," that "a paramour" in Shropshire, "beyond all doubt," produced this by kissing, although the propounder of this singularly fanciful statement, given with due solemnity, has no more basis for supposing that "the paramour" had patches or disease in any shape whatever than I or any of your readers have.

Another pleasing instance of plasticity of expression is also furnished us, when your Correspondent states his experience: "that hard sores are always prevalent in men and even in women in Dublin;" "and that in one day he has recently shown six unquestionably hard sores in women." Unfortunately, however, we find him saying as I do, that "the hard sore is rare" in women. On a careful examination of the Lock Hospital Registry for the years 1869 and 1870, I find nomenclatured by Mr. McDowell, Nos. 788, 1126, 1176, 1248, 1320, 1172, as indurated or hard sores; and, curiously enough, I have had the same number; an average, as I before have stated, of three undoubted typical cases annually presenting themselves to each surgeon, but now under argumentative stimulus there is such an access of hyperæsthesia "that hard sores are found to be prevalent." The *litera scripta*, however, is as above quoted, and is the true exponent of the value to be placed on the variations of soft or hard indications.

At the introduction of the discussion I produced a series of carefully noted and tested cases, which has been designated "a farrago," and Mr. McDowell admits he has no similarly ascertained series to produce. I have exposed fallacies in his assertions which is styled "bullying." He has been profuse in quotations, theories, assertions, and aspersions; he has, with his self-stated great opportunities, *proved* nothing; many things have been *told*. We have had the old old tale of soft sores in men not followed by secondaries, judiciously illustrated, by a major or captain, nay, by Dr.'s, and plain Mr.'s, but not a word of proof as to the distinct *sequiter* of one sore or poison, or against the proposition I have been at the pains of proving that soft sores are the direct offspring of secondary noculations.

The wildest flights of fancy have been indulged in from "hard syphilitic sores" to "soft syphilitic sores," from "sores with neither character" to "non-infecting sores," and from "non-infecting sores which do infect in exceptional cases" to hat "Kohinoor" of sores which first appearing on a Sunday equires on the succeeding Wednesday (*i.e.*, the third day of ts birth) to have its "torpid cicatrization" stimulated by "caustic" and "mercurial treatment" immediately, or osed.

Mr. McDowell makes mention of my remarks on inoculaion treatment, and that the patients I inoculated and quoted such got well. This I still maintain, whether permanently ell I could not say, nor would any one acquainted with the arying features of this disease be hasty to pronounce. What did say I now repeat, and I have no doubt a treatment not y any means so contrary to our ideas as vaccination will yet fairly enquired into, apart from the prejudice and jealousy hich at present obstructs. I said as reported, "I was not to considered as an avowed advocate of this treatment, but I sired to enquire into its efficacy, as from its results it seemed more important method than had been at first supposed, nd should not be hastily rejected."

Yours faithfully,
JOHN MORGAN.

23 Stephen's Green, N., Dublin.

CELIBACY AMONG SOLDIERS AND THE CONTAGIOUS DISEASES ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I will ask your correspondent, Dr. McNab, to be pleased to remember that in my "scientific" tournament with one of the most able and energetic of modern writers, I was left no option in the choice of weapons but those furnished by my inexorable antagonist, who "admitted no arguments which are not addressed to his intellect," and who proposed to follow the "laws of natural and organic life." It would not answer in that case to say, "It is written," to one who would prefer, "facts and arguments for Darwin."

If a Hindoo or Mahometan were discussing "social evils," or any other question "accessible to research," and were to maintain their "scientific" doctrines by quotations from the Veda and Koran, and if I were to take from the same source arguments tending to a different conclusion, it would be no reason for supposing that I ignored the teaching of the Bible, that I was a believer in Vishnu, or a convert to Islam. I have no further *interest* in the Contagious Diseases Acts than as regards the health, the vigour and happiness of the human family. In a population of 6,000 in my district, I scarcely meet an average of *one* (imported) case of syphilis in a whole year! Dr. McNab seems to have great sympathy for the "cruelly oppressed mistress of *one* man"(?) and does not seem to care what becomes of the *innocent wives* and *children* of many men. No doubt it would be cruel to frighten the mistress from her lover and give her time for repentance and opportunity for escape. Christian religion! How many "immoral, unchristian, and inhuman" words of learned length and thundering sound are uttered in thy name! I will refuse to quote Scripture to the arguments of one who has the temerity to recommend the adoption of a practice for which a celebrated scripture character was struck dead. I do not wish to rouse the susceptibilities of any one, where few can agree. Gentlemen become irritable enough when their cherished dreams of childhood are about being dissipated; but when any article of their faith is impugned, they become simply fanatics, wholly inaccessible to reason.

I thought I was sufficiently distinct when I emphasised, "*in my opinion* a religious aspect was out of place in a discussion," on "baby farming," "infanticide," "French *fraudes*," and contagious disease, where the opinions of Mill, Malthus, Bentham, and a host of philosophers would make a queer medley if interspersed with passages from "Holy Writ." I did not dispute Dr. McNab's right to hold to *his* opinion, and his "idle words" and "falling sparrow" arguments.

I have to thank those gentlemen from whom I have received private letters on the subject, and also Dr. Drysdale, who, in a "post card," gave me an earnest of his kind and generous disposition.

Very faithfully yours,
THOMAS HAYES, M.D., M.R.C.S.I.
Shanagolden, Co. Limerick, March 25th, 1871.

Medical News.

Royal College of Physicians of London.—The undermentioned gentleman passed his *first* professional examination, on April 4, 1871:—Breame Weston Fowler, St. George's Hospital.

Important Prosecution.—A person styling himself "Du Brange, Graduate of Giessen University, and a Member of the Royal College of Surgeons, England," and whose address is given as of 36 Gilbert street, Oxford street, appeared at Marlborough street Police court, on Thursday week, on a summons issued at the instance of the Royal College of Surgeons, charging him with falsely representing himself to be a member of the said College. Mr. Straight appeared for the prosecution, and Mr. Ring (solicitor) for the defendant. Sergeant John Meiklejohn, of the detective department, Scotland yard, proved having kept watch for some time past on the defendant's proceedings, and that he had seen him at his own shop dispensing medicines, for which he received money. The full penalty of £20 was inflicted, the magistrate (Mr. Knox) expressing his satisfaction at the conviction; and, in answer to an application of the defendant's solicitor for a mitigation of the penalty, refused to entertain the idea for a moment.

West Kent Medico-Chirurgical Society.—On Friday evening, March 24th, Dr. Carr, of Blackheath, read a paper on "Vaccination and Re-vaccination."

NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

D. U. B.—The pamphlet shall receive early notice.

Erratum.—In our report of Sir Dominic Corrigan's communication on "Death Registration," the mention of Dr. Ramsay's work on "State Medicine," referred to the valuable work of Dr. Rumsey, of Cheltenham.

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MEETINGS OF THE LONDON SOCIETIES.

Epidemiological.—Wednesday, April 12th, 8 p.m. "The Epidemic of Relapsing Fever," papers by Mr. T. J. Dyke (Medical Officer of Health, Merthyr Tydfil), Dr. Robinson (Medical Officer of Health, Leeds), Dr. Buchanan, and Mr. J. Netten Radcliffe.

Clinical Society of London.—Friday, April 14th, 8½ p.m. Dr. Broadbent, "On Phosphorus as a Remedy in Skin Diseases." Dr. Sims, "On a Case of Left Hemiplegia, with total Loss of Right Eye." And other papers.

Medical.—Monday, April 17th, 8 p.m. Ordinary.

Pathological.—Tuesday, April 18th, 8 p.m. Ordinary.

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VACANCIES.

Middlesex County Lunatic Asylum.—Assistant Medical Officer for Female Department. Salary, £150.

Bristol Lunatic Asylum.—Medical Superintendent. Salary, £350, with furnished residence and extras.

South Stafford General Hospital, Wolverhampton.—House-Surgeon. Salary, £100, with board and residence.

Norwich Dispensary.—Resident Medical Officer. Salary, £120.

Narberth Union.—Medical Officer. Salary £35, with extras.

Her Majesty's Naval Establishment.—Two Assistant Dispenser. By open competition in London, April 25th.

◆

APPOINTMENTS.

Bennett, F. W., M.R.C.S.E., Medical Officer and Public Vaccinator for the Warblington District of the Havant Union.

Bruce, G. D., M.B., a House-Surgeon to the Royal Infirmary, Dundee.

Buckley, S., M.R.C.S.E., Resident Physician's Assistant at the Royal Infirmary, Manchester.

Clapham, W. C. S., M.R.C.S.E., House-Physician to the Dreadnought Infirmary, Greenwich.

Curran, Dr. J. Waring, Surgeon to the Sherwood Lodge, Old Friendly Society, and Portland Order of Odd Fellows.

Darwen, J., M.R.C.S.E., Medical Officer for District No. 5, and Mr. J. B. Jackson to No. 2 of the Parish of Birmingham.

Drake, F. H. M.R.C.S., House-Surgeon to the Hartlepool Hospital.

Dwyer, Dr. J. J., Medical Officer for the Dunboyne Dispensary District of the Dunshaughlin Union, Co. Meath.

Goldie, R. W., L.R.C.P.Ed., Resident Medical Superintendent of the Poplar and Stepney Sick Asylum District at Bromley, Middlesex.

Gould, F., M.D., M.R.C.P., a Physician to the Chelsea Dispensary.

Green, C. J., House-Surgeon to the County Hospital, Huntingdon.

Kidger, A. A., M.R.C.S., Resident Medical Officer to Newport Infirmary.

Kilbride, Dr. J., Resident Medical Officer to Visit Home Patients of the Infirmary and Dispensary, Bradford, Yorkshire.

Orr, J. A., F.R.C.S.I., has been re-appointed Medical Officer for the Fleetwood District of the Fylde Union, Lancashire.

Petch, R., M.R.C.S., Resident Medical Officer to the York Dispensary.

Philpot, C. W., M.D., B.Sc., Resident Physician and Secretary to the Birmingham General Dispensary.

Smith, J., M.D., Surgeon-Dentist to her Majesty in Scotland.

Weaver, J., L.R.C.P.Ed., Medical Officer of Health for Fenton, Staffordshire.

Welsh, W. D., Apothecary to the County of Wicklow Infirmary.

Wilson, S. M. W., M.R.C.S., Surgeon to the West Norfolk Hospital.

Woolcott, J., F.R.C.S.E., a Consulting Surgeon to the Kent County Ophthalmic Hospital, Maidstone.

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Marriages.

Bonaira—Osborne.—On the 31st ult., at Christchurch, Marylebone, Emmanuel Bonaira, M.R.C.S.E., Surgeon Bengal Army, to Lucy Mary, daughter of G. A. Osborne, Esq.

Brinton—Greene.—On the 28th ult., at the Parish Church, Lilleshall R. J. W. Brinton, Esq., of Birmingham, to Alice, youngest daughter of John Greene, M.R.C.S., of Muxton, Salop

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Deaths.

George—On the 26th ult., at Malaga, Robert V. George, L.R.C.S.I.

Hodges—On the 1st inst., at Redland, Bristol, Edward Hodges, M.D., aged 67.

Pigot.—On the 26th ult., John M. B. Pigot, M.D., of Ruddington, Notts, aged 85.

Roberts—On the 18th ult., Owen Roberts, M.D., of St. Asaph, aged 61.

Sly.—On the 27th ult., T. W. Sly, M.R.C.S.E., of West Haddon, Daventry, aged 77.

Advertisements.

ROYAL COLLEGE OF SURGEONS.
SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered :—

Botany	Dr. Minchin.
Practical Chemistry	Dr. W. Barker.
Medical Jurisprudence	Dr. Davy.
Materia Medica	Mr. Macnamara.
Midwifery	Dr. Sawyer.

Premiums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.

LEDWICH SCHOOL OF SURGERY AND MEDICINE.
SUMMER SESSION 1871.

The SUMMER SESSION will commence on MONDAY, APRIL 3, 1871, when the following Lectures will be delivered :—

Midwifery	Dr. Ringland.
Materia Medica	Dr. McDowell.
Chemistry (Practical)	Dr. Cameron.
Forensic Medicine	Dr. Travers.
Botany	Dr. Maunsell.

The INTRODUCTORY LECTURE will be delivered by Dr. Maunsell, on MONDAY, the 3rd inst., at One o'clock, p.m.

Students may enter for any of the above Courses with any of the Lecturers, or with

7 Harcourt street. EDWARD LEDWICH, Secretary.

DR. STEVENS' HOSPITAL AND MEDICAL COLLEGE.

The SUMMER SESSION, 1871, will commence on MONDAY, April 17th, and will include the following courses :—

Clinical Medicine, Clinical Surgery, Midwifery, Materia Medica, Botany, Jurisprudence, Practical Chemistry, Pathology, and Operative Surgery.

E. HAMILTON, Hon. Sec.
120 Stephen's green.

MEDICAL CLUB, SPRING GARDENS, CHARING CROSS, S.W.

Until the removal of the Club to the new premises, Members will continue to be admitted upon the payment of an entrance fee of £8 8s. The annual subscription for Members at home is £5 5s., and for Members abroad £1 1s.

March 22nd, 1871. H. T. L. BEWLEY, Secretary.

ROYAL FREE HOSPITAL, GRAY'S-INN ROAD.

Practical instruction in Surgery to First-year Students, and Dresserships for Students after two years' professional education, both in accordance with the Regulations of the Royal College of Surgeons of England, may be obtained at this Hospital; also Vacancies for Clinical Clerks.

For particulars, apply at the Hospital to the Honorary Secretary of the Medical Staff daily at 10.30 a.m.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN,
2 OSNABURGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq. Resident House Surgeon.

PRACTICAL COURSE ON DISEASES OF THE SKIN.

Dr. M'CALL ANDERSON'S Practical Course "On Diseases of the Skin" (at the Dispensary for Skin Diseases, 63 John street, Glasgow) commences on the First Thursday of May, and will be continued until the end of July. For particulars, apply to

JAMES GRAHAME, Hon. Sec.

MALVERN COLLEGE.

The Second Term will begin on Friday, May 5th.

Terms of Tuition and Board, £90 per annum.

For Clergymen's Sons passing an Entrance Examination, £80 per annum.

For particulars inquire of the Secretary.

NEWRY HOSPITAL.—MEDICAL OFFICER WANTED.

WANTED, on the 1st MAY next, A MEDICAL OFFICER, at a Salary of £75 per annum, for the above Institution—must be a Physician and Surgeon. The Committee will give a preference to a Candidate who holds a Diploma from the Dublin College of Surgeons. The gentleman appointed must reside in Newry, and visit the Hospital *at least* once a day.

Applications, enclosing Qualifications and Testimonials, to be addressed "To the Secretary of Fever Hospital, Newry," up to 26th of April, 1871.

MEDICAL.—WANTED, a PARTNER, or a duly qualified ASSISTANT, in a rural district, some ten miles from Liverpool, where the Advertiser has been established 25 years.—Address, with name and full particulars as to antecedents, Tenax, care of Henry Greenwood, advertising agent, Liverpool.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1871.

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SYPHILITIC INOCULATION.

BY HENRY LEE,

Surgeon to St. George's Hospital.

THE following observations have reference to the experiments lately performed by Mr. Morgan in Dublin, and which have been fully related in the late numbers of the MEDICAL PRESS AND CIRCULAR. They are taken from a clinical lecture by Mr. Henry Lee, which has been already reported in the *Lancet*. We now give the observations in full, so far as they relate to the subject of syphilitic inoculation.

"In all the cases in which constitutional syphilis has been produced artificially, and where care has been taken that no accidental circumstances should interfere with the natural progress of the disease, an interval has followed [illegible] inoculation during which nothing but the remains of [illegible] ordinary puncture were visible; then a pimple, an [illegible]ion, a portion of thickened cuticle, or a tubercle has [illegible]nted itself. This is generally followed by some de[illegible] of ulceration. The ulcer, which is generally super[illegible]l, heals, leaving the thickened base on which it was situated for some weeks afterwards. The commencement, the termination, and essential characters of this action are those of the adhesive form of inflammation. The newly formed matter becomes re-absorbed, in a great measure, into the system, and ultimately the part is left in its original condition. In this disease there is no loss of substance, no ulceration or absorption of natural tissue; no mark is left of the original seat of the disease. This affection is, however, very certainly followed by some form of secondary disease. In a healthy constitution, and where the disease has not been influenced by accidental circumstances, some form of papular or scaly eruption will usually be developed. But if from any depressing influences, or from the co-existence of other disease, the primary affection has ulcerated to any extent or suppurated for any length of time, then the secondary affections will have a tendency to do the same.

"Now, the forms of disease to which in this and in the previous lecture I have called your attention—viz., that which commences as a pustule and terminates when the suppuration ceases, and that which commences with some form of adhesive inflammation and infects the whole system—are certainly at least as distinct as the cow-pox and small-pox. If they had been studied in their origin the distinction between the two must, one would have thought, have always been apparent. But some experiments have lately been performed which by some have been conceived to render the distinction between the two classes of cases to which I have alluded less clearly marked. These experiments, I think, if closely looked into, will be found to apply to some effects which may be produced in the later stages of the true syphilitic disease, and not in any way to militate against the distinction in its origin between that and the local form of syphilis.

"The experiments to which I refer have all been performed on patients whose systems were already affected with syphilis, and therefore those who have performed the experiments have been at the same disadvantage as if a surgeon attempted to investigate the nature of cow-pox by inoculating those who had already had the disease. Even such experiments have their value, but we must not confound the results with those obtained when the disease first develops itself. It is said that the secretion from the vagina of a patient who has no abrasion, if inoculated upon another patient, will produce a sore. This is a very interesting fact, but surely it is only a different form of the experiment which Hunter performed upon himself. Hunter inoculated the matter of gonorrhœa upon himself, and produced an indurated sore. Now, as it has been demonstrated over and over again that the matter of a simple gonorrhœa is not inoculable, and as many facts go to prove that the secretions from the mucous membranes of syphilitic patients are inoculable, we cannot but conclude that Hunter took his matter from a syphilitic subject, and inoculated besides the matter of the proper gonorrhœal secretion a something from a mucous membrane affected with specific syphilitic inflammation. But it will be said it is the soft sore which has been produced in the experiments alluded to. Now, to explain this, two circumstances must be borne in mind: First, in certain states of constitution in syphilitic subjects, a pustule and subsequent sore is produced with great facility. Here is the drawing of a well-developed pustule in a syphilitic subject, produced by the inoculation of some pus from a case of excision of the knee-joint in a child. The second point to which I advert, and which has a more direct bearing upon the experiments in question, is that inoculations may no doubt be performed occasionally on syphilitic patients which will not present the characters of either of the forms of disease which I have described. I have inoculated and succeeded in inoculating syphilitic patients from the secretions of indurated sores, but the ulcers produced have not presented the sharp ulcerated border of the local suppurating sore, nor have they been accompanied by the adhesive form of inflammation of true syphilis. The way in which these sores occur I believe to be as follows:--

"As, after vaccination, the effects may so far pass away as that a modified result may be produced by re-vaccination, so the effect of constitutional syphilis may so far wear itself out that a modified result may again be produced. A sore may, under such circumstances, be produced, but it wants more or less the specific characters of that which first appears in true syphilis. These modified inoculations are seldom accompanied by any induration of the corresponding inguinal glands—a result which is very seldom absent after syphilitic inoculation performed in a virgin constitution. Again, as in re-vaccination, when a modified result is produced, the amount of surrounding thickening may be very slight, so in syphilitic inoculation, after the general system has been once affected, the amount of induration which normally would appear around the inoculated spot may be very slight, or may be altogether absent. Such inoculations, however, are different from those produced by the secretion of the local suppurating sore. They want the sharp, well-defined edge of the local affection, and which I have pointed out to you as so well marked in a patient in the Harris ward. It will often happen, of course, that the secretions from different kinds of syphilitic ulcers become mixed together, and then at first sight it is extremely difficult to determine their exact character. Thus a modified true syphilitic inoculation may co-exist with the local form of syphilitic inoculation. The fresh matter deposited by the first morbid action may be removed by the second; and these two may, at a given time, so nearly balance each other that there may be no great amount of thickening and no appreciable loss of substance. This may happen with regard to syphilitic inoculation even when it occurs for the first time. If, after a period of incubation, the adhesive action is produced characteristic of constitutional disease, and then some pus from a local syphilitic sore is applied on the same spot, the ulcerative action produced by the latter may in a great measure remove the newly-formed material which is the natural result of the former; and that is what probably has actually occurred in the case to which I have drawn your attention. The original sore does not present any great amount of surrounding hardness, nor does it present the defined sharp edge of the local suppurating sore. Inoculation here has helped our diagnosis. Some matter taken from the surface of the sore has produced a small but very characteristic ulcer, with a detached sharp margin. Now supposing this to have been originally an indurated sore, upon which another secretion was inoculated, it would be the latter only which would be communicated by inoculation, because after the induration is once established the former action would be no longer inoculable. We have thus, as it were, the means of separating and distinguishing the two kinds of action which, in consequence of a twofold inoculation, may appear accidentally upon the same spot.

"The general conclusion to which I have arrived with regard to the apparent inoculation of syphilitic patients from the secretion of true syphilitic sores, or from the secretions from syphilitic patients, is, that such inoculations when they succeed depend upon one of the three following causes:—

"1. A peculiar susceptibility in the recipient, in consequence of which the inoculation of even ordinary pus will produce a pustule, as in the case I have mentioned of the woman who was inoculated with pus from the knee-joint of a child.

"2. The admixture of the secretion from a local suppurating sore, as in the case we have seen together in the Harris ward.

"3. The modified inoculation of true syphilis after the effects of the first disease have in some measure passed away.

"These three causes may, of course, be present together, and in different degrees, in any given case.

"The following table furnishes an outline of the essential character of the primary and secondary affections which I have brought under your notice:—

Character of Infection.	Character of Inflammation.	Product of Inflammation.	Nature of Secondary Erup.
Vaccinia	Adhesive[*]	Lymph	Vesicular Papular[*]
Variola	Suppurative	Pus	Pustular
Syphilis (infecting)	Adhesive°	Lymph Débris	Papular[*] Scaly"

I must not conclude this lecture without noticing a subject closely allied to the causes of fallacy in cases of supposed syphilitic contagion. It will not unfrequently happen, that a secondary syphilitic affection will assume very much the characters of a primary inoculation. It will sometimes assume the characters of the indurated sore, and sometimes those of the local suppurating sore. Some years ago, a gentleman contracted syphilis which was followed by secondary symptoms: after a lapse of eighteen months he applied to me with a circular circumscribed induration on the prepuce, ulcerated upon its surface. This, I at first thought must be the result of fresh contagion; subsequent investigation, however, made it clear that it was a form of secondary disease. Such a secondary affection in a more debilitated state of constitution might have suppurated and ulcerated from the first, and then the appearances of a local suppurating sore might have been presented. In a weakened state of the general system pustules may, as I have already shown, form on the skin from the slightest possible irritation, or without any external irritation at all; and, if succeeded by some degree of ulceration the appearances, at first sight, very much resemble those of the local suppurating sore.

Many years ago I paid a visit to M. Ricord, at the Hôpital du Midi. As was M. Ricord's custom, he showed me, with his usual courtesy, the most interesting cases under his care. A case presented itself in which there was a circular ulceration, tolerably well defined, upon the skin of the thigh, I asked M. Ricord if it was an artificial inoculation? Turning to his class he said, that the observation was very instructive, and the case he said showed that there was absolutely no apparent difference between some forms of secondary affection and the results of artificial inoculation. Some progress may have been made since that time in defining the characters of syphilitic sores, but we may at least allow that M. Ricord then spoke with some authority.

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[*] A depressing influence or a local irritation may cause degeneration of the lymph into pus, both in the primary and secondary actions, in all the forms of adhesive inflammation.

IS THE BRAIN THE ORIGIN OF THOUGHT, INTELLECT OR MIND?

By Wm. F. West, L.R.C.S. & L.K.Q.C.P.I.

This is a most interesting question, well worthy the study of the psychologist. There is, indeed, much to prove that it is the origin of the mind, or as some psychologists put it, the brain secretes thought somewhat in the same manner as any gland in the body performs its function of secretion, regarding the grey cells of the brain in the light of secreting gland cells, their function being to secrete thought. But here a difficulty at once presents itself; namely, from whence do they gather, or from what element do they eliminate, the constituent of thought, so as to produce mind or intellect? For, if the analogy hold good, there must be some element from which these cells gather the constituents of thought. We know the kidneys eliminate urea from the blood; the liver, bile; the salivary glands their peculiar secretion, and so of all the glands of the body. But we see that these several secretions and excretions pre-existed in the living blood; it may be in a different form, but, nevertheless, their constituents were there, and were only brought together and eliminated from thence by these glands. So, when we say the liver forms bile; the kidneys, urea, &c., we do not mean that they generate or create those compounds, but merely that they eliminate them from the blood. So, following out the analogy that the brain cells secrete thought, I again put the question—"From whence do they gather the elements of that thought?" Some will at once reply, from the immaterial principle of the mind. This brings us to what "I believe" is the generally received opinion—namely, that mind is an immaterial principle; but if it be an immaterial principle, how is it that you cannot destroy the brain without destroying the intellect as well. Thus, in apoplexy, or any case where there is an effusion of blood, or other fluid, to any great extent, the individual becomes unconscious. You may object that this is owing to the shock to the animal life, and not specially referable to the brain. Well, we have stronger proofs. Look at a man intoxicated with alcohol. The first effects are to quicken the imagination, and induce a freer flow of thought. As the man takes more he becomes dull and heavy, and if he takes more still he becomes entirely unconscious. He appears to have lost all power of thought and intellect. Does not this show that the alcohol acting on the material brain affects the mind—in the end seeming to destroy it? And that it is the alcohol acting on the brain, is proved beyond a doubt, by examining the brain of those poisoned with whiskey or brandy, or in the experiments performed on dogs by giving them a couple of drachms of pure alcohol, which kills them instantaneously, and immediately opening the head and examining the brain. The pure alcohol can be distilled therefrom, showing what an affinity it has for the brain, and how quickly it is absorbed by the stomach. We have a still stronger proof of the brain being the originator of thought in the pathological condition of softening of that organ, and which, at the same time, also proves the exact part of the brain which is the seat of intellect, confirming other proofs deduced from experiments made on animals, birds and reptiles, which it would be quite superfluous to go into. From these experiments it is clearly shown that the cortical or grey structure on the outside of the brain is the seat of thought. We say, is "the seat of thought," assuming the brain to be so for the present. Well, now pursuing this thread of the subject, we find where softening commences in the central white substance of the cerebrum that the intellect is in no way disturbed at first; but we may have, and if the disease progress to any considerable extent will have, paralysis—"hemiplegia most likely." If the softening proceed downwards, and attack the cerebellum and medulla oblongata, the patient may die without his intellect being at all affected; but if the disease proceed upwards, and extend to the cortical or grey structure, the intellect becomes very soon engaged. On the other hand, if the disease commences in the cortical portion, the intellect becomes affected at once, prior to any symptoms of paralysis. When I use the word softening, I mean chronic softening, as contra-distinguished from acute inflammatory softening, in which these effects are not so distinct and clear, though they can be perceived by close observation. I have a patient just now in care who I consider has chronic softening of the brain, involving principally the cortical portion, and he presents symptoms in accordance with the above. He complains of dull, aching pain in his head, loss of memory, an inability to fix the mind vigorously upon any subject, or to pursue any lengthened train of thought, the intellect becoming, as it were, wearied and seemingly unable to sustain any great mental exertions. Yet he has no paralysis of either sensation or motion, except some symptoms of amaurosis, indicating involvement of the optic discs. Now, does not all this go to prove that the cortical portion of the brain is the origin of intellect? You may still reply, no; it only proves that the brain cells being disorganised or destroyed, are no longer capable of performing their function of secreting thought from the immaterial mind, which is there as perfect as ever, and unharmed by disease of the material substance. If the mind be an immaterial principle, then we may look upon the brain as the medium or instrument through which it is rendered manifest to the external world. This is the view Watson takes of it and many others. People also generally regard the mind and soul as identical. If they were, then of course that would settle the question as to the brain being the origin of mind. It could not be, for then it must be the origin of the soul. But that is impossible, as the brain is destroyed at death, but the soul lives on for ever. That which is mortal could not be the origin of that which is immortal. This puts one in mind of those beautiful lines of Alison, where he says,—

> "The soul, secured in her existence, smiles
> At the drawn dagger and defies its point;
> Though the stars shall fade away, the sun himself
> Grow dim with age, and Nature sink in years:
> She shall flourish in immortal youth,
> Unhurt, amid the war of elements,
> The wreck of matter, and the crush of worlds!"

Some will at once jump to the conclusion that the difficulty is solved by thus regarding the mind and soul as identical, and the brain the medium through which they make themselves manifest externally. But there are great objections to this idea of the brain being the instrument of the mind or soul, for then how would you account for the whims and morbid fancies of the lunatic, rendered so by some disease of the brain? You may reply, that the mind is still healthy and unimpaired, but that the thought passing through the medium of the diseased brain becomes distorted, and, as it were, misshapen according to the derangement of the material substance. To this answer I would say—Where the deluson is of an unpleasing kind, and calculated to inspire terror, as when the lunatic thinks he is going to be hanged, or shot, or buried alive (the latter delusion I saw in the case of a lady, who presented the very picture of fright and terror, and kept continually crying out, "They are going to bury me alive"). Now, in such cases if the mind were there separate from the material brain-substance in a healthy state, it would be conscious of its ideas being distorted by the brain, just as the performer on a harp or pianoforte which is out of tune, is conscious of the discordant sounds produced though he touch the notes with a master hand, and people around listening and not knowing that the instrument is out of tune, will attribute the discordant sounds to want of skill in the performer, and none but himself knows the true cause. So, though a man seem insane to others, the sane mind separate from the brain would know that this fear of death was a delusion, and consequently the individual would not be terrified thereby, though he might rave about being shot or hanged, &c. But the reverse of this is the fact, which shows that the mind is not separate from the brain, and also that it is distinct from the soul. Again, if the brain were merely the instrument of the mind, the latter would think only when and how it pleased, independently of the former. I mean the brain could not make the mind think in a particular channel, or cause it to think quicker, or, in fact, affect it in any way, any more than a musical instrument could make a performer play a particular tune thereon. Yet we see that the first effect of alcohol is to induce a freer flow of thought, plainly acting as a stimulant to the brain-substance, and exciting its function to greater activity; and this is done, most probably, by causing a greater flow of blood through it, just as the function of any other organ of the body is increased by a quicker circulation of the vital fluid through such organ. In confirmation of this view it has been shown by experiment, as you know, that the brain becomes pale and anæmic during sleep, which was also seen in the case of a girl who had a portion of the skull trephined. When she was most lively and animated in conversation, her brain was most florid and filled with blood. Thus, we see that what produces a quicker circulation through the brain induces at the same time a quicker flow of thought. Another very strong proof that the brain is the originator of thought is seen in the case of the lower animals, some of which certainly have intellect, and unless you give an immaterial mind to beasts there is nothing else for it but that their brain generates thought; and if you grant them an immaterial mind it is still clear that cannot be a soul, for no one will be bold enough to say that beasts have souls, and if they can have a mind without a soul, it is a natural conclusion that the human animal has a similar mind only more highly developed, with the soul distinct and superadded. So that Helvetius, Condillac, and other philosophers of the sensational school, may not have been so far astray in their doctrine—"That every faculty and emotion are derived from sensation, and that man owes his superiority over the lower animals to the higher organisation of his body." Of course, they erred in ascribing every faculty of thought to the whole body, instead of confining it to the brain. Though we must acknowledge that the mind is influenced by the condition of the body in a very great measure—the one reacting on the other to a certain extent; and, of course, they also erred in not giving a soul to a man above his mind. But what I mean is this—leaving out the idea of a soul immortal—man differs from the lower animals only in degree, having his brain, and consequently his intellectual faculties, more highly developed. So that really the great difference between man and the lower animals is, that man has got an immortal soul superadded to his intellect; and according as he allows the mind to be guided by the dictates of the soul, so does he become more ennobled; and I take what we call conscience to be the manifestation of the desires of the soul to the mind, and according as he disregards its actings, so does he sink to the level of an intellectual animal. I think it unnecessary to enter into the proofs of beasts having mind, reason, or intellect, upon which assumption all the last argument is built. Any one who doubts it, and says they have only instinct, let him consult Dr. Carpenter's work "On Physiology," and I think he will be satisfied as to the correctness of the statement.

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ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CROONIAN LECTURES

Delivered before the College of Physicians in March, 1871.

By E. A. Parkes, M.D., F.R.S.

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LECTURE I.

Dr. Parkes opened by alluding to the interplay of nitrogen, carbon, hydrogen, and oxygen, aided by some mineral combinations, sufficing in some unknown way for the development or the manifestation of all vital acts. He remarked that, with scarcely more than half a dozen elements the Divine hand has shaped the interminable array of varied life, which stretches from the small point of unformed matter, organised, yet without organs, to the complicated structure of man, happy in being gifted with the mind which can recognise the wonder of his own being, and from the knowledge of himself can rise to a dim conception of the great Source of all things. Among this small group of elements, which make up the living body, and form the stage, so to speak, on which the wonderful play of life is acted, we must assign a leading place to nitrogen. Although forming nearly four-fifths of our atmosphere, it used to be regarded as a sort of negative body, as a mere diluent of oxygen, as something whose action in nature was unimportant. But such views are no longer received. From the atmosphere proceed the ammonia and other compounds of nitrogen which form the food of plants, and which, in fact, allow the possibility of vegetable, and indirectly of animal, life. The great circle of life commences in the atmosphere, and indeed ends there; for the atmosphere is, so to speak, the storehouse of the food of life, and, after its many wanderings, receives back again the nitrogen which had left it. The whole extent of the kingdom of life, the phenomena of growth, and the manifestations of the higher properties of living matter, are impossible without nitrogen.

Nitrogen is continually entering into every living body, and as continually leaving it. How does it enter it? How does it leave it? And between these two points of entrance and of exit, what are its combinations, what parts does it play, and into what structures does it enter? If we could reply fully to all these questions, which is at present impossible, we should have before us a view of the whole subject of nutrition.

For the purposes of nutrition of animal life the nitrogen enters solely with the food, and in the form of one of those substances of very similar constitution which have received the convenient name of albuminates. These albuminates, formed from simpler compounds by plants, are appropriated by the animal tissues of similar constitution, whose properties they assume, until, changing in physical characters by use, they become unfit for function, and are removed in order to be transformed into simpler compounds, and discharged.

Although we are continually inspiring nitrogen into the air-passages, only a small quantity passes into the blood, and does so simply from the effects of pressure, for under reverse conditions of pressure it is again eliminated. The experiments of Pettenkofer and Voit and Henneberg on men and cattle and pigeons show that Regnault and Reiset over-estimated even this small quantity of inspired nitrogen. Some nitrogen of the air entangled in the solid food and in the water we drink passes with the food into the blood from the stomach; and this is probably the source of the free nitrogen which exists in the urine, as well as part of that sometimes discharged from the lungs.

As to how the nitrogen used in nutrition leaves the human body, there has been far more doubt, though opinion is now tending strongly in one direction. With few exceptions, such as Bidder and Schmidt, the earlier experimenters both on the healthy human body and on dogs and cattle believed that, while the bulk of the entering nitrogen passed off by the kidneys and bowels, some considerable quantity, even sometimes one-third or one-half, emerged by the lungs and the skin, for the then methods of examination seldom succeeded in proving in the urine and the fæces a quantity of nitrogen equal to that which entered in the food, and it was believed that compounds of nitrogen in considerable quantity had been actually found both in the breath (as ammonia) and in the sweat (as urea and ammoniacal substances).

The progress of inquiry has invalidated both these statements. It has been shown, especially by the observations on dogs and men of Professor Karl Voit, of Munich

—whose name will ever be associated with this part of physiology,—that all the nitrogen of the food can be recovered from the urine and fæces. Although still disputed by some physiologists, these observations have been confirmed by John Ranke, by careful observations on himself; by Lawes and Gilbert, and others in this country and abroad. So also Voit has shown, in his controversy with Seegen, by a critical analysis of the earlier experiments. how the error in most cases arose; and has proved that the observations of Barral, Boussingault, Regnault and Reiset, and others, may be now considered obsolete. In like manner Meissner, again, has indicated the imperfections of the experiments of Sace on hens.

Dr. Parkes has himself made some important experiments which tend to the same conclusion. We cannot doubt, then, that an amount of nitrogen equivalent to that which enters in the food can be recovered from the urine and fæces of healthy men. Dr. Parkes' experiments have been in every case confirmatory on this point of those of Voit and Ranke.

With regard to the direct evidence of cutaneous and pulmonary excretion of nitrogen, the analyses of the sweat of men by Favre, Picard and Funke, seemed to give such positive evidence of the existence of urea in that fluid, that at one time no doubt seemed to exist. But the observations of John Ranke, Schöttin, and others have shaken confidence in those researches; and though the point may be considered as still uncertain, the weight of evidence is against the occurrence of urea. With respect to ammoniacal compounds, Edenheizen has lately again affirmed the excretion of ammonia from those portions of the skin of rabbits which, during experiments, were not covered with an impermeable layer; while Schenk has shown there is no such excretion in healthy dogs. In men, though Leube found a decrease in the urinary nitrogen after sweating, and there was nitrogen in the sweat itself (which may have been from epithelium), Johannes Ranke could never either discover that any alteration was produced in the excretion of nitrogen by prolonged hot baths, which caused great sweating, or that any urea could be detected in the sweat. Dr. Parkes kept men in the most violent exercise in hot weather, when it was proved by loss of weight that the cutaneous and pulmonary excretions were enormously increased, and never succeeded in lessening the passage of nitrogen by its ordinary channels of kidneys and bowels. On the whole, there appears to be little doubt that, apart from detached skin structures, the balance of evidence is against the passage of nitrogenous substances by the human skin. As regards the lungs, it is certain that much error has been committed by not taking into account the very easy formation of ammonia by animal and vegetable substances lying in the mouth, or gullet and œsophagus, and even in the stomach. Portions of food, detached particles of decaying epithelium, portions of dried secretion, &c., easily form ammonia under the influence of warmth, moisture, and air. These sources of error, and those arising from carious teeth, disease of the gums or air-passages, non-purification of the external air from ammonia, absorption of ammonia with food, and impurity of reagents (as pointed out by Thiry, and lately by Bachl), account for many of these observations.

As to the presumed pulmonary emission of ammonia, some excellent observers, such as Voit, Pettenkofer, and Bachl, have found no ammonia in the expired air of men and dogs. Others, as Thompson, Reuling, Richardson, Thiry, Lossen, Grouven and Schenk, have found ammonia in the expired air, but in very small quantities, and in some cases even the small amount was owing either to the outer air containing ammonia, as pointed out by Reuling, or to certain sources of error not being eliminated. Others again, as Viale and Latini, have found much larger amounts, but their experiments are incorrect, and indeed carry with them their own refutation.

Looking, then, to the fact that some of our best authorities can find no ammonia in the expired air, that when it has been found in properly conducted experiments its quantity has always been very small—viz., in men, in twenty-four hours, Reuling found only one-fourth of a grain (·237 gramme), Lossen one-sixth (·16 gramme), and Grouven, whose numbers are the highest, ·6 of a grain—and this may be by both the skin and the lungs,—we may fairly conclude that in health the elimination of ammonia by the lungs is so slight that we may practically disregard it; and indeed it seems unlikely that it can represent any of the nitrogen arising directly in nutritive processes, but is most likely derived from decomposing animal matters (food, cast-off epithelium, &c.), in the bodily passages which escape detection.

Dr. Parkes concludes that the evidence both of the entry and exit of nitrogen is sufficiently comprehensive to enable us to be sure that the nutritive nitrogen only enters with the food, and the only modes by which this nitrogen is eliminated in health are by the casting off of the nitrogenous coverings of the skin, and of the nose, mouth, pharynx, gullet and air-passages, and by the excretions of the intestinal and renal membranes. And, practically, we may look upon these last as the efficient channels of discharge.

In disease with accumulation of epithelium and exudation or fungoid growths on the tongue, gums, and pharynx, or in cases with long detention and fermentation of food in the stomach and passing of flatus into the mouth, ammonia will be detected, although the common experiment of holding a glass rod dipped in strong hydrochloric acid near the mouth can only prove its presence when the fumes are extremely great, since the attraction of the acid for the watery vapour of the breath causes a cloud. But in all these cases the ammonia is developed from decomposing substances which are virtually outside the body. Few things are more remarkable than the way in which opinions have changed with regard to the exhalation of ammonia in the breath of uræmic patients. The statement of Frerichs that the retained urea in uræmia was decomposed in the blood, and formed carbonate of ammonia, which was in part exhaled by the pulmonary mucous membrane, seemed so plausible, so accordant with the belief that urea would naturally decompose in a warm alkaline fluid like the blood, and so supported by the apparent proof of ammonia afforded by the glass rod dipped in hydrochloric acid held near the mouth, that no hesitation was felt in receiving it. But it is now acknowledged, by all that there may be the deepest uræmia (*i.e.*, urea in the blood) without ammonia in the breath. In some cases certainly ammonia has been found in the breath of uræmia, and, it is asserted, also in the blood of some uræmic patients.

But the observations on the blood are still doubtful, and those on the breath are vitiated, as are all others, by the difficulty of ensuring that there is no local source of ammonia in the mouth, fauces, or larynx. Dr. Parkes has always doubted the occurrence of ammonia in uræmic breath, when the condition of the mouth and pharynx is normal, as in no single instance has he ever seen unequivocal evidence of it. In enteric fever, in by far the majority of cases, the expired air is free from ammonia, yet some few cases have been recorded in which ammonia was found; and in one instance, by means of his logwood test, Reuling found ammonia in the blood, which was not derived from urea. In exanthematic typhus, when ammonia is found, which is seldom, it is derived from the tongue and fauces.

In 138 cases of different diseases (small-pox, measles, intermittent fever, acute and chronic bronchitis, pneumonia, tuberculosis, dysentery, epilepsy, scurvy, jaundice, &c.), Reuling found no ammonia whatever. Looking to all these facts—to the small number of cases in which ammonia has been unequivocally detected in the breath; to the number of cases of the same disease in which it has not been found; to the numerous sources of fallacy which attend experiments of the kind, Dr. Parkes doubts whether in any disease it has been sufficiently proved that ammonia is given off as an exhalation from the lungs, when it has neither been given as a medicine or taken with food.

As regards the skin, doubts equally exist. Many cases are recorded in which urine was supposed to pass off by various channels in consequence of some affection of the kidney. But the great majority, if not all, of these cases are recorded by old writers, who relied not on chemical evidence, but on the sense of smell; and no inconsiderable number were in hysterical girls, whose tendency to deceive is well known. The modern chemical evidence is less imperfect. When the sweat of some cases of cholera, of kidney disease, and of some forms of fever, has been collected and digested in alcohol, and subsequently treated by nitric and oxalic acids, crystals identical with nitrate and oxalate of urea have been found. The observations are not numerous, and we may well demand more precise evidence, but it seems impossible to reject it. At the same time, it may be fairly argued that the ease with which urea was formerly supposed to pass by the healthy skin disposed pathologists to accept with greater facility than would now be the case the evidence of the passage of urea in disease.

It has been asserted that leucin, tyrosin, and ammoniacal salts have also been detected in the sweat; but in this case it seems very probable that the source was decomposing epidermis. On the whole, the passage of urea or albuminoid substances by the skin in disease seems to me to require a careful reconsideration and more precise experiment.

The matter is one of immediate practical importance. It is a common belief that strong action on the skin by baths will not merely relieve the kidneys in respect of the passage of water and of acid (of which there is little doubt), but also of urea, or ammoniacal substances representing it. No doubt this practice has been based on *à priori* reasoning, and not on experimental proof, and it is most desirable to know whether it is really efficacious.

Dr. Parkes next related some experiment he had made on healthy urea to determine the properties of nitrogen passing by the nerves and kidneys respectively, and he said that there seems a probability that the examination of the nitrogen of the stools, and its comparison with that of the urine, may be a matter of clinical importance.

He next proceeded to speak of the methods of determining the nitrogen in the urine and intestinal excreta, and added that, however interesting in a physiological point of view the determination of nitrogenous elimination may be, it would not force itself upon the attention of physicians engaged in treating diseases unless likely to give information which might aid in diagnosis or in cure. But it is evident that the facts of the reception and discharge of nitrogen are cardinal points in our investigation of the phenomena of disease. For as the great manifestations of life are connected with it, the mutations of nitrogen must be at the bottom of every event which occurs in either the healthy or diseased body. How far such mutations can be traced is doubtful, but it is certain that when they can be followed they must be of value.

The lecturer then asked what are the combinations of nitrogen in the body; what parts does it play; and what are its successive transformations in the various organs?

This question, if treated in its entirety, would, he said, lead at once into the mysterious recesses of vital acts. A particle of an albuminate—a dead particle, as we term it—passes into the body, is attracted by a living structure, and then becomes gifted by the contact with the marvellous power of contractility of sensation. To attempt any explanation of this, to pretend that we have the slightest comprehension of such a marvellous transformation, would be absurd. We cannot explain in the least degree alterations in bodies much less complicated. The simplest operations of chemistry are, in fact, equally beyond our power of explanation. Select some chemical substance, and make a trifling alteration in its composition: how wonderful may be the change in physical conditions. Although the elements composing it may be the same, and the only difference is a small increment of one constituent, its properties may be entirely changed. A gas may become a liquid; the specific gravity may alter; the boiling-point may be raised or lowered; colour may be transformed; odour may be developed; taste manifested; and, when introduced into the living body, different physiological effects may result. In a word, a molecular re-arrangement has brought a physical transformation.

The causes of such transformations are entirely beyond our reach; and the chemist does not attempt to account for the phenomena he evokes. His science is a mere record of the succession of events of which it does not attempt the explanation. He can predict events; he cannot interpret them.

If this is the case with the simpler chemical compounds, how much more so with those complex bodies which form the substrata of life? If we have no idea why an increment of carbon to a compound of carbon, hydrogen, and oxygen should give it a different consistence, weight, colour, and taste, or the power of crystallization and accretion, how is it possible we can form any conception what arrangement of particles shall evolve contractility, sensation, and the power of assimilation and growth?

If, in the exercise of that imagination which is one of the instruments, though often an unerring one, of human progress, we conclude that the heat, and light, and electrical phenomena which non-living substances can be made to evolve, must be manifested in the living body by processes of a like kind, we are still merely expressing what we suppose to be, and what probably really is, the sequence of phenomena; we are not explaining the sequence itself.

If, by the power of a still bolder flight, we dare to connect the vital manifestations of growth and reproduction, of voluntary movement and sensation, with similar phenomena of heat and light, the mind is overwhelmed by the darkness of the problem. We are still so remote from a sufficient knowledge even of the sequence of vital phenomena that we may indeed be reasonably permitted to doubt whether some greater mystery still is not behind the veil, and whether human knowledge will ever suffice to rend it. Certainly it seems at present a bold and hazardous leap to the conclusion which would rank the operations of the mind among chemical and physical phenomena, and trace back the power of knowing good and evil and the verdicts of conscience merely to a form of motion.

If it were possible to follow one of those few substances which form the basis of living bodies, and to trace it in its course from the time when, as food for plants, it commences to lose what we call its mineral condition, and to enter into the charmed circle of life, which is eventually to lead it again into the inorganic world, we should have a series of transmigrations which would no doubt be characterised by the same simplicity and the same economy of force as were shown in the choice of the substances in the first instance. Nor is it impossible that we shall eventually thus succeed in following an atom of nitrogen or of carbon through all its varied combinations. What we cannot do, and what we have no present hope of doing, is, to learn why, and in what manner, such combinations lead to changes in physical and vital properties.

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A Mr. Hy. Clarke, of Derby, having been sent to prison for refusing to have his children vaccinated, was met on his liberation, last week, by a procession of some thousands of persons. There was considerable clamour between the upholders and opponents of the Vaccination Act; but the prison clipping and shaving of Mr. Clarke, and his altered appearance therefrom, appeared to damp the ardour of many friends.

THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the Medical Press.)

No. XXV.

COMMERCIAL AND AGRICULTURAL VALUE OF SEWAGE AND NIGHT-SOIL.

Like all complex manures, the excremental matters of a town population have two very different values—one being theoretical and the other practical. The theoretical value of night-soil, for example, supposing it to consist of all the excreta, liquid as well as solid, of a population, and supposing also that the several constituents are estimated at their market price in a concentrated form, is 15s. 8d. a ton; whereas the price realised in commerce is never more than 3s. a ton. Urine alone, at the theoretical value of its constituents, is worth 15s. 10d. a ton, and fæces £1 7s. 6d.; but who ever heard of either of them fetching more than a tenth part of these sums. At Nottingham there is a much frequented public urinal with fourteen compartments, and the money realised by the sale of the urine to the farmers is 20s. per annum; and with respect to cesspool matter, it was regularly sold in this Metropolis for 2s. a ton, delivered into barges on the river or canal. In Paris, at the present time, the solid portion of the City cesspools is disposed of by the Municipality to a company at 10d. per cubic metre, and the liquid at 1s.—the cubic metre being over a ton in weight. At Manchester, Salford, Edinburgh, Leeds, and other places, where the midden system is in operation, the soil from the privies is sold with other refuse at from 1s. to 1s. 6d. per ton. Liebig says that in the year 1858 the contents of the cesspool in the fortress of Rastadt, in the Grand Duchy of Baden, where there were 8,000 soldiers, was sold for 8,155 florins (£815), the contents being the accumulation of one year. Now, as the average yearly produce of a male adult is about 1,193 lbs. of solid and liquid matter, the 8,000 soldiers must have contributed about 4,260 tons of excremental matter; and as these realised £815, the return was at the rate of 3s. 10d. per ton, or 2s. per head per annum—although the theoretical value of the excrements of a male adult is 18s. 6d. per ton, or 10s. 1d. per head per annum. In Holland and Belgium the computed value of the excrement of a town population is from 20s. to 30s. per head per annum, but the price actually realised is only about 1s. a head. The same is the case with other kinds of manure, when they are mixed with large bulks of inert or worthless matter. Rotten stable dung, for example, as well as fresh farm yard manure is worth, according to the theoretical value of its constituents, from 13s. 6d. to 14s. per ton, whereas in fact it only realises from 3s. to 5s. a ton.

As regards the commercial and agricultural value of sewage the discrepancies are still more remarkable. In the evidence before the Select Committee of the House of Commons in 1862, the value of it was variously stated at from ½d. to 9d. per ton. The Earl of Essex thought it should be supplied to the farmer at rather less than a penny per ton; but Messrs. Lawes, Way and Morton valued it at 1d.; Liebig and Voelcker at 1¾d.; Mechi, Hofmann, and Witt at 2d. In reality, however, no one will buy it at any price, unless he has the opportunity of using it when he pleases, and then he will pay at the rate of from 5s. to 6s. per acre for it, provided the local authority will deliver it upon his land in the quantity required, and whenever required. A farmer would be glad to take water at this price, for there are seasons when it is desirable to have an abundance of moisture to help forward the young crops, and especially grass upon meadow land. Even in the case of the Craigentinny meadows at Edinburgh, where the yield of grass is enormous, the sewage is not used continuously, but is diverted from the land to the sea when it is not wanted; and although they realise in good seasons from £20 to £30 worth of green produce per acre, yet the quantity of sewage used is not less than from 10,000 to 13,000 tons an acre per annum, which at an average price of £25 for the produce, is less than a halfpenny a ton, irrespective of rent and farming expenses. At 1d. per ton the sewage would cost £62 10s. a year. In reality, however, it costs nothing, and the same is the case at Worthing, Rugby, Croydon, Carlisle, Aldershot, and elsewhere. So disinclined, in fact, are the farmers to take sewage at any price, that local authorities are obliged to appropriate land on their own account, when, for sanitary purposes, they resort to irrigation. This apparent obstinacy on the part of farmers is attributed by scribes and fluent talkers to ignorance, and to old fashioned prejudices. It is owing says the writer of a recent leader in the *Lancet*, to "his pig-head reverence for the practice of his forefather, and his ignorant belief in his own experience;" but in answer to this we have the fact that farmers are quite able and willing to appreciate the advantage of any description of agricultural novelty which is really valuable; and the employment of guano, of superphosphate, of alkaline nitrates, and of ammoniacal, and other portable manures as well as the adoption of all kinds of newly invented agricultural implements, during the last thirty years, and the expenditure of large sums of money in subsoil drainage, are sufficient proofs that the farming world is quite ready to avail itself of every useful invention of art, and suggestion of science. It is abundantly evident, indeed, that there is some other obstacle to the use of sewage as a manure, than the "pig-headed reverence of the farmer for the practice of his forefathers;" for if sewage had possessed but half the value which some loud talking people are ever proclaiming, it would long since have been the subject of successful speculation, and have formed the basis of many a flourishing joint-stock company. There would have been no occasion for the thousands of blue-books, which have been distributed at the public expense, with the authority of the Board of Health, of Royal Commissions, and of Parliamentary Commitees—all worked by the same influence; for the farmer, as well as the local authority, would long since have established the value of sewage, if it had any, and would have realized its worth.

The history of this attractive, but groundless, theory of the agricultural value of sewage is worth recording, and we will epitomise the account of it as given in a very able pamphlet on "The Agricultural Value of the Sewage of London." The theory originated with Mr. Smith, of Deanston, who was a cotton spinner, and had used the privy soil of his factory with some advantage in growing all sorts of crops; although it seems his wheat crops were infinitely richer in straw than in grain. His pursuits as an experimental farmer and cotton spinner not proving successful, perhaps from his extraordinary taste for experiments, he became a Commissioner under the first Board of Health, created by Mr. Edwin Chadwick, and in that capacity he visited Edinburgh in 1844. There he saw, in active operation, the sewage meadows which had been established many years, and which yielded, as they still do, enormous crops of rank grass, available only for dairy purposes. It immediately occurred to Mr. Smith's ingenious mind, that the sewage of all the towns of England, especially those which were sewered under the control of the Board of Health, and which were fast getting into difficulties from legal prosecutions for fouling the neighbouring water courses, might be utilised for agricultural purposes. He thereupon proposed to irrigate grass land on the water-meadow system, and when this could not be done, to convey it by means of pipes to the most convenient parts of the farm, and to distribute it under a pressure of 150 feet by means of hose and jet. This capital idea was at once adopted by Mr. Edwin Chadwick, who carried the theory still further, declaring that liquid manure was, *at all times*, preferable to solid manure, and that it was suitable for all crops and for all soils. His theory with detailed instructions for the arrangement of pipes, &c., was circulated extensively, with all the authority and influence of the Board of Health; and it was one of the instructions of the Board that every system of sewers should be brought to one outfall, with the view of applying the sewage to agricultural purposes. Such an authoritative announcement, that town sewage contained an abundance of rich manurial elements, and could be profitably used in agriculture, commanded, as well it might, a good deal of attention; and men of fortune of an enterprising turn, with a taste for agriculture, accepted the tempting theory—that liquid manure was superior to, and could supersede all solid manures; and a number of farms in England and Wales were underlaid with pipes, and provided with steam engines and pumps and hose at vast expense. In Scotland, too, very perfect examples were provided, one by Mr. Telfer, another by Mr. Kennedy, which for a few years were continually cited as instances of the success of liquid manure applied by jet and hose with steam power. Both he and Mr. Kennedy grew extraordinary and repeated crops of Italian rye grass, which were the subjects of sensational speeches at farmers' meetings by Mr. Mechi and others. Mr. Mechi himself piped his farm, provided it with a steam engine, and announced his intention of feeding his live stock—cattle, sheep, and pigs—under cover upon boards without straw, of reducing his straw to chaff for the consumption of his beasts, and using all the manure thus made in a liquid form. Tiptree, in fact, was to dispense with solid manure and top-dressing for all its crops, and was to rely for fertility on the supply of the jet and hose. The hose and jet farm of Mr. Neilson, a Liverpool merchant, was likewise a constant subject of eulogy by the Board of Health; and Mr. Littledale, another Liverpool merchant, fitted up a dairy farm on the same plan. In Norfolk, Mr. Chamberlaine, a wealthy retired tradesman from Norwich, purchased an estate, and laid it out at extraordinary expense, under Mr. Mechi's advice, with steam power and pipes; and there were other establishments which it is not worth while to name—none of them being supplied with town sewage, but all, with one exception, working after the plan recommended by the Board of Health, namely by steam power, and not by gravitation, and all attempting to cultivate all crops with liquid manure. The exception was the Rev. Mr. Huxtable, who once made as much sensation as Mr. Mechi by undertaking to teach plain farmers their business, and all the mysteries of agricultural chemistry. Mr. Huxtable employed gravitation to distribute liquid manure; but it may safely be asserted that not one of these liquid manure farms paid a rent. Mr. Neilson became a drainage inspector and gave up farming; Mr. Telfer failed; Mr. Kennedy, after sinking an enormous sum on Myremill, disappeared from the sensational world of agriculture; Mr. Huxtable, most extraordinary of all, not only found out, but acknowledged his mistake, and gave up the liquid system, and his idea of dispensing with solid manure, and limited his operations to a few acres of home farm. Mr. Chamberlaine's attempt at model farming proved disastrous, and eventually the pipes were taken up and sold for old iron. Mr. Litttledale confined his operations to growing rye grass for his fancy dairy, but grew corn with solid manure and top dressings of guano, and never pretended to make a profit. As for Mr. Mechi, at some mysterious date, he took to the ways of the Norfolk, and other retrograde farmers, whom he had often denounced, and used his stock to tread his straw into manure. He grew his mangolds with liberal loads of solid long-straw manure, and dry superphosphate, and had his wheat to follow—his costly liquid manure apparatus being used as a gigantic watering-pot."

After twenty years of agitation in this manner, with all the influence of the Board of Health, and the apparently tempting results at Edinburgh, there were but six places in England, in 1864, where town sewage was attempted to be utilised by irrigation, and those were—Rugby, Croydon, Carlisle, Alnwick, Malvern, Tavistock, and Watford. The farm at Rugby was laid out in the most approved fashion, and was managed by a very enthusiastic gentleman, Mr. Campbell, who had studied the operations at Edinburgh; but after eleven years of unsuccessful experience he abandoned it, and said in a letter to the *Times* of the 18th of November, 1864, that he had used the sewage of Rugby ever since the formation of the works, both upon his own land, and upon that of others, to the extent of 190 acres, but he was sorry to say that in a pecuniary point of view it had been altogether unremunerative. After this it was taken in hand by Mr. Congreve and Mr. Walker, two other enthusiastic gentlemen, but they also abandoned it, and now it is in the possession of the local authorities, who work it for sanitary purposes. At Croydon, the pressure of legal proceedings for nuisance created by the discharge of sewage into the river Wandle, forced the local authorities, through the suggestive teachings of the Board of Health, to adopt the irrigation system, and until recently the farm has been rented by Mr. Marriage, but for some reason or another he has abandoned it; and although attempts are being made to form a joint-stock company to work it, the prospects are not hopeful. Almost everywhere, in fact, the system has failed, in both an agricultural and commercial point of view, and hence there are very subdued and modified opinions of the value of sewage farming by those who were once its most earnest advocates. Mr. Rawlinson, for example, the Board of Health champion of irrigation, has apparently come to the conclusion that it will not pay if sewage has to be paid for; for in his evidence before the Parliamentary Committee, in 1864, he said, in speaking of Worthing, where he was part proprietor of a sewage farm, that "they (the local authorities) had acted with wisdom, for they charge nothing for the sewage; if they had charged anything there would have been no experiments; they give the sewage, and they lift it upon the land." He also said, in speaking of the London sewage, that "if any company is induced to enter into the speculation of applying the sewage of London, and agrees to pay the sums I have heard named, they will be in bankruptcy very shortly." He therefore evidently looks on sewage as a thing to be got rid of, and ought to be given away by the local authorities, for farmers cannot afford to pay anything for it.

It is manifest from all this that the true value of sewage has been determined by actual experiment and fair investigation, and that the objections to its use do not arise from what the editor of the *Lancet* calls the farmer's "ignorant belief in his own experience," but from a very careful inquiry into its merits, and from the total failure of practical results. On this head we have valuable testimony by Dr. Voelcker, who is one of the highest authorities on this subject, and who says that nowhere have experiments on agricultural subjects been more extensively tried than in England; and, seeing the great success of irrigation with liquid manure in Flanders, where the soil is almost barren, men have thought that the system ought to be equally successful in this country, and have perseveringly tried it. Sometimes the results have been advantageous, but generally they have been a complete failure, and have been abandoned. "A principle," he says, "like that which informs us that fertilizing matters produce their maximum effect in liquid form, may be true in the abstract, or with reference to particular kinds of plants, or in certain climates, or with reference to soils of a particular character, but in other climates or other soils there may be operating causes which render it by no means advisable to administer manuring matters in a state of solution."

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday March 28th, 1871.

John Birkett, Esq., Treasurer, in the Chair.

ON THE CLASSIFICATION AND TABULATION OF INJURIES AND SURGICAL OPERATIONS IN TIME OF WAR. BY DEPUTY INSPECTOR-GENERAL T. LONGMORE, C.B.

After adverting to the practical value which attaches to statistical information derived from surgical experience in time of war, the author proceeded to consider the subject of his paper under five separate heads. Under the first head, he remarked upon what had been done in this country in respect to the nomenclature and allocation of gunshot injuries in general nosological classification, more particularly commenting on the changes of names and arrangement which have been introduced by the Committee appointed by the Royal College of Physicians of London to draw up the Nomenclature of Diseases which appeared in the year 1868. In the second division of the paper, the author gave an account of the special classification and tabulation of the statistics of particular gunshot injuries and their treatment in time of war adopted in the British military service; and afterwards of the official systems employed in the United States and France. He also remarked upon the absence of any corresponding official system of classification in the army medical returns of Germany. In the third section of the paper, the question was considered how far the tabular statistics contained in the official records of campaigns published in this country, in the United States, and France, can be justly compared with each other; and the author arrived at the conclusion that no such fair comparisons can be instituted under present circumstances. The fourth division of the paper was devoted to a study of the relative merits of the British, French, and United States systems of classification and tabulation; more especially as regards accuracy and completeness of information, and economy of labour and cost in compilation. Finally, in the fifth part of the paper, the author urged the necessity for an international consideration of the subject, with a view to the statistical and surgical histories of campaigns being constructed on a general system common to the medical departments of all regular armies.

Dr. Althaus said that Mr. Longmore had made an error in stating that no record of the wounded was kept in the German army. Both in the dressing-places to which wounded men were first taken, and in the moveable hospitals, the nature of each case and its treatment were noted; and the same was done in the field-hospitals. In this way, very complete statistics of the Danish war had been obtained; and it was highly probable that a very complete account of the injuries received in the recent war would appear.—Staff-Surgeon Fitzgerald said that in the German army a note of each case was indeed made; but there were no numerical returns made out at the dressing-places or in the moveable hospitals. The question of recording individual cases was quite distinct from that of numerical returns. What was wanted was, that each surgeon should furnish a return of this kind. He had been employed in compiling the records of the Crimean war, and had had occasion to notice the defects in the returns of primary amputation—there not being sufficient information as to the injuries for which the operations were performed. Mr. Spencer Wells pointed out a source of fallacy which he had noticed while on duty in war; that the same man may receive more than one wound, and thus be entered more than once on the returns.

MEDICAL SOCIETY OF LONDON.

March 6th, 1871.

Dr. Andrew Clark, President.

PERITYPHLITIS.

The President narrated the following cases to illustrate some points in the treatment of this disease.

Case 1 was given to show the baleful influence of purgatives. The patient was a young lady, aged twenty-four, who three nights before the author saw her, had been seized with pain in the right side, vomiting and general disturbance of the system; powerful purgatives had been given. Dr. Clark recommended that the bowels should be locked with opium, the patient kept quiet, and local sedatives applied freely. The medical man who had been in attendance on the case took a different view, thinking that the symptoms were still due to an accumulation of fæces. Dr. Clark retired from the case, and another practitioner was called in, who agreed with the gentleman already in attendance, stronger purgatives were therefore ordered, the patient becoming worse under this treatment, Dr. Clark was again called in but could not attend. His colleague Mr. Adams attended, and finding a swelling on the point of the ilium made an incision, when a quantity of fœtid pus escaped. Unfortunately, the patient died in a few days. At the *post-mortem* no fæcal accumulation was found, but the mucous membrane of the cæcum was found ulcerated.

Case 2 is given to show that serious consequences may ensue from not giving purgatives. The patient was an Eton boy, who was suddenly seized with pain and swelling in the right iliac region; feverish; the temperature, 103; pulse quick; vomiting also. Dr. Clark's opinion was, that in acute cases vomiting occurred, but in chronic cases constipation might come on gradually without vomiting; in this case there was vomiting and constipation. The bowels were kept open by means of opiates, leeches were applied to the side of the abdomen, the administration of food by the mouth was suspended, nutritive enemata being given by the bowels, the case progressed very well, the vomiting ceased, and the pain subsided. His friends being anxious to have him with them he was removed to London. Soon after his arrival, he was seized with a sudden pain in the old situation, and a large swelling rapidly formed, which, on examination, was found to be situated in front of the original tumour. This appeared to the author to be due not to a relapse, but to an accumulation of fæces, he therefore strongly recommended that the bowels should be cleared by an enema of castor oil; this advice was opposed by his surgical colleague, who thought it would be unsafe. The advice of the senior was taken. However, as the pain increased and the pulse ran up, an aperient was again urged. Castor oil was administered by the mouth, the patient being in bed, the lower part of his body and hips were raised and over a quart of water was thrown up into the bowel. Enormous blocks of fæces were discharged, the swelling subsided, and the boy soon recovered. At Eton, a year seldom passes without a recurrence of this case, which may be due to over-exercise. The third Case resembled the preceding in its symptoms, the abdomen was leeched, and the patient was fed by the bowel, in three weeks the pulse and temperature were normal. Then arose the question whether the boy might be removed, and as Dr. Ellison reported that there was neither pain nor tenderness for a week, the boy was removed to London yet, the day after he suffered from a relapse, having pain and tenderness in the right iliac region, sickness and a high temperature. The iliac swelling was still there; this case seems to teach us that a patient ought not to be moved until the pulse and temperature have been normal and swelling absent for some time.

In the discussion that followed, **Dr. Habershon** said, that the paper was very interesting and useful, and if the treatment was borne out in practice, many valuable lives might be saved. The first was a difficult and unusual case, suppuration had taken place behind the cæcum. In the other cases considerable amount of obstruction was present; these cases often commenced with inflammation of the mucous membrane of the cæcum; the fæces accumulated and the various symptoms followed. He strongly advised soothing remedies. The boys at Eton he thought, having command of plenty of money, often ate food not suited to them, and among other things more oranges than were proper, this gave rise to the disease. He advised the avoidance of purgatives, and the use of warm applications, leeches and sedatives of all kinds, the patient being kept quiet and fed by enemata. He thought this complaint especially to be met with in strumous subjects.

Dr. Simms thought, that if a boy had taken a piece of indigestible food which had arrived at the cæcum and set up inflammation there, a dose of castor oil and laudanum given early might remove the exciting cause.

Mr. Maunder said, that some years ago he was called to tap an "ovarian cyst" but on coming to examine the case, he found it was one of perityphlitis, all the symptoms that the President had mentioned were present. He thought that pus was present, but desisted from any surgical interference, and in a short time it made its escape at the umbilicus and the patient recovered. In a second case there was present, pain, constipation, vomiting; and an emphysematous swelling, giving a tympanitic note, the fluctuation extended below Poupart's ligament, and was there lessened, but the lower limb became emphysematous and the patient died. He thought surgical interference was indicated in many of these cases.

Dr. Rogers had seen another case of perityphlitis, in which the swelling being tympanitic was not interfered with, although it was thought that pus was present. In two days pus was discharged with fæcal matter, showing that the cæcum had ulcerated; the patient recovered without a fistula.

The **President** then narrated a case where a large accumulation of pus took place, and much tympanitis was present, an opening was made and much fœtid pus discharged, the patient died, the *post-mortem* showed that the matter did not communicate with the bowel.

Dr. Routh said that one remedy that he had found of the greatest possible value had not been mentioned, that was belladonna, he thought no remedy in the world was so effective. It was a good practice to smear the abdomen with extract of belladonna.

Dr. Hamilton mentioned a case of an officer sent to treat with some Indian tribes, was cruelly ill-treated and stuffed with corn cake. On returning to his friends the ordinary enemata, purgatives and large doses of belladonna were tried without success; he was relieved at last by an enemata given through a long tube introduced far into the bowel.

RESECTION OF THE ELBOW-JOINT.

Mr. John Daniel Hill communicated a case of "resection of the elbow-joint," showing the amount of movement attainable after that operation. The patient, aged thirty-two, who was present, had sustained a compound comminuted fracture of the right olecranon nearly four years ago. As the external wound was small, an attempt was made to save the joint, but a month afterwards, owing to the exhausted condition of the patient, excision was performed without delay, recovery was rapid after the operation, the wound having healed in five weeks, and, in three months good motion was restored. The chief points that Mr. Hill laid stress upon were:—1. The long straight incision at the back of the joint. 2. The preservation of the attachments of the muscles, especially the brachialis anticus and biceps. 3. The application of a chain saw, cutting from within outwards, to avoid manipulation of the soft parts. 4. The reparation of the sawn surfaces by slight extension. 5. The retention of the limb upon interrupted rectangular splints, so as to provide for the bones being kept steadily apart during the healing process. Mr. Hill stated that the patient had almost complete control over the brachial muscles, the power of flexion and extension being very good, and pronation and supination nearly, if not quite, equal to the corresponding limb. In testing his muscular power, it was found that he could carry a bucket of water, and in his trade, as a carpenter, could use a saw, a hammer and gimlet, he also could write a good hand. The pathological specimen and cast of the case were also shewn.

Dr. Simms related the following case,

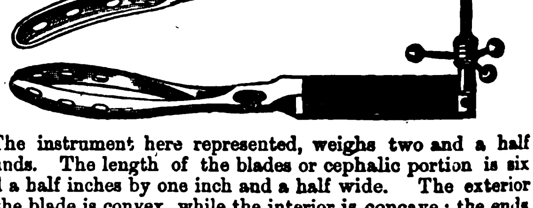
EPILEPSY FOLLOWING THE PASSAGE OF A PIN THROUGH THE INTESTINES.

H. T., aged ten, admitted into the West London Hospital, September, 1868, as an out-patient. Her family history good, no fits. Had always been subject to lowness of spirits, and occasional slight attacks of stupor, and momentary loss of consciousness. Three years ago she swallowed a pin, which first stuck in her throat, and then passed downwards; after this, the epileptoid attacks gained ground during four months. Then a most violent epileptic seizure occurred, followed by coma of some hours' duration, hardly a day passed without one or more fits, sometimes three or four. On the 16th Feb., five months after admission, the pin was passed, she had no more well-marked fits, but fainted on several occasions. Since the 21st of May the fits have ceased.

The **President** asked whether the child had been seen in a fit, and whether the fits were really epileptic. The child had been seen by the house-surgeon, and the fits were followed by coma.

A New Cephalotribe.

The following description is given in an American Contemporary, by F. H. Getchell, M.D., Clinical Lecturer on the Diseases of Women and Children, to the Jefferson Medical College. The subject has already received so much attention, that it is unnecessary for me to offer any extended remarks upon the advantages of the Cephalotribe over other instruments, in the operation for craniotomy. I only desire to describe and call the attention of obstetricians to a new instrument for the operation of cephalotripsy.



The instrument here represented, weighs two and a half pounds. The length of the blades or cephalic portion is six and a half inches by one inch and a half wide. The exterior of the blade is convex, while the interior is concave; the ends are rounded, and are in contact when the instrument is closed.

The blades are perforated with three oval fenestræ, three-fourths of an inch in length, and five lines in width, the outer edges of which are rounded, while the inner are left fair. As the head is compressed it indents itself within the fenestræ and effectually prevents the instrument from slipping when traction is made. The shanks are two and a half inches long and diverge from the lock; the length from the end of blade to the lock is nine inches. The lock is a combination of the broad button and the screw of the long obstetric forceps—while the screw can be removed the shoulder, or button, prevents any twisting of the blades when powerful compression is made. The length from the lock to the end of the handles is seven and a half inches, making the entire length of the instrument sixteen and a half inches, which is about the length of the long obstetric forceps.

The handles are strengthened by thin pieces of ebony on each side. The screw, which is the same as that in Hodge's compressor cranii, is attached to the end of the left handle. It is four and a half inches long, has three projecting handles, and by the means of these levers an immense power is obtained, far more than is ever requisite to crush the head. On account of the narrowness of the blades, the instrument can be applied when it would be impossible to put on the obstetric forceps. The advantages claimed for this cephalotribe are its small size, light weight, and the fact that the fenestræ in the blades prevent it from slipping while being used as a tractor, after the head is crushed. The principle objection to cephalotribes has not been that they failed to reduce the size of the head, but after having crushed it, that they slipped off when an attempt was made to use them as tractors. To obviate this, some instruments have the ends of the blades hooked, others have a row of teeth on the inside of each blade; but contrivances of this kind render it difficult to introduce and adjust the instrument, which is, no doubt, one reason why the cephalotribe is not more generally used.

The fenestræ in this instrument slightly decrease the weight, interfere in no way with its application, and enable the operator to make the strongest tractive efforts without danger of its slipping.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 19, 1871.

THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

WE alluded last week to the clear statement of Sir James Alderson in his address at the College of Physicians on resigning the Presidency he has occupied with so much ability, and as it contains some very important matters we again recur to it.

The nomination, at the request of the Government, of a physician to go to the West Indies to report on leprosy was first alluded to, and the selection of Dr. G. Milroy was quite natural in such circumstances. The College lectures next came in for consideration, and the President pronounced Dr. Gull's Harveian oration, of which we gave n abstract at the time, "an admirable and instructive composition most effectively delivered." Dr. Gee's Gulstonian Lectures "On the Heat of the Body," Sir James said, "displayed a power of handling medical philosophy which it is most satisfactory to observe in a younger member of the Profession"—an opinion which will probably be endorsed by most of those who have perused the abstracts that have appeared in our pages.

The Croonian Lectures, by Professor Parkes, of which we must give some account, as Sir James said, were "listened to with great approbation, and it is considered that some of his statements will cause a modification of some generally received opinions." Dr. West's Lumleian Lectures, to which at present we have been unable to devote any space, the President said "will reflect lustre on the College." In connection with this subject, Sir James recommends that the endowed lectures should in future be published by the College. There is no denial that their quality usually entitles them to such distinction.

Twenty-four Fellows were elected during the Collegiate year. This is an increase partly due to an alteration in the bye-laws, admitting more meritorious names to be proposed. We hail this step in the right direction, as we are strongly of opinion that a more liberal admission to the Fellowship would conduce greatly to the prosperity of the College. There are many most worthy and distinguished men who have not yet been advanced to the superior grade, and while they are kept back it will always give rise to suspicions of cliquism. Besides, as we have often stated, since the creation of the new order of licentiates the members find their position considerably altered. The remedy is the enlargement of the Fellowship. We would, of course, jealously keep out all who have been guilty of any unprofessional conduct; but industrious, painstaking physicians should be admitted before they get too old to care about it. We hope the Fellows will take the hint in good part. It is offered with a single view to the good of the College.

Nine Fellows of the College died during the year, and Sir James weaved a graceful laurel in remembrance of Drs. Mayo, Copland, Meyer, Waterfield, and Symonds.

Of the members who died, Sir James Clark called for special notice. It is known, of course, that he would not accept the Fellowship when offered, and this affords fair ground for remark, that so many changes having recently been made in the College, it ought not again to be possible for such a distinguished member to feel it incumbent upon him to keep outside the Fellowship. We cannot but honour those who did so from a sense of duty to their profession, and hope it may not be necessary for others to follow in the same course,

We now come to Medical Reform, and are happy to record our obligations to the late President for the manner in which he discussed, and the labour he has so cheerfully devoted to the subject during his Presidency. Dismissing the dead Government Bill, and the other abortions that have occupied some little attention, let us look at the amalgamation scheme—on which we have frequently commented—in the light of Sir J. Alderson's interesting statement. He says there exists a question about a minor and a major scheme. The former consists in the union of the three English Corporations for the purpose of establishing a Joint Board, and so reducing the number of Boards. Each of the three corporations would agree not to give its separate diplomas to those who had not passed the Conjoint Board. The major scheme proposes to take in the Universities, either as Examiners or Assessors, and if carried out must be more satisfactory to the Profession; for thus the one portal system for England would be attained. We were glad to hear Sir James state that the Committee might again be asked to push forward this plan. The hitch seems to be that some bodies wish to give their diplomas separately. Now such a course would be preposterous—instead of diminishing the number of Boards it would simply add one to the number. There could be no difficulty in carrying out a working scheme of amalgamation if each body would loyally refuse to grant any diploma to any one who had not passed the Conjoint Board. Let the lowest degree or diploma be given without further examinations by those bodies which thought proper to do so. That would not affect the matter. But no amalgamation will be complete unless all bodies exact as the first qualification for candidates a certificate of having passed the Conjoint Board, just as they all now exact proof that the candidate has attained the age of twenty-one years. Without this we repeat that amalgamation would be a delusion.

Whether our views coincide with those of the late President or not, we have ventured to put them forward in connection with his able address, for the tone of which we express our gratitude, and we ask his candid consideration of our opinions in the interest of his College and of the whole profession.

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Notes on Current Topics.

Rhubarb Tart.

Diarrhœa has been very prevalent during the past week, and in many instances it was traceable to the indulgence in a seasonable luxury—rhubarb tart. We refer to the topic more with the voice of warning than of conveying intelligence, expressed already in the daily papers. We think as a vegetable rhubarb may be safely used without deleterious results, if a little common sense be only exercised. In most of the cases, which we saw professionally, of diarrhœa, and which we consider originated through eating rhubarb, the vegetable was partaken of at unseasonable times, and in an injurious form. Cold rhubarb tart eaten for supper has given the physician and pharmacien something to do within the last few days. Since we write in warning, we, with all the horrors arising from cold acidulated dishes before our mind's eye, may be permitted to put our *veto* upon rhubarb as a dish for supper, and to recommend its use either at luncheon or at dinner, and to advise it to be sparingly used, until the stomach becomes more habituated to a vegetable dietary.

Tobacco in Beer.

Tobacco and beer is a different thing to tobacco *in* beer, as we just learn from a reliable provincial authority, who writes to us the particulars of a case of tobacco poisoning, through the patient accidentally swallowing it in his beer. We are informed many of the public-house brewers put tobacco into their beer when brewing in order to make the beer more effectual, we presume, in promoting intoxication. The patient of our correspondent, whilst drinking his beer, experienced the sensation of some solid substance passing down the œsophagus with the beer; drinking afterwards more cautiously, as horses do, he arrested the progress downwards of a substance which does not constitute beer in any form—the solid form being as yet unknown, and left for some ingenious discoverer to make a rapid fortune by. We see no prospect, at present, however, of a person being able to have his glass of beer in the shape of a lozenge. Upon examination the solid was found to be a piece of "*Limerick twist*" tobacco, as our correspondent designates it. The man went home, became deadly sick, and sent for his doctor. This gentleman, after the administration of an emetic, had the satisfaction of discovering amongst the ejected fluid a piece of tobacco. Upon inquiring into the subject he learned that many public-house keepers, who brew their own liquor, are in the constant habit of using tobacco. We think the matter should have been confided to the local police as well as to us, and brought for investigation before the magistrates. We grant our correspondent's request by giving publicity to a cruel and dangerous practice in the hope that the note of warning may not be sounded in vain, and with the assurance to such brewers as practise such a system, that its detection will receive punishment in our law-courts.

Death of Professor Oppolzer.

We have just received the sad news of the decease of Professor Oppolzer—the great leader of the Vienna Medical School—a physician renowned throughout the world, and in whom Europe, as well as Austria, loses one of the foremost men of learning. Sometime ago our Vienna correspondent furnished our readers with some interesting information about Oppolzer, as well as other celebrities of Vienna.

Prescribers and Dispensers.

Dr. Campbell Black lately delivered an address to the Chemists' Association of Glasgow on the relations of "Prescriber and Dispenser." To indicate how defined the duties of apothecary were even in the sixteenth century, he quoted the following quaint rules for an apothecary's life and conduct:—

"1. Must fyrst serve God, forsee the end, be clenly, pity the poore.

"2 Must not be suborned for money to hurt mankynde.

"3. His place of dwelling and shop to be clenly to please the sences withal.

"4. His garden must be at hand with plenty of herbes, seedes, and rootes.

"5. To sow, set, plant, gather, preserve and keep them in due tyme.

"6. To read Dioscorides, to know ye nature of plants and herbes.

"7. To invent medicines, to choose by colour, taste, odour, figure, etc.

"8 To have his mortars, stilles, poltes, filters, glasses, boxes, clene and sweete.

"9. To have charcoles at hand to make decoctions, syrups, etc.

"10. To keep his cleane ware close and cast away the baggage.

"11. To have two places in his shop, one most cleane for the physic, and a baser place for the chirurgerie stuff.

"12. That he neither increase nor diminish the physician's bill, *i.e.* (prescription) and keep it for his own discharge.

"13. That he neither buy nor sell rotten drugges.

"14. That he peruse often his wares, that they corrupt not.

"15. That he put not in *quid pro quo* (*i.e.* use one ingredient in the place of another when dispensing a physician's prescription) without advysement.

"16. That he may open wel a vein for to help pleurisy.

"17. That he meddle only in his vocation.

"18. That he delight to reede Nicolaus Myrepsus, Valerius Cordus, etc., etc.

"19. That he do remember his office is only to be ye physician's cooke.

"20. That he use true measure and weight.

"21. To remember his end and the judgment of God; and thus do I commend him to God, if he be not covetous or crafty, setting his own lucre before other men's help, succour and comfort."

He afterwards condemned very strongly the investment of money by medical men in druggist shops, which could only lead to a temptation to prescribe too much physic, which is not compatible with the honest practice of the medical profession. This, of course, leads to the incessant changing of bottles, powders, &c. Now one bottle, to-day another, and so on. It is a case of—

"At nine these powders let him take,
At ten the draught, the phial shake:
And you'll remember at eleven
Three of these pills must then be given.
This course you'll carefully pursue,
And give at twelve the bolus too.
If he should wander, in a crack
Clap this broad blister on his back;
And after he has had the blister,
Within an hour apply the clyster.
I must be gone; at three or four
I shall return with something more."

Darwinism and the Belief in God.

In the new number of the *Contemporary Review* Dr. Beale thus writes:—

"If it were true that the facts of science really taught that all phenomena peculiar to living beings were in reality only physical and chemical phenomena, the very ground out of which all religious thought springs would be dissipated. For if I was sure that the formation of my body and the action of the living matter within me were certainly due to the properties of the particles of which my framework is constructed, how could I believe that I was, nevertheless, designed and created by the power and wisdom of God? If that were so, I should not seem to be nearer to the only sort of deity admissible in such an order of things than the dust I tread upon, from which my body was made, and to which it will return; or than the wood and clay which may be so wonderfully fashioned by the hands and minds of men—nay, the latter would have for me far higher interest than any such deity could possibly possess. For at best such a power could only affect me through matter, and could not be supposed to possess any sort of relation to me that a being capable of thinking and fashioning would care to acknowledge. I must believe that I was not related to my Maker in any way distinct or different from that in which the stone is related to its Maker. Nay, the stone and I would be particles, perhaps a little *modified*, in the same order of things; each occupying its place and performing its part in this world; each dependent upon the influences determined by conditions outside it; each subject to be split up into its component molecules, to be scattered far and wide, perhaps to be recombined at once into new forms, perhaps to be distributed, and for ages, as cosmic mist."

In the same article Dr. Beale speaks in the following erms of "Scientific and Theological Concessions:"—

"I have sometimes suspected that some theologians in hese days were prepared to concede too much, nay, to oncede what will eventually prove to be the key of the osition, regarded from the intellectual side. The proposition seems to have been accepted by many as proved, that the laws governing the living are the same as those which the *non-living* obeys. But such a conclusion cannot reasonably be entertained at this time, nor is it likely that it will ever be proved to rest upon facts. The chivalrous generosity and large-heartedness of some minds, an intense love for everything that seems to favour progress, a desire to encourage investigation and work, and a natural hatred of narrow-mindedness and party prejudice have perhaps led some thoughtful persons to accept for demonstrated facts, without the slightest investigation or enquiry, some of the most extraordinary statements ever promulgated in the name of truth, and to believe in all seriousness general propositions which, regarded from a scientific stand-point, are untenable, as, for example, 'the sun forms living beings,' 'the lifeless passes by gradations into the living,' 'the difference between a living thing and a dead one is a difference of degree,' 'a dead thing may be revivified,' and many more quite as astounding. Such doctrines rest upon no scientific evidenc whatever, and those who believe them receive them upon trust, and do not venture to enquire concerning the facts upon which they are said to rest."

The Brighton Review.

As we announced would be the case, Mr. Cordy Burrows entertained his brother medical officers with a breakfast. The hospitality was of the kind that will not soon be forgotten, and the breakfast was the scene of a very pleasant incident, for the host was presented with a testimonial in the shape of a beautiful massive gold snuff-box, enriched with florid chasing in relief, of leaves, flowers, and foliage, on a matted ground. The inner surface of the lid bore the following inscription:—

"To J. Cordy Burrows, Esq., Surgeon 1st Sussex Volunteer Artillery, and P.M.O. Easter Monday Reviews held at Brighton, from the Volunteer Medical Officers on duty, as a mark of their friendship and esteem. Easter Monday, 1871."

In returning thanks for this compliment Mr. Burrows said that, although he was not "unaccustomed to public speaking," he was so taken with surprise that he could not express himself as he could then wish; the opening of his heart closed his mouth. Nothing in the world could have given him more pleasure than such a recognition from the branch of the service to which he had the honour to belong. He thanked them heartily for their elegant present, which had been given to him quite unexpectedly; and he trusted that ere long, government would give that organisation to the volunteer medical force which was so much needed.

Out-patient Hospital Reform.

A meeting is to be held in the rooms of the Royal Medical and Chirurgical Society, Berners street, to-morrow, Thursday, the 20th, Sir William Fergusson, Bart., F.R.S., in the Chair, to receive the Report of the Committee which was appointed last year to inquire into the out-patient hospital administration of the metropolis, with the view to its reform.

Surgeons and Surgeons-Major.

It may not be generally known to the officers of the Army Medical Department that the clause in the Royal Warrant granting the rank of surgeon-major after twenty years' full-pay service, does not carry any increase of pay with it. It is true that the Warrant of 1866 granted pay and rank together, and that under its regulations the surgeons-major now serving are drawing the pay of their rank; but the *United Service Gazette* points out that the Warrant issued last December makes no provision for anything but rank, and understands that in the few cases that have arisen since the Warrant was promulgated, the officers have been informed that they cannot claim the pay of, although they may style themselves, surgeons-major, until they are actually promoted to the rank.

Propagation of Small-pox.

At a meeting of the Hampstead Vestry, held last week, a report was received from the Medical Officer of Health, in which he urged the necessity of the attention of householders and letters of apartments, being called to the penalties to which they render themselves liable, by letting any apartment or house where any contagious disease has existed, until proper disinfection has taken place. The Vestry resolved to incorporate the 39th clause of the Sanitary Act, 1866 (bearing on this subject), in a notice to be circulated throughout the parish.

Vital Statistics of England.

The Registrar-General has published his Annual Summary of the Births, Deaths, and Causes of Death in London and other large cities during 1870; from which we collect the following interesting figures :—

The population of London within the police area, extending over a circle having its centre at Charing Cross and a radius of 15 miles, is estimated at 3,753,763.

Including the metropolis, the 20 great cities of the kingdom, with an estimated population of 7,216,325 souls, stand on 333½ square miles. In them, 182,819 persons died, and 259,910 children were born. The birth rate was 36·0, the death-rate 25·3 per 1,000 in the year.

Fifty more cities of England, having populations ranging between 25,000 and 150,000, but averaging 52,000, experienced the lower death rate of 23 8 in 1,000.

The mortality in the 70 cities of the kingdom was at the rate of 24·9 in 1,000.

The mortality in the rest of the kingdom was at the rate of 22·1.

For the year, the mortality was low in Portsmouth, Wolverhampton, Birmingham, Hull, and Sunderland; in these places it ranged from 20·1 in Sunderland to 21·8 in Hull and Wolverhampton.

The mortality was highest in Leeds, 28·2; Glasgow, 29 8; Bristol, 29·9; and Liverpool, 31·1.

The ruling epidemic was scarlet fever. London and Liverpool were great sufferers. Diarrhœa was fatal, and so was fever. Then to violence many deaths were referred; in Birmingham 402, Liverpool 700, London 2,576. Liverpool is the first, Birmingham second, London third, in the rank of danger from violent death of one kind or another.

The mean rate of mortality for 31 years is 24·34, and the mortality in 1870 is a little below this; it is 24·12. The effect of the drainage of the low South districts has reduced the annual rate of mortality in the three decenniads, since 1840, in the following progression of improvement :—26·6, 24·4, 23·2.

The small-pox still ravages London; it destroyed 25,061 lives in the 31 years, 1840-70. The annual deaths averaged 808. The lowest number of deaths in any one year was 154 in 1867; the highest number was 2,012 in the year 1863. In eleven of the years the deaths exceeded 1,000, in thirteen they were below 600; thus they fluctuated to the extent of one-fourth every two or three years. The seasons do not affect the mortality of the epidemic to any great extent; thus, the weekly mean number of deaths was 10; the weekly deaths in the winter quarter were 17, in the summer quarter, 14. The mortality is highest in winter, lowest in summer; it is at the average in spring and autumn.

The Royal Institution Lectures.

The following are the lecture arrangements after Easter :—

William Pengelly, Esq., F.R.S., F.G.S.—Three lectures "On the Geology of Devonshire, especially of the New Red Sandstone System," on Tuesdays, April 18, 25, and May 2.

Charles Brook, Esq., M.A., LL.D., F.R.S.—Two lectures "On Force and Energy," on Tuesdays, May 9 and 16.

Rev. Professor Haughton, M.D., F.R.S.—Three lectures "On the Principle of Least Action in Nature, as Illusttrated by Animal Mechanics," on Tuesdays, May 34, 30, and June 6.

Prof. Tyndall, LL.D., F.R.S.—Eight lectures "On Sound," on Thursdays, April 20 to June 8.

Joseph Norman Lockyer, Esq., F.R.S.—Eight lectures "On the Instruments used in Modern Astronomy," on Saturdays, April 22 to June 10.

Suspected Copper Poisoning.

An inquest on the body of Sarah Rogers, wife of a hatter, was held last week. The deceased died from the effects of an irritant poison, but how this poison was taken has not yet transpired. Professor Crace-Calvert deposed that in the stomach he found a small quantity of brown fluid, and the inner coating of the stomach was highly inflamed. The intestines were also inflamed, and contained a small quantity of brown fluid. He looked in vain for oxalic acid, arsenic, baryta, antimony, lead, tin, &c., and at last for copper, being the poison most likely to be used. After much careful analysis he found a small quantity of copper in the stomach, a large quantity in the intestines, and also some in the liver. From the statement that the deceased vomited and was violently purged previous to death, that only a small quantity of salts of copper are requisite to produce death, and that the same is easily removed from the system by purging, he thought it is not to be wondered at that he only found a small quantity of copper in the stomach.

Mortality of Soldiers in India.

That a process of acclimatization takes place in Europeans during the earlier period of their residence in India, and that the death-rate among them is consequently higher during that period then subsequently, is a fact too well established to admit of any doubt, and is fully borne out by the mortuary statistics of European troops in that country. The *United Service Gazette* notices that the statistical officer to the inspector-general of hospitals with the British forces has drawn attention to an important deduction from this fact in connection with the short-service Act. It appears from statistics that for the first six years of service the ratio of deaths is 43·31 per thousand, while for the first twelve years it is only 31·93. Taking into account permanent invaliding, as well as deaths, the periods for the disappearance of a thousand men under the two systems would be eleven and a half and sixteen years respectively.

The Cholera in Russia.

A letter from the St. Petersburgh Correspondent of the *Standard* says:—

"The number of cases of cholera is decreasing. The average of new cases from the 17th to the 23rd of March (leaving the 21st out of the calculation, the report of which day has not appeared in the public prints) was 105, of cures 59, and of deaths 43. The report of the 24th shows a decided improvement. It is, however, to be apprehended that the excesses in which the lower classes always indulge at the end of Lent will again fill the hospitals. The more rigorously the Russians fast during the penitential season, the more freely do they feast when it is over. They begin on their return from midnight mass on Easter-eve, and there is invariably a great deal of illness during the holidays. We must, therefore, not be surprised to see a considerable increase in the number of victims carried off by cholera next week. Efforts have been made to induce the lower orders to leave off fasting, but I fear only with partial success. To encourage them, dinners have been organised on a very cheap scale, and they can now have a good wholesome meal of soup, meat, and bread for from two to three pence. While the cholera is diminishing in town it is spreading into the country. It has appeared along the principal railways and at Cronstadt, but the cases have not been numerous."

The Invalid's Guide.

Mr. B. Squire wrote last week too late for our issue to ask whether we had not made a mistake about this publication, as he could hear nothing about it. Our remarks were not made till after its free distribution, as described in our first article, and we are glad to say that *nearly* all whose names were used have now repudiated the publication.

We beg to acknowledge the congratulatory letters of numerous correspondents on our conduct in this matter.

The great Sulphur Cure again.

In a pamphlet by Dr. Dewar, entitled "Rheumatism and Rheumatic Gout treated on Antiseptic Principles," published by Messrs. Edmonston and Douglas, we find that the "great sulphur cure" has been applied in a manner we should scarcely have anticipated.. Dr. Dewar, after five years' use of sulphurous acid in many ways, comes forward with a proposal to treat rheumatism and rheumatic gout by the topical application of the liquid acid. He gives it at the same time internally, as he thinks the accepted belief as to the morbific element of these diseases is, that it lies in the digestive organs and is probably a ferment. Eight cases are related, some of which are, however, cases of neuralgia, not rheumatism. They do not impress us very deeply. We all know the difficulty of judging from briefly related cases, and the very different effect of seeing them. In announcing Dr. Dewar's method of treatment we enable our readers to try it.

A portion of the second part of the "Report of the Sanitary Commission" has been printed.

Medical Colleges.

The medical student who, last session, pleaded guilty to three indictments charging him with stealing a case of dissecting instruments and medical books, the property of other students in the University College Hospital, was brought up for judgment last week.

The judge said it was a very painful duty imposed upon him to pass sentence on a young man like the prisoner, who was studying for an honourable profession, the members of which were admitted with universal confidence into every house and every family. He regretted that arrangements, such as existed in the universities, were not made for placing the medical students under control and discipline, instead of exposing them to all the temptations of great cities. It would be a great public benefit if some steps could be taken to place these young men under such regulations as should prevent them from being out at all hours of the night and being mixed up with all sorts of misconduct. As a warning to others, he sentenced him to be imprisoned and kept to hard labour for three months.

The string thus touched by the judge will, we earnestly trust, vibrate long and loudly in the ears of those whom the welfare of the medical student more particularly concerns. Without doubt, the ill repute which the name of medical student used to bear in the vulgar mind is, to a great extent, the offspring of the absence of supervision which the judge deplores, and the number of young men engaged in the study of medicine is assuredly sufficient to make their care and their morality worthy of special arrangements. It is a great fault in the existing medico-educational system, that the teaching body abandons its pupil the moment he leaves its class room.

St. Pancras.

In a letter to the daily papers a medical officer of St Pancras, thus applies a scorpion lash to the shoulders of the eccentric *fathers* who cried and blubbered, *i.e.*, they perpetrated a last blunder, and with the wicked purpose too of diverting public attention from the little game then on the boards.

"In answer to a short, though important, paragraph which appeared yesterday, attributing the spread of small-pox in St. Pancras to the neglect of the medical officers to isolate the cases, I may mention that the neglect does not lie at our door, but the non-isolating is caused by circumstances over which we have no control. My simplest explanation will be to state the process of getting a patient to the hospital, which is the only means of isolation, where the family all live (as most of them do) in one room. The friends first have to go for an order, waiting about sometimes an hour or more amongst a crowd of applicants, thereby spreading the contagion far and wide; they then bring the order to the medical officer, he attends and sees the case, writes a certificate of the disease, and recommends immediate removal; this certificate is taken to the relief office, where, most likely, another delay occurs. The relieving officer then has to send either to the workhouse or Small-pox Hospital to inquire if there is a vacancy; if there is, he fills up a form given by the hospital authorities, and this has to be taken to the medical officer to be signed; the relieving officer then orders a proper conveyance from the workhouse to take the patient to the hospital, and after all this, I have had the case returned, the vacancy in the hospital having suddenly been filled up. The duties of the medical officer do not end here; he has to send a post card daily both to the medical officer of health and to the vaccination officer, apprising them of every fresh case, and once a week to Dr. Bridges, the Medical Inspector of the Poor-law Board, in addition to entering the case weekly in the medical relief book. Another important matter, which took place at the same meeting of the guardians, you did not comment upon; namely the appointment of one public vaccinator for St. Pancras, with a population of over 200,000, *and an area of twenty miles in circumference*, in place of the eight medical officers who have hitherto acted in that capacity, and this at the time when seventy-one cases of small-pox occurred during the week. Comment on my part is unnecessary."

A New Scripture Reading.

A CONTEMPORARY writing about the "Geneva Cross" says, "Men are apt to declare in their haste very much what David declared of his generation, that all conventions are failures and snares." We advise our contemporary to forward a copy of his last issue *with a reference to the passage* in which David said this to the Revision Committee.

Inebriates.

DR. DALRYMPLE's bill is again being discussed. Those whose painful duty it often is to advise respecting those who seem unable to overcome their passion for drink know well the many difficulties with which they have to contend. It is a question deserving most serious attention. On the one hand there are cases of so-called "dipsomania" that seem to render the patient incompetent to control his property or to perform his duties. On the other, there is no doubt danger in subjecting to the disqualifications of lunacy large numbers of drunkards. There is too great a tendency in many quarters to ask for an act of Parliament to untie every knot. But, although we object to over-legislation, we are ready to have this question fairly discussed.

Health of Dublin for the Last Month.

Births.—In the Dublin Registration District, the number of births registered during the quarter ended on Saturday, April 1st, 1871, amounted to 2,445, being equal to an annual ratio of 1 in 32 in every 1,000 of the population. There were registered in London during the same period an annual ratio of 1 in 27, or 38 in every 1,000; in Glasgow, 1 in 24, or 41 per 1,000; and in Edinburgh, 1 in 26, or 38 in every 1,000.

Deaths.—The number of deaths registered in the Dublin Registration District during the quarter amounted to 1 in 31, or 33 in every 1,000 of the population. The number of deaths registered in London during the same period was equal to an annual ratio of 1 in 37; in Glasgow, 1 in 27; and in Edinburgh, 1 in 34.

Diseases.—The deaths from bronchitis amounted to 549, or 1 in every 4·7 of the total deaths. In the corresponding quarter of last year the deaths from bronchitis were 67 less than in the past quarter. Pneumonia or inflammation of the lungs caused 80 deaths, against 42 in the first quarter of 1870. 241 persons fell victims to phthisis or pulmonary consumption; of all the deaths registered, 1 in every 10·7 was referred to this disease. The assigned cause of death in 163 instances was convulsions, the proportion to the total deaths being 1 in every 15·8. Fever caused 111 deaths, viz.,—37 typhus, 49 typhoid or enteric, and 25 simple continued fever. Whooping-cough proved fatal in 124 instances, measles in 15, croup in 21, and diphtheria in 5. 98 persons died from scarlet fever. Erysipelas caused 14 deaths. Two women died in Cork-street Hospital from small-pox. One of them came from London labouring under the disease. One *had not been vaccinated*, and in the other case there was "*no vaccination mark.*" Heart disease was the cause of 83 deaths, and aneurism of 6. 37 deaths were ascribed to liver disease, 6 to jaundice, and 7 to hepatitis, or inflammation of the liver. 12 deaths were referred to nephria or Bright's disease, 2 to diabetes, 1 to cystitis or inflammation of the bladder, and 22 to kidney disease unspecified. 62 deaths resulted from violence, viz.: 55 accidental, 3 homicidal, and 4 suicidal.

Pyæmia and its Treatment at King's College Hospital.

PROFESSOR WOOD has lately had under his care, in conjunction with Dr. Beale, two cases of Pyæmia—one of the cases is now well and discharged. The treatment consisted of carbolizing the patient—First, by means of keeping the body in a carbolized atmosphere, employing small muslin bags filled with McDougall's powder, placed in the bed, and keeping the bed clothes raised by means of a cradle; and secondly, by the internal adminstration of sulpho-carbolate of iron. The second case is also doing well. As Professor Wood is now making other observations and experiments in connection with the treatment of pyæmia, we shall hereafter revert more fully to the matter. The subject is one of such great importance that we feel, even at this early stage, justified in giving prominent notice to it—in the hope that other hospital surgeons will try the treatment, and if their experiments confirm those of Professor Wood, we may be able hereafter to combat that great obstacle to surgical success—Pyæmia.

London Great Northern Hospital.

THIS hospital is striving to meet the wants of the large district it is intended ultimately to serve. At present its number of beds is under fifty. It is intended, as soon as possible, to increase the number of beds to a hundred and fifty, and it will not be until two-thirds of that number have been provided that the institution can be said to be on a satisfactory footing.

The Colonial Office and the Treatment of Leprosy.

THE *Evening Standard* of last Saturday gives the following information. In the hint at the conclusion we quite agree.

"A dispatch was sent to certain of the colonies last December touching the alleged discovery of a new and successful method of treating leprosy. It stated that in the year 1868 the Governor of Trinidad, having been informed that a certain Dr. Beauperthuy, practising in Venezuela, had discovered a cure for leprosy, dispatched Dr. Bakewell to Venezuela for the purpose of investigating the same. The result was that, although it is admitted that the disease, in its more aggravated forms and stages, will not yield to Dr. Beauperthuy's treatment, and although it has yet to be proved that in the earlier stages of the disease a single course of treatment has effected a permanent cure, the lapse of time not having been sufficient in any case to determine the permanency of the result, yet sufficient evidence has been adduced to raise the question whether a method has not been discovered, which, if early applied, and repeated from time to time, where necessary, may not keep under, if not eradicate the disease. Lord Kimberley, therefore, sanctioned the appointment of a gentleman, and the College of Physicians selected Dr. Gavin Milroy, to visit the countries in which the remedies are being tried, for the purpose of his forming an opinion on the value of the lauded plan of treating leprosy. The dispatch further states that the government concurs with the College of Physicians in the belief 'that the governments of those countries in which leprosy prevails will recognise the obligation of affording all reasonable support to the investigation of remedies for the disease.' Accordingly, these several governments have been asked whether they will pay the expenses of the projected inquiry between them, and the visit of Dr. Milroy has been delayed pending their answers. It is proposed that Antigua, Bahamas, Sierra Leone, and St. Kitt's should each pay one-seventieth part; Barbadoes, three-seventieths; Straits and Trinidad, four-seventieths each; British Guiana, six-seventieths; Jamaica, nine-seventieths; the Cape and Mauritius, twelve-seventieths each; and Ceylon, sixteen-seventieths of the expense, which will include five guineas a day to the Commissioner, whose appointment will be for six months at first. It seems to us that if the inquiry were likely to turn out a valuable one, the Colonial Office might very well have found the necessary money for its conduct in a somewhat more expeditious manner."

Rinderpest is spreading rapidly in France and Belgium, in defiance of the measures which have been adopted for its eradication.

Staff Surgeon-Major Cogan who had served long and well in the army died on the 14th ult. of liver disease, for which he left India last January.

Surgeon Wyatt has returned from Paris where he was delayed by indisposition. Dr. Gordon, C.B., Deputy-Inspector-General of Hospitals, as our readers are aware, has now been in England some time.

Mrs. Martha Bliss Pugh bequeaths £500 to the Margate Infirmary, and £100 each to St. Thomas's Hospital, London Fever Hospital, Samaritan Hospital, and the Royal Medical Benevolent College.

A gentleman who has often liberally contributed to the funds of the Derbyshire General Infirmary, has announced his intention of presenting it with £2,000 as an Easter offering, so soon as a suitable investment can be found for the money.

On Tuesday week, twenty-nine gentlemen passed their primary examinations in anatomy and physiology. Seven candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.

Last week the Marchioness of Ailesbury laid the foundation stone of a new hospital which is to be erected in Savernake Forest, rather more than a mile from the town of Marlborough. Some five years ago a cottage hospital was opened near the site of the new building, the necessary expenses being defrayed by the Marquis of Ailesbury; and the movement proved so satisfactory and beneficial to the poor of the different parishes within the Marlborough district, that it was determined to build a permanent and commodious hospital. The estimated cost is £3,000, towards which about £2,750 have been promised.

It is not often that we, as medical journalists, have the satisfaction to chronicle the possession of large fortunes by members of our Profession. Last week the will of the late A. J. Nisbet Connel, M.D., was proven in London under £60,000 personalty; in it there are legacies of £500 each to the Royal Bucks Infirmary, and the New University Buildings, Glasgow.

The death of Dr. Owen Roberts, of St. Asaph, is announced. It occurred through a carriage accident in which the horse having run away, the vehicle was upset and the doctor thrown out. He fell on his head and fractured the base of the skull. He was in the 62nd year of his age and had never been married. He was buried in the Cathedral churchyard on the 23rd ult. with every mark of respect from the inhabitants who had known and esteemed him so long.

The Medical Society of the College of Physicians, Ireland, will hold its sixth meeting on Wednesday, 26th April, the meeting announced on the cards for April 19th, being unavoidably postponed. The following communications will be read:—

Dr. Eames—"On a case of Leucocythemia."
Dr. Hayden—"On Diaphragmatic Pleurisy."
Dr. Grimshaw—"On a case simulating Typhoid Fever."

The obstetric practitioners of our Profession in Ireland have received a very grateful compliment at the hands of the London Obstetrical Society, in the election of Dr. Kidd, President of the Dublin Society, to the Honorary Fellowship.

Dr. Kidd received this honour in conjunction with Dr. Keiller, of Edinburgh, and Dr. Tracy, of Melbourne. He is the fourth Irishman who has been selected. The predecessors of Dr. Kidd in this honour were—Drs. Beatty, Churchill and McClintock, of Dublin; Dr. Mathews Duncan, of Edinburgh; Drs. Farre and West, of London; and Sir James Simpson. Outside the United Kingdom—Braun, of Vienna; Hall, of Montreal; Depaul, of Paris; Baron Dubois, of Paris; Faye, of Christiania; Hecker, of Munich; Huginberger, of St. Petersburgh; Lazarewith, of Russia; Lazzati, of Milan; Martin, of Berlin; Pajot, of Paris; Rizzoli, of Bologna; Scanzoni, Wurzburg; Marion Sims, of New York; Thomas, of Leyden; Virchow, of Berlin.

In a paper entitled "Vaccination and Sanitation," which appears in a recent number of the *Journal of Cutaneous Medicine*, Dr. E. Haughton applies the actual cautery in the following fashion:—

"On the other hand, I do not wish to undervalue the *protection which good vaccination undoubtedly confers;* although I think the discontinuance of inoculation has much to do with our present comparative immunity from small-pox. Vaccination does not confer absolute protection, however often it may be submitted to—it is not free from risk of infection with other diseases. It is a disease itself (though a slight one); but it does confer more or less immunity from small-pox, because it is a modification of the same disease. It would be like slaying the slain, to attempt to prove over again any of the above statements. They have all been established on the most irrefutable authority, and by the most extended experience; and I shall not, therefore, wear your readers by any elaborate statistics on the subject; but I feel bound to protest against persons, who have a pecuniary interest in extending the practice of vaccination, being allowed to keep up a perpetual agitation in the newspapers, by the insertion of paragraphs full of the most astounding exaggerations, and the most virulent abuse of all who differ from them in opinion upon an open scientific question. The result of this agitation is to prevent anything effectual from being done in the way of sanitary improvement, by using up the public moneys, and forcing public attention in a wrong direction; whilst under the names of isolation and quarantine the greatest inhumanity is practised towards those who unhappily contract the disease. Owing to the panic thus created, they wander about from hospital to hospital, being unable to find admission, until it shall please the authorities to open entirely new buildings for their reception: and this in the midst of a 'protected' population. It is true that small-pox is a loathsome and destructive disease; but the public are well aware of this fact, and it does not take many articles in the daily papers to produce the greatest alarm. Yet, even during the panic, the rich will not knowingly use the lymph which is provided by government, and whose use is enforced by fines and imprisonment amongst the families of the poor."

THE latest medical swindle from the already extensive *repertorium* of Brother Jonathan, has been exposed by Dr. Frank Hamilton, in the *American Medical Gazette.*

A young lady consulted him on account of a paralysis of the ninth pair of nerves. She has been unable to articulate since she was three years of age. A short time since she received the following circular:—

PROF. J. R. RANDOLPH, Pres't. W. B. TAYLOR, Sec'y.

UNION HOSPITAL OF NEW YORK CITY.

UNDER CONTROL OF AN EUROPEAN FACULTY.

If a cure is not effected—by filling the affidavit on the back of this guaranty, and sending it to W. B. Taylor, New York City, the amount charged for medicine will be refunded.

DR. S. HOLMAN,
Examining and Contracting Agent.

Case No. Treated at Am't paid, dols.

The affidavit referred to reads thus:—

I do hereby certify that I have followed directions, Rules, and Regulations as prescribed by Dr. HOLMAN, and a cure has not been effected in my case.

Subscribed and sworn to before me this *day of* 187
Justice of Peace.

On the blank portion of the sheet is written in a bold hand:—

Feb. 20, 1870.

Miss ——

Having Instituted careful Examination in your case & found it curable we will accept it under guaranti of cure in five months.

Await order of Pres. J. R. RANDOLPH,
DR. S. HOLMAN.

The young lady was induced to consult the man who calls himself Dr. Holman, mentioned in this circular, but finds no such hospital or persons in the city. Concerning the "Secretary," the police records furnish some interesting biographical particulars. William B. Taylor, better known to the authorities as Isaac Robinson, was engaged some two years ago in earning an honest livelihood by conducting a "bogus" gift enterprise, under the firm name of "Harper Wilson, and Co." In consequence of a strong prejudice entertained by narrow-minded persons against purely speculative pursuits, he was forced to abandon this business, and shortly afterwards entered into a more strictly mercantile traffic in counterfeit money. Here, too, he met with serious obstructions from the detective force, and retired from business for a while, living upon the private resources of an intimate female friend of easy circumstances and virtue.

SCOTLAND.

FEMALE STUDENTS AND THE EDINBURGH INFIRMARY.—The scheme proposed by the Society for Promoting the Medical Education of Women, by which ladies could be admitted to clinical instruction in the Infirmary, has been rejected by a majority of the Managers. It was moved that a committee be appointed to consider whether the plan proposed could be carried out without injury to the interests of the Infirmary, or of the sick-poor. Rev. Dr. Nicholson, seconded by Dr. Wood, moved as an amendment that the Managers regard the present proposal as quite incomplete, and can consider no plan that does not embrace such a medical education as would warrant them to give the usual certificate of hospital attendance. On a vote being taken, seven voted for the motion, and nine for the amendment.

EDINBURGH ROYAL MATERNITY HOSPITAL.—The annual meeting of the directors of this Institution was held on the 10th, under the presidency of Lord Mackenzie. The annual report states that since the sanitary improvements recently effected by the directors, the death rate has been reduced to a figure which the directors believe to be lower than in any other institution of the kind in the kingdom. From the re-opening of the hospital in October, 1869, down to the 31st December, 1870, there was only one death, showing a mortality of 1 in 223 mothers, and in the same period the death rate among infants was 1 in 6 births to 1 in 29.

GLASGOW SKIN DISEASE DISPENSARY.—The annual report of the directors of this Institution shows that the number of patients treated during the past year was 1,101. Forty-four students attended the lectures delivered at the dispensary. Since 1861, 10,813 patients have been gratuitously treated, medicine supplied, and all other expenses defrayed for the sum of £1,307.

ABERDEEN UNIVERSITY COUNCIL.—The half-yearly meeting was held on Wednesday, the 12th, when the report of the Committee appointed to consider what changes should be proposed in the Universities Act gave in their report. The report states that the four Scottish Universities, although differing in points of detail, are agreed on the more important matters, and it anticipates that before next meeting a measure will have been adjusted having the support of all the University Councils. On the motion of Professor Struthers, a committee was appointed to consider and report on the propriety of instituting medical bursaries.

THE MORTALITY RETURNS.—74,067 deaths were registered in Scotland during the year 1870, being in the high proportion of 229 deaths in every ten thousand persons, or 2·29 per cent. The mean death-rate of the ten previous years was 2·23 deaths per cent., or 223 deaths in every ten thousand persons; so that the death-rate of the past year has been above the average; though 1,722 fewer deaths occurred than during the previous year, which was one of very high mortality. It may be remarked that, high as the death-rate was in Scotland, it was considerably below that of England, which was in the proportion of 233 deaths in every ten thousand persons, or 2·33 per cent.—the mean of the te previous years in England being 225 deaths per te thousand persons, or 2·25 per cent. The several town an rural districts of Scotland showed the usual strikin differences in their mortality during the year. Thus, fo every thousand persons in each of these districts, ther were 29·1 deaths in the principal towns, 27·5 deaths i the large towns, 22·4 deaths in the small towns, but onl 18·0 deaths in the rural districts; or, to put it in othe words, one death for every 34 persons in the princip towns, one death for every 36 persons in the large towns, one death for every 44 persons in the small towns, but only one death for every 55 persons in the rural districts. During the ten years 1858-1867, for every thousand persons in each of these districts there occurred annually 28·6 deaths in the principal towns, 25·0 deaths in the large towns, 21·7 deaths in the small towns, and 17·3 deaths in the rural districts; or, in other words, one death in every 35 persons in the principal towns, one death in every 39 persons in the large towns, one death in every 46 persons in the small towns, but only one death for every 58 persons in the rural districts.

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Correspondence.

THE VICE-PRESIDENCY OF THE IRISH COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Your columns of to-day contain a letter signed "F.R.C.S.I. (resident in England)," proposing the name of Dr. R. W. Smith, as a fitting candidate for this professional distinction. I write to endorse this opinion. Dr. Smith is, of all the members on the roll of the Irish College who have not yet passed the chair, perhaps the most fitting by talents, character, and position, to fill this office. I, for one, will vote for him; and I feel assured that if his name is on the College list upon the day of election, few will pass it by.

Your obedient servant,
F.R.C.S.I. (resident in Ireland).

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am anxious to address my brother Fellows through the medium of your journal, and hope I shall not be thought presumptuous in so doing. I do not wish, or is it requisite at present, to enter into the merits or demerits of aspiring candidates, either of those at present in the field or those who may be. I think the question of too much importance to our profession to make it a *personal* matter, and I am of opinion, which I trust is entertained by many others, that personal considerations should at once be put aside, and the contest be decided on the broad question: "Has the time again arrived when a compliment (I would say a well deserved compliment), is due to the Provincial surgeon of Ireland." If so, I would then say, if any gentleman who puts himself forward as their representative is not by the majority of the Provincial Fellows thought to be "the right man in the right place," let him, as the Crown Counsel say to an objectionable juror, "stand aside," and let one more acceptable be named. Surely, it is not right towards Provincial surgeons that because they have adopted the hard work and little pay of the country practitioner, compared to the well paid and city life of the Metropolitan surgeons, that they, in consequence, were to be debarred from the only compliment their professional brethren can pay them. Let it not be for one moment imagined that I wish to disparage the Metropolitan surgeon; nothing is farther from my intention, for they are a credit to the Profession. As to Dr. Mapother himself, I would say, if it is determined to go on in the beaten track, no one would be more suitable for that high and honourable position than he would be, and if it is thought injudicious for a Provincial surgeon to be elected, and that one does not start as a candidate, I shall give him my vote in preference to any other. In my mind the question resolves itself into these two propositions: 1st. Is it time for the compliment to be paid to a Provincial surgeon; 2nd. If so, who should he be. Now, as by our charter I think the annual elections are made *not* by the choice of the majority of the Fellows of our College (as the provincial men from engagements, distance, and expense, are prevented from attending), but by the majority of the City practitioners, and perhaps a few within easy distance of Dublin, would it not be well if each Provincial Fellow, or perhaps the entire Fellows of our College, would sign a declaration, saying whether in his opinion the time *has* or *has not* arrived for the election of a Provincial Fellow to the Vice-President's chair; if the majority is in the affirmative, then to say whom they would wish to be their representative, I am aware the charter gives the power only to those who are *present* to ballot. Yet I am sure the City members of our profession would be the last to oppose the wishes, the well ascertained wishes, of their collective brethren. By this it would be shown that a change in the charter, so often and so energetically called for, is not so needed, and that although the law does not exactly give the power to the absent Provincial to ballot, yet their City brothers are most willing to listen to their suggestion. I have not given my reason, or any reasons, whether a Provincial or City Fellow should be elected as our Vice-President, leaving it to each Fellow to form his own opinion, assisted by the judicious advice of some of his brethren more capable of giving it than I am. Let the matter be well and freely discussed on general principles, free from all personal bitterness, and then, after some time, when the Fellows as a body, both City and Provincial, are (or ought to be), well versed in the subject, and fitted to give an opinion, let *then* some such declaration as I have suggested be signed, and I am sure the assembled Fellows at their annual meeting will cause the choice of the majority to be put into effect, and the unseemly appearance of a division in the College be prevented.

Your most obedient servant,
FRANCIS CLARKE, A.M., M.B. T.C.D., F.R.C.S.I.

Avon Lodge, Armagh.
April 13th, 1871.

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VOLUNTARY LOCK HOSPITALS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In my humble opinion, the provision of hospital accommodation for sick persons is not a matter in which the State should interfere to any great extent; because, when this is the case, we find that hospitals are neither so well managed nor so useful, as when the zeal and devotion of the private citizen is stimulated to provide against the evils resulting from disease and death. I think that all who have walked the hospitals of Paris, and compared them with the far more cleanly and better managed London hospitals, will feel inclined to endorse my opinion. But some friends in the profession, for whose opinion I entertain great and unfeigned respect, say, that *venereal* hospitals will never be maintained in this country by voluntary charity, because the "British Philistine" (to use the expression of a literary man of note) is entirely opposed to all schemes for making prostitutes at all comfortable, or extending the maxim of "love one another" so low down as that class. I cannot, like these friends, give up belief in our country folks to such a degree as this. It seems to me that no earnest appeal has, as yet, been made to the feelings of common humanity existing deep down in the hearts of all men, on the question of voluntary hospitals for venereal patients. I am quite ready to admit that the purism of celibate Catholic priests, and the asceticism of many of their imitators in the Protestant church, in this rather puritanical country, is quite opposed to toleration of any infringment of the marriage code of this country, and that many "philistines" *rather like to hear* that venereal diseases *are* so rife, and syphilis such a terrible disease, in order to keep recusants from legal marriage in check; but, at the same time, I know well that there is a vast public, over whom such narrow and inhuman creeds hold but little sway. To such persons, I feel assured the medical profession has only to appeal in future, in behalf of any form of human misery and disease, and it will not appeal in vain.

From Bristol, for instance, I have but this morning received a notification of the establishment of a voluntary lock hospital, as a consequence of the discussion recently held in that city on the Contagious Diseases Acts. The example of Bristol, I feel convinced, will be followed in London and elsewhere, as soon as we doctors declare loudly that there is a want for such hospitals. Give us but a little charity and more open discussions on the causes of prostitution and venereal diseases; and I, for one, do not despair of the future of voluntary hospitals for patients with venereal diseases. This would take away the protest for any State interference with the female subjects of Queen Victoria, or for any regulation of prostitution, such as that proposed in England, and alas, in New York, U. S., recently. For my part, I hold that the State should take no cognizance of the existence of prostitution. The business of the State is to protect the citizen against violence, not to regulate the intercourse of the sexes, where no violence is attempted, and the protection of children is one of the only excuses it has for interfering at all in marriage contracts. *Protection* of women over the age of sixteen is another name for *subjection* of all unmarried women to the hierarchy of the *family*, an idea now, I presume, exploded. Women in this country at present, only require protection against violence by policemen in common with other citizens and husbands, alas, are the most frequent culprits in this respect. Let us, in future, admit women into the industrial business of society, so that their wages shall be adequate to their support without marriage (or without prostitution), and then, I feel convinced, that there will be little cry heard as to the necessity of having Government lock hospitals and "Government prostitutes" forsooth, for our unfortunate celibate army. At present, we have an almost irrevocable marriage, a body of 85,000 celibate soldiers, and such like inhuman institutions; and yet we expect to "reap figs from thistles." I quite agree with Mr. Conway that an "earthward pilgrimage" is wanted to change all of this.

Yours truly,

C. R. Drysdale, M.D., M.R.C.P.L., F.R.C.S.E.

99 Southampton row, W.C., London, March 29.

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THE FORCIBLE INTROSPECTION OF WOMEN BY GOVERNMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I cannot conceive why your able correspondent, Mr. McDowell, should so deliberately and unnecessarily go out of his way in a useless effort to prop that nefarious system which, under the title of a Contagious Diseases Act, a few morbid philanthropists and a great many interested and misguided persons are seeking to force upon the people of this country. For my own part I am proud of my profession, and should regret any sort of legislation that reduced any of us to the level of jailers, executioners of obscene and unjust laws, or agents of police spies, and entirely agree with my late distinguished teacher, Professor Miller, who remarks: "This system of legal recognition and surveillance can only be defended on the plea of sanitary advantage in reference to syphilis, and to this end the services of the medical profession are necessarily called into play. The medical man must be conjoined with the policeman in his degrading work." He continues: "Is this an occupation for an educated gentleman, for a member of a liberal and enlightened profession; on this account, even if there were no higher ground to take, we would protest loudly against the introduction into this country of any system similar to the Continental." One of the most distinguished men in London remarked to me a short time ago the whole affair was a shop transaction, and that the loaves and fishes to be obtained by the filthiest occupation the minds of man could conceive had blinded our profession to the real merits of the question. And that he is not alone in his opinion is evidenced by the following quotation from the *Medical Times and Gazette* of September 22nd, 1869: "There is nothing which would tend more to deprive medicine of the rank of a respectable calling, than the fact that practitioners should be found willing to lend themselves to the dirty work of examining prostitutes in order to enable them to carry on their trade. If the heads of the Profession ever desire an opportunity of protecting their members from degradation, here is one." I recently cut out the following from an influential daily paper: "Probably no better meaning men, or greater enemies of public liberty, are to be found, than in the ranks of the better class of the medical profession, a position frequently attained by those whose knowledge and ability outside the profession is almost necessarily restricted. Indeed, the limitations of their education produce a narrowness of intellect which blinds them to the limits of their own legitimate influence; hence, they would run riot in the British constitution, and think no more of making experiments on the body politic than they do of cutting open live animals in the supposed interests of science." "A Medical State despotism would be one of the darkest, most awful, despotisms the world has ever seen; and yet this is exactly what Mr. Gladstone's Government, acting under the domination of a clique of interested, irresponsible experts, has been endeavouring to force and is still intent upon forcing, in various forms upon the people of this country, notwithstanding the fundamental laws, the constitution, and the guaranteed rights of British subjects."

Now, Sir, it is not pleasant to have such things said of us; it is still less agreeable to feel that they are true; and, worst of all, to know, in addition, that such regulations for which our profession is responsible, so far from diminishing disease really aggravate every evil both physical and moral.

Professor Miller says: "To recognise prostitution, and to regulate its practice is, disguise it as you may, a fostering of that vice, and you must lay your account with a maintaining and enhancing of syphilis too." Such an attempt at the prevention of syphilis is not only a public scandal, but a practical blunder to boot, a mockery, delusion and a snare." In short, whatever renders vice apparently safe must increase its prevalence, and whatever increases its prevalence must and does increase disease. I have seen no evidence whatever to induce me to alter my opinion on this point, though I have carefully perused all the *ad captandum vulgus* fallacies which are so persistently paraded in the *Lancet* and other newspapers. I have never seen one of them that did not break down on impartial investigation, and the deliberate suppression of all rebutting testimony by the journals in question, is, of itself, sufficient to condemn their *ex parte* statements and statistics *in toto*.

Now, Sir, we must not forget that those persons who acquire venereal disease do so deliberately; in fact, inoculate themselves, well aware of the risks they incur. We must remember that considerably more than half such cases are cases of gonorrhœa, which disease cannot on any pretence be considered a matter of State concern. We must also bear in mind that the great majority of syphilitic sores—9 out of 10 according to Acton; 8 out of 10 according to Fournier; 98 out of 100 according to Mr. Henry Lee—are simple local ulcers and abrasions which do not affect the constitution, and are really of less importance than gonorrhœa, while even those cases which *are* followed by secondary symptoms are, in the vast majority of cases, readily and permanently cured. It is all very well to howl (with an ulterior object) about the ravages of syphilis, but these facts are undeniable, and they show there is no *raison d'etre* for any such arbitrary measures.

Much has been said about innocent wives, but if our paternal Government is anxious to protect the innocent wives of adulterous husbands it is evident to any one possessed of common sense that it will not accomplish that object by pretending to disinfect public women for their use, as it is plain that the husbands could not have a greater inducement to go astray. Nor is it any argument to say that the evil does not stop with the first sufferer, for this is the case with every misdeed and misfortune; and a population of British men is not to be treated like babies totally unable to take care of themselves. Moreover, it is a fact that inherited syphilis (assuming that the symptoms attributed to that disease are correctly so ascribed, which some eminent authorities, Von Graefe for instance, totally deny), does not affect one in 5,000 of the infant population we are so pathetically called upon to protect; and it is also true that a larger proportion is affected among those people who have permitted such foul despotisms to be forced upon them. I am afraid that if I lengthen this letter you will not insert it. I will therefore, if you will allow me, endeavour to show next week that there is more syphilis abroad in consequence of Contagious Diseases Acts than there ever has been in this country; that female prisoners confined in Lock hospitals, who are not common prostitutes, and who very frequently have nothing with them, may look healthier and in finer condition than voluntary patients who have only applied because they are diseased without constituting any argument in favour of the Contagious Diseases Act, and that it is perfectly monstrous to ask for the degradation of women in order that men actually suffering from venereal sores may indulge in intercourse, and infect their partners without any risk of aggravating their own maladies.

I am, Sir, your obedient servant,

C. Bell Taylor, M.D., F.R.C.S.E.

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OBITUARY.

DR. GOATE, OF COVENTRY.

Died at Coventry, on April 15th, 1871, Charles Edward Verling Goate, M.D. An intelligent, active, indefatigable practitioner, a good surgeon, and an able physician. On resigning his post of Medical Officer to a large district in the Ledbury Union, he obtained the unusual distinction of receiving a Testimonial from the Board of Guardians in recognition of his assiduous attention to the poor. He obtained the esteem and confidence of his private and pauper patients alike, working day and night without ever taking any holiday — few men have worked harder. Contracting typhus fever from a patient, he still worked on up to Sunday the 9th inst., took to his bed on Monday, became quite unconscious on Wednesday, and sank to his rest at 5 a.m., on Saturday, the 15th inst.

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Medical News.

Royal College of Physicians of London.—At an extraordinary meeting of the College on Monday last, the 17th inst., the undermentioned gentlemen, having conformed to the by-laws and regulations, and passed the required examinations, were granted *Licences* to practise Physic, including therein the practice of Medicine, Surgery, and Midwifery :—Arthur M. Branfoot, Guy's ; Robert P. Clayton, Norton House, Broughton Lane, Manchester ; Barnfield Dayman, 24 Jewin crescent, Aldersgate, E.C. ; William Garratt, 70 Asylum road, Old Kent road, S.E. ; Henry Gramshaw, Ampthill ; Andrew Hamilton, Whitley, Reading ; John Sibley Hicks, 2 Erskine Street, Liverpool ; Donald W. C. Hood, Guy's ; William Eugene Jay, Willunga, S. Australia ; T. Llewellyn Lloyd, The Infirmary, Burton-on-Trent ; Francis Otley Lovell, St. George's ; James F. Palmer, 201 Sloane street, S.W. ; Joseph C. Pearce, London; and the following Candidates, having passed in Medicine and Midwifery, will receive the College Licence on their obtaining Qualifications in Surgery, recognized by the College :—Henry Carden Noad, St. George's ; Henry Reston, 6 Dorset Street, Stretford, Manchester.

Royal College of Surgeons of England.—Tuesday week the following candidates passed their primary examinations in anatomy and physiology—viz., Messrs. Arthur Nicholson, and George F. Fenton, of King's College ; H. W. Drew, of Edinburgh ; G. W. Parker, M. H. C. Palmer, and George Fletcher, of St. Thomas's Hospital ; William Hayward, David L. Parry, and Edwin Riding, of the Liverpool School ; Ernest Field, Rupert C. Chicken, Francis T. Atkins, H. H. Clyma, Sydney H. Vines, Richard Coom, John P. Bevan, and Sidney W. Spark, of Guy's Hospital ; David A. Bradbury and Henry B. Hewetson, of the Leeds School of Medicine ; William T. Wilson, John R. Murray, and G. Hassell Huntley, of the Newcastle-upon-Tyne College of Medicine and Surgery ; John B. B. Triggs, Evan Powell, and Thomas W. Thompson, of University College ; Joseph Ward and Arthur W. Strickland, of the Birmingham School ; Thomas J. English, of St. George's Hospital ; and Alfred Reckless, of the Sheffield School. Seven other candidates were examined, but were not approved. On Wednesday, the following candidates passed their primary examination in anatomy and physiology —viz., Messrs. James F. Carelan, of St. Mary's Hospital ; James Smith, of the Newcastle-upon-Tyne College of Medicine ; George Murphy, of the Birmingham School ; H. H. Smith, of the Middlesex Hospital ; Henry Hex and A. E. R. Stephens, of the Charing-cross Hospital ; F. J. Smith, Edgar R. L. Crespin, Frank T. Paul, Herbert P. Taylor, Thomas Evans, F. J. M. Palmer, Francis Y. Sweetland, Robert Manser, George Snell, James S. Whitaker, and Alexander Willcocks, of Guy's Hospital ; William D. Haslam, Henry Colgate, and Edmund Venning, of University College ; Charles W. Drew, Robert J. A. Dobbie, John Blunsom, and T. H. Hayden, of the London Hospital ; W. Harvey, of St. Bartholomew's Hospital ; A. V. Maybury and S. Taylor, of St. Thomas's Hospital ; George S. Seccombe, of St. George's Hospital ; and Frederick Barrow, of King's College. Seven other candidates were examined, but were not approved. On Thursday, the following candidates passed their primary examinations in anatomy and physiology,—viz., Messrs. Charles Knott, Charles C. Godding, A. W. Emms, and E. A. Bevers, of Guy's Hospital ; Robert Kershaw, Samuel Welch, F. E. Pocock, of the London Hospital ; E. W. White, A. C. Hutchings, Ashley Gibbings, and Thomas H. E. Amyot, of King's College ; George Cleghorn, St. Thomas's Hospital ; Herbert M. Ellis, of St. George's Hospital ; Herbert Page, of the Birmingham School ; Julian A. Lea, of the Charing-cross Hospital ; Cyrus A. Clifton, of University College ; Frank Greaves and George Protheroe, of the Middlesex Hospital ; W. H. Coates, and Isaac Boulger, of St. Thomas's Hospital ; G. H. Bishop and E. E. Mahon, of St. Mary's Hospital ; William Peacey, E. S. Greensill, and F. C. Clarke, of St. Bartholomew's Hospital ; and William Johnson, of the Newcastle-upon-Tyne College of Medicine. Nine other candidates were examined, but were not approved.

Apothecaries' Hall.—At a Court of Examiners held on the 13th instant, the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz. :—Messrs R. C. Atthill, of Stoke Newington ; William Bishop, of Chipping Norton ; T. Cawley Eager, of Ripley ; W. Cave Head, of Lewes ; T. St. Clair Healey, of Hull; and H. A. A. Latimer, of Plymouth. And at the same court Mr. Eber Chambers, of St. Bartholomew's Hospital, passed the Primary Professional Examination.

Medical Society of London.—The Annual Oration of this Society will be delivered by Dr. W. Cholmeley, F.R.C.P., at the Queen's Concert Rooms, Hanover Square, W., on Monday, May 1st, at 8 o'clock p.m. precisely, and a conversazione will be held afterwards.

Dr. Tonson Evanson's Epithalamium.—Her Majesty the Queen and Her Royal Highness Princess Louise have been pleased to convey their thanks to Dr. Evanson for his epithalamium, or wedding song, on the marriage of the Princess Louise with the Marquis of Lorne. Our readers will remember the favourable notice we recently accorded to a work "Nature and Art," by the same author, as evidencing considerable poetic power.

London Association of Medical Officers of Health.—At the monthly meeting of this association, held on Saturday, a paper was read by the President, Dr. Druitt, on "Physical Education in Elementary Schools." The writer insisted above all things on good space in the schoolrooms, in the playground, and in the school offices, proper ventilation in the schoolroom, and physical exercise in the playground. A discussion, which followed, was joined in by Dr. Stallard, Dr. Ross, Dr. Iliff, Dr. Vinen, Mr. Liddle, and others,

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

Dr. Smyth.—Your communication is not adapted to the columns of a medical journal, the subject matter of your letter, stripped of personalities, is more suitable to your own provincial paper.

Dr. J. W. C.—Thanks. We wish your new newspaper every success.

Mr. Johnston.—Consult Schill's *Outlines of Pathological Semeiology.* There is a translation by your countryman, the late Dr. Spillan.

Mr. L.—Both of you are subscribers to us. Pray don't make a mountain out of a mole-hill. The correspondence would not interest our readers. As a couple of lawyers who have thoroughly well abused each other, shake hands and be friends.

Dr. Perry.—Thank you. We shall peruse your MS.

Spes et Fides.—Mr. O'Connell spoke before you; what you call "A windy-war engagement" was attributed to something very different.

Mr. J. R. S.—The review of the work will shortly appear.

Dr. A. Whyte Barclay is thanked for his kind note.

Mr. Hull, Dr. Hood, Mr Chater, Mr. Aston, Dr. Lane, Dr Barker, Mr. Squire, Mr. Hyslop, Dr. Shaw.—Thanks.

Erratum.—In Dr. C. F. Moore's communication on "Re-vaccination," published last week the word printed Bossenstein should have read Rosenstein, and vaccine "vessels" should have been "vesicles."

Communications acknowledged :—

W. Colles, L.R.C.S., of Bath, "Two Cases of Amputation of the Thigh occurring in Practice in Bengal."

Dr. Donovan, "On Tincture of Hyoscyamus."

Dr. Morgan, "Intemperance a Disease."

Mr. J. L. Milton, "On Diseases of the Skin."

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MEETINGS OF THE LONDON SOCIETIES.

Hunterian.—This Evening, 7½ p.m. Council Meeting.—8 p.m. Ordinary.

Royal Institution.—Thursday, April 20th, 9 p.m. Prof. Tyndall, "On Sound."

Harveian. 8 p.m. Mr. Fairlie Clarke, "On the Arrest of Hæmorrhage, Primary and Secondary."

Royal Institution.—Friday, April 21st, 9 p.m. Prof. Blackie, "On the Pre-Socratic Philosophy."

Royal Institution.—Saturday, April 22nd, 3 p.m. Mr. Lockyer, "On Astronomy."

Medical.—Monday, April 24th, 8 p.m. Ordinary.

Medical and Chirurgical.—Tuesday, April 25th, 8½ p.m. Ordinary.

BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Remarks on Diabetes. By Wm. Richardson, M D. London: H. K. Lewis.

Notes and Recollections of an Ambulance Surgeon in the Campaign of 1870. By Wm. MacCormac, F.R.C.S. London: J. and A. Churchill.

Temperature Variations in the Diseases of Children. By William Squire, L.R.C.P. London: J. and A. Churchill.

Clinical Surgical Report for 1870. By George Buchanan, M.D.

The Censor Censured in Correspondence with Mr. Froude, M.A. By S. Clarkson.

A Commentary on the Vaccination Act of 1867. By a Barrister.

On Spermatorrhœa. By J. L. Milton, M.R.C.S. Eighth Edition. London: Hardwicke.

The Great Social Evil, Its Causes, Extent, Results, and Remedies. By Wm. Logan. London: Hodder and Stoughton.

New Method of Treating Wounds. By Cameron J. F. Stuart Macdonald, Surgeon Indian Army. London: J. and A. Churchill.

Small-pox Encampments. By Surgeon Major T. Atchison.

The Westminster Review; Boston Medical Journal; Shield; New York Medical Gazette; Nature.

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VACANCIES.

East Riding Lunatic Asylum.—Medical Superintendent. Salary £350 per annum, with furnished residence.

Halifax Infirmary.—Physician. Election, April 28th.

Glenorchy Union, Argyll.—Medical Officer. Salary £40, with house.

Queen Charlotte's Lying-in-Hospital, London.—Medical Officer.

South Stafford General Hospital.—Honorary Physician.

Manchester Royal Infirmary.—Junior House-Surgeon. Salary 60 gs.

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APPOINTMENTS.

Black, J. G., M.B., M.R.C.S.E., Surgeon to the Hospital for Children, Newcastle-upon-Tyne.

Bradley, J. K., L.K.Q.C.P.I., Medical Officer for the Kilmoganny Dispensary District of the Callan Union, Co. Kilkenny.

De la Motte, Mr. P. W., House Surgeon to the Royal Westminster Ophthalmic Hospital.

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Marriages.

Allan—Smith.—On the 4th inst., at Govan, Richard Allan, Surgeon, to Jane Anderson, daughter of Wm. Smith, Esq.

Forman—Gardiner.—On the 12th inst., at St. Stephen's, Dulwich, S. M. Mills, Surgeon R.N., to Freda, daughter of the late R. B. Gardiner, Esq, C.E.

Roberts—Hope.—On the 12th inst., at St. Mary's Church, Paddington, E. Humphrey Roberts, Staff-Surgeon Army Medical Department, to Isabella Maria Hope, widow of Capt. Edward Bridge, C.E.

Robson—Reid.—On the 6th inst., at Rock Ferry, John Robson, M.D., to Janet, daughter of William Reid, Esq.

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Deaths.

Garrett.—On the 9th inst., Mark B. Garrett, M.R.C.S.E., of Colet place, Commercial road East, London, aged 59.

Guthrie.—On the 13th inst, at Norwood, Hugh Guthrie, M.D.

M'Coard.—On the 8th inst., James M'Coard, M.D., of Belfort, Northumberland.

Reid.—On the 1st inst., at Melrose, Dr. Peter Reid, R.N., aged 78.

Shepherd.—On the 7th inst., J. C. Shepherd, M.R.C.S.E., of Ambleside, Westmoreland, aged 62.

Advertisements.

CHARING CROSS HOSPITAL, SCHOOL OF MEDICINE.

THE SUMMER SESSION will commence on MONDAY, the 1st of MAY. The New School Buildings afford every convenience for study, and the increased Hospital accommodation has greatly augmented the means of clinical instruction.

Three resident medical officers are selected from among the Senior Students every six months.

Fees, including matriculation, £74 11s, which may be paid in five instalments.

Further information may obtained from the Dean at the Hospital.

A. J. POLLOCK, M.D., Dean.

PRACTICAL COURSE ON DISEASES OF THE SKIN.

Dr. M'CALL ANDERSON'S Practical Course "On Diseases of the Skin" (at the Dispensary for Skin Diseases, 63 John street, Glasgow) commences on the First Thursday of May, and will be continued until the end of July. For particulars, apply to

JAMES GRAHAME, Hon. Sec.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE IS HEREBY GIVEN, that on TUESDAY, the 2nd of MAY next, at the hour of THREE o'clock, p.m., the President and Council will proceed, according to the provisions of the Supplemental Charter, to Elect from among the Fellows of the College

Seven Examiners to Examine Candidates for Fellowship and Letters Testimonial,

Three Examiners to Examine Candidates for the Diploma in Midwifery,

And Three Examiners to Examine Students as to their proficiency in General Education.

Candidates are requested to lodge their Applications with the Registrar of the College on or before FRIDAY, the 28th of APRIL.

By Order.

JOHN BRENNEN, Registrar.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.

The SUMMER SESSION commences on Monday, May 1st.

LECTURES:

Midwifery	Dr. John Clarke.
Materia Medica	Dr. Dickinson.
Practical Chemistry	Dr. Noad, F.R.S.
Botany	Mr. Child.
Medical Jurisprudence	Dr. Wadham.
Pathology	Dr. J. W. Ogilvie.
Ophthalmic Surgery	Mr. Brudenell Carter.
Dental Surgery	Mr. Vasey.

On the payment of a compounding fee of one hundred guineas a pupil becomes perpetual to the practice of the Physicians and Surgeons, and to all Lectures; may compete for all Prizes and Exhibitions, and for the offices of House Physician, House Surgeon, and Medical or Surgical Registrar.

On the payment of forty guineas at the commencement of the first Summer Session, forty guineas at the commencement of the second Summer Session, and ten guineas for each additional year, a pupil will be admitted to the Hospital Practice and Lectures required for examination by the various Examining Bodies.

Gentlemen can enter to the Hospital Practice and Lectures separately or to any one course of Lectures.

The Hospital contains upwards of 300 beds. Clinical Lectures are delivered by the Physicians and Surgeons every week.

A MATERNITY DEPARTMENT, for the delivery of married lying-in women at their own homes, is established at the Hospital, and a ward is devoted to the reception of women suffering under diseases peculiar to the sex.

A Clinical Demonstration of Diseases of the Skin will be given by Dr. Barclay during the Summer Session.

Mr. Brodhurst will deliver a Course of Lectures, with practical demonstrations, on Ophthalmic Surgery.

OPHTHALMIC DEPARTMENT.—Wards are appropriated to the treatment of Diseases of the Eye, and out-patients are seen three times a week by Mr. Carter.

Mr. Rouse will demunstrate on the dead subject the various Operations in Surgery,

Dr. Blandford will deliver a Course of Twelve Lectures on Insanity.

The following Prizes will be awarded at the termination of the Session:—

Sir Charles Clarke's Prize for Good Conduct.
The Thompson Medal.
Dr. Acland's Clinical Prize in Medicine.
Sir Benjamin Brodie's Clinical Prize in Surgery.
The Henry Charles Johnson Memorial Prize in Anatomy.

A General Examination will be held at the end of the Session, and a Certificate of Proficiency given to each Pupil who passes to the satisfaction of the Examiners, and the following Prizes to the most distinguished—viz.:

A Prize of Ten Guineas to Pupils in their First Year.
A Prize of Ten Guineas to Pupils in their Second Year.
A Prize of Ten Guineas to Pupils in their Third Year.

Further information may be obtained from Dr. Barclay, the Treasurer; or Dr. Wadham, the Dean of the School; or from any of the Lecturers, at the Hospital.

ROYAL COLLEGE OF SURGEONS.
SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:—

Botany	Dr. Minchin.
Practical Chemistry	Dr. W. Barker.
Medical Jurisprudence	Dr. Davy.
Materia Medica	Mr. Macnamara.
Midwifery	Dr. Sawyer.

Premiums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.

ROYAL FREE HOSPITAL, GRAY'S-INN ROAD.

Practical instruction in Surgery to First-year Students, and Dresserships for Students after two years' professional education, both in accordance with the Regulations of the Royal College of Surgeons of England, may be obtained at this Hospital; also Vacancies for Clinical Clerks.

For particulars, apply at the Hospital to the Honorary Secretary of the Medical Staff daily at 10.30 a.m.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN,

2 OSNABURGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Cliniques and Operations by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq. Resident House Surgeon.

DR. STEVENS' HOSPITAL AND MEDICAL COLLEGE.

The SUMMER SESSION, 1871, will commence on MONDAY, April 17th, and will include the following courses:—

Clinical Medicine, Clinical Surgery, Midwifery, Materia Medica, Botany, Jurisprudence, Practical Chemistry, Pathology and Operative Surgery.

E. HAMILTON, Hon. Sec.
120 Stephen's green.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 26, 1871.

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ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CROONIAN LECTURES

Delivered before the College of Physicians in March, 1871.

By E. A. Parkes, M.D., F.R.S.

Professor of Hygiene in the Army Medical School, Netley.

Within certain limits, the exit of nitrogen in healthy adults is governed by the entrance; in other words, the amount which passes out by the urine is regulated by that which passes in, and to a very small extent only by the muscular and nervous actions of the body itself. This cardinal fact, though perhaps dimly seen, was not fully recognised until the elaborate researches of Pettenkofer and Voit on dogs and men accumulated proof upon proof.

There are two cases in which the entrance and exit do not so closely correspond. One is when a very large amount of nitrogen is given; some may then be retained. In most men, however, a certain quantity only of nitrogenous food can be digested: for example, when Ranke took 1,832 grms. (= 64 oz.) of meat, he digested 1,182 grms. (= 41¾ oz.); the rest emerged untouched.

If the excess of albuminous food consists of the eggs of fowls, it is a curious circumstance that, if absorbed, it is unassimilable; and, as in Hammond's experiments, the albumen may pass off by the urine without metamorphosis, just as it does when injected into the veins, as in Bernard's and Ch. Lehmann's experiments. In dogs, on the other hand, there is hardly a limit to the absorption of meat and subsequent elimination; but if a large quantity is given, the exit at last fails to keep pace with the entrance, and the body gains weight from accumulation. Even in men this may be the case, though it is not so marked.

In the second case, when the entrance of nitrogen is very greatly lessened, the body may give off more than it receives. This goes on for some time, and then at last entrance and exit balance. If the entrance of nitrogen is cut off altogether, the exit in very small quantities still goes on. Even in cases of starvation extending over three weeks, urea has been found in the urine. The quantity of nitrogen thus passing off, when there is no entrance, is small.

In studying the causes of the elimination of nitrogen, this important fact of the influence of entrance on exit must be constantly remembered. It gives us the first clue to the solution of the great problem of tissue-change. Of course it vitiates every experimental inquiry undertaken in ignorance or neglect of it. An immense amount of labour has been rendered useless by its discovery, and many experiments will have to be repeated. But it has physiologically a far deeper interest than at first appears. Let us consider the case a little more carefully. Why should the altering ingress of nitrogen thus increase or lessen the egress? The nitrogenous substance is not a mere foreign substance entering the body, and, like a mineral, traversing it and quitting it by the readiest channel. Is it not concerned in all vital actions?—and, being so, how is it that it should thus pass off so immediately, and apparently without producing any alteration in any function or organ?

The first attempt at explanation of this was so plausible that it commanded at one time almost universal adherence. It was, simply, that the supply of nitrogen in the food was habitually too great; that it was, in fact, mere surplusage; and that while one portion was used, another was oxidised in the blood and discharged without participation in any vital act.

But this doctrine of unprofitable or luxus consumption, as it was called in Germany, finds now few adherents. In the first place, what is surplusage and what is not?

Let us suppose the body has been fed with a certain quantity of nitrogen and other food, so that its weight is constant, and reception and discharge are in equilibrium. Then cut off some of the nitrogen. At once the exit lessens to a corresponding extent, and it might be said that too much had been previously given. But this is not so; for supply the nitrogen again. For some short time the exit does not now equal the entrance. Some of the nitrogen is retained in the body evidently to make up for the loss it has sustained.

Dr. Parkes then related some experiments to prove this, and argued that the facts must be explained by supposing that when the body is fed with a daily definite amount of nitrogen, and it receives and parts with the same amount, and is thus in equilibrium, the different nitrogenous tissues and fluids are all fed according to that standard. If suddenly deprived of nitrogen for a short time, and then again fully supplied, these tissues and fluids tend to return to the previous condition of nitrogenous composition, which is, as it were, the standard to which the body has been brought by regular feeding. But this making up for a lessened supply seems quite irreconcilable with the idea of surplusage and with the doctrine of luxus consumption. The conversion of albumen into urea then is not merely oxidation, but is connected with the vital actions going on in the body. Then comes the question but with which of these actions?

Of the various tissues of the body, the muscular structure forms by far the largest, and, so to speak, the most active part. The heart and the involuntary muscles of respiration and digestion are constantly acting, and for many hours every day we exercise, and sometimes largely, our voluntary muscles. Moreover, the muscles have the nearest chemical alliance with the albuminous substances of food, and are evidently fed by them. It seems at first sight reasonable to conclude that it is to this tissue we must look for an explanation. But it does not appear that this is so. When different quantities of nitrogen are supplied, and a corresponding difference of exit occurs, there is no obvious reciprocal action on the part of the muscles. Dr. Parkes has fed men with a certain amount of nitrogen, and kept them perfectly still for two days, so that all their voluntary muscles acted very slightly, and their hearts beat feebly; the entering nitrogen was eliminated as usual. He has kept them on strong exercise for two days, and scarcely any difference between the rest and exercise was perceptible. It is impossible, then, that changes in the condition of the muscles can be connected with the event in question.

While at one time it was supposed, chiefly on theoretical grounds, that the supply of nitrogen was directed to the muscles, and that their action furnished the bulk of the discharge, it is now almost universally believed that the action of a muscle causes little, and some observers think no change, in the elimination of nitrogen, either in the shape of urea or creatin.

As the muscular system fails us as the source of the urea which follows the increased entrance of nitrogen, shall we then look to the action of the nervous tissue, and suppose that when more nitrogen is given greater changes go on in the nervous tissue, leading to more rapid metamorphosis, and eventual elimination of nitrogen? That the action of the nervous tissue may be attended with coincident changes in the nitrogenous substances which compose it is not only likely, but is highly probable. One observer has even ventured to assign a definite amount of urea to mental work. But a consideration of the observations as yet published proves that an increased elimination of nitrogen from mental work, probable as it is, has not yet been proved, and must in any case be small. And it seems quite certain that no action or condition of the nervous system exist which is in any relation to the special point of entry and elimination of nitrogen.

What, then remains which can be regarded as the seat of this rapid transmission of albumen into urea? The answer is ready, and seems probable. We have still to consider the immense glandular and cellular structures, which in some places are collected in masses, as in the liver, the spleen, the salivary glands, and pancreas, or the smaller aggregated glands; in another place are spread out in a membranous form, as on the surface of the intestines or the lungs, or are distributed through the body in the form of fat-cells or possibly connective-tissue cells; or are diffused in fluids, as in the blood. Into and from the cells of all these bodies an albuminous fluid is continually passing, issuing from the blood and again returning to it. There is no cell which, more or less actively, is not engaged in thus receiving and parting with the plasma which comes to it in the blood. The extent of the exchange in closed spaces can be partly measured from the similar processes which go on on the covering of free surfaces. We know what great quantities of fluid pass into the gastro-intestinal tract, into the gall-bladder, probably into the joints and serous cavities, and are again absorbed. In this vast cellular circulation we may reasonably look for the rapid and immense conversion of albumen into urea which we see going on in the body, and which we are certain is not produced by the immediate action of the muscles and nerves.

That in the gland-cells we must find the origin of urea; the proofs are—the uninterrupted passage in of albumen and the coincident passage out of urea, and the certainty that no action either of the muscles or nerves, or any immediate oxidation in the serum of the blood, will account for this. We are forced, then, to look to the other structures of the body, and of these the only active structures are the vast series of gland-cells distributed through the bodies. But the proof does not end here. There is some evidence that urea and uric acid, the two great representatives respectively in mammalia and in birds and reptiles of the destruction of albuminates, are found in these cells.

Nearly thirty years ago in India Dr. Parkes examined the urine in a number of cases of hepatitis and hepatic abscess; and while he found that in some instances there was abundance of urea, in others there was scarcely any, and in some it appeared to be wanting altogether. On looking further into this matter, it seemed to me that the cause of the difference was to be found in the amount of suppuration. When this was excessive, so that the secreting substance of the liver was almost entirely destroyed, the amount of urea was greatly lessened, and in a degree proportioned to the extent to which the secretion was destroyed by the abscess. On the contrary, when the liver was not suppurating, but was actively congested and enlarged, with no doubt very rapidly-secreting cells, the amount of urea, as well as of uric acid, seem to be increased.

Dr. Parkes lately had another opportunity of more accurately observing this point in a case of hepatic abscess under the care of Dr. Maclean. An immense abscess occupied the whole of the right lobe, leaving only a very narrow margin of liver compressed by a tolerable thick cyst. The left lobe also contained at the time of death (three months and a half after analysis) many abscesses; but some of these might have formed subsequent to examination. The liver was punctured with the exhausting syringe several times, and altogether more than 600 ounces of pus were drawn off; and it is certain that a large portion of liver substance was destroyed. After every operation he rallied wonderfully, and his appetite improved. During six days (three months and a half before his death, and when of course there was more secreting substance than later) the urine was collected carefully and analysed. The daily nitrogen of his food was not entirely determined by analysis, but was determined chiefly by calculation, at 192 grs. In six days he received 1,152 grs. of nitrogen. He passed by the urine, as determined by burning with soda-lime during the six days, 792 grs.; leaving 340 grs., or nearly 43 per cent., to be accounted for. He had no diarrhœa, and allowing him the healthy bowel excretion of 25 grs. daily, which would really be only given by a much larger diet, in six days only 130 grs. would thus pass out; leaving still 210 grs. to be accounted for. He was also feverish (temperature 100° at night), which ought to have increased the urea. The retention of 210 grs. of nitrogen in six days shows either that the growing pus-cells appropriated nitrogen, or that the interruption to the proper action of the liver-cells hindered the formation of the urea. The latter seems more probable, because subsequently, after several operations, when the liver-cells and vessels would be much less compressed, and therefore for the time would be able to act, the urea increased in quantity considerably, though after each operation there was no doubt a still more rapid growth of pus-cells.

In cancer of the liver, when a great part of the liver is destroyed, the amount of urea is generally very small; but in most cases the diet is so much lessened that no inference can be yet drawn from the cases already recorded. There is, however, another disease which ordinarily involves the whole of the liver in destruction, namely, the acute yellow atrophy of Rokitansky. In this singular affection, when sometimes every liver-cell is smitten with a rapid atrophy or dissolution, the urea disappears from the urine, as has been shown by Frerichs and Murchison; albuminoid bodies such as leucine and tyrosine, take its place, and are also found largely in the liver, as if they marked the arrest or modification of the transformation of albumen.

Reasoning from the facts connected with this disease, Meissner, whose great judgment and knowledge no one will doubt, asserted three years ago—"From all these observations it clearly proceeds that withering and destruction of the liver-tissue is connected with an important diminution in the formation of urea." Dr. Parkes then passed in review the physiological evidence accumulated by Heynsius, Stokvis, Meissner, Bullard, Perls, E. Cyon, Ponn, Bloetta, Scherer, H. Ludwig, and Fahrer, showing that the inference drawn from the comparison of the entering and outflowing nitrogen, and from the facts of elimination during exercise—viz., that it is in the gland-cells that the albumen is transformed into urea,—has strong direct evidence in its favour, and that the liver stands in the first rank as an agent of this, and that the splenic and blood-cells, and perhaps other glandular bodies act in the same way, though naturally in a less marked degree; and further, that from the absence of urea in the muscles when the albuminous substance of the muscle needs repair, this is not done by the transformation into urea *in situ*, but that the physically altered albumen passes into the circulation, is inapt for further appropriation by muscles and nerves, and becomes the food or prey, so to speak, of the gland-cells in the liver and other parts.

The lecturer then proceeded to show the value of the facts thus lucidly set forth in practical medicine, and to offer some suggestions as to how these physiological facts may be expected to become useful in dietetic treatment. On this subject he said:—"The albuminoid substances of the food are those which are chiefly concerned in growth and in repair; while the non-nitrogenous substances are especially, though not solely, concerned in the evolving of energy. How greatly growth is influenced by the supply of nitrogen, both for plants and animals, we have daily the most striking instances in agriculture, and in the breeding of animals for work or consumption. Work can be got out of fully-formed organs by the participation of the non-nitrogenous substances, the fats, and the carbo-hydrates; but no one can imagine that these by themselves can cause growth and development. As therefore the growth of plants and animals is so influenced by nitrogenous supply, can we not turn this power to account, and starve or feed as we may desire certain organs or structures in the human body? Can we not consider the gland-cells as so many independent growths which we can either nourish or not, and thus influence, not merely their secretions, but their growth?"

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At the Great Northern Hospital, on the 29th ult., Mr. Gay performed the operation of ligature of the subclavian artery under unusual circumstances of interest. The patient did well until the fifteenth day, but was then carried off in three days by an acute attack of bronchitis.

THE TREATMENT OF ECZEMA.

By J. L. Milton, M.R.C.S.,

Surgeon to St. John's Hospital for Skin Diseases.

(Continued.)

2. Mercury, even in the doses recommended by Dr. Elliotson and MM. Cazenave and Schedel, never seemed either to arrest the progress or hasten the disappearance of eczema. Except where an aperient was required, or where it was necessary to stimulate or unload a sluggish liver, no great benefit resulted from its use, in whatever form it was employed. When given in purgative doses, and in some cases where it was pushed so far as to produce a decided action on the system, an aggravation of some of the symptoms took place. It seemed only useful as an adjunct; but employed for this purpose it was most valuable. Calomel, mercury, and chalk, blue pill, biniodide and bichloride were all at times most serviceable, the two latter as alteratives; the mode of giving them will be stated further on.

3. Sudorifics did not produce much effect in eczema, and according to my observations, are next to useless in almost every case of this kind, as, indeed, with few exceptions they are in skin diseases altogether, generally failing, I think, most completely where they are most requisite; that is to say, where the skin is dry and harsh. I have tried them all, or pretty nearly so—my observations being, however, principally confined to sulphur, antimony, guaiacum, spirit of nitric ether, and warm drinks internally, Turkish baths, vapour baths, and packing in a wet sheet externally—and failed with all, not only to do good, but even to induce free perspiration, which, however, was often frequently brought on by a medicine from which I should not have expected such a result—namely, the iodide of potassium in tincture of bark. Five grains of this salt, given twice or thrice a day, in a teaspoonful of the tincture, often made the skin quite moist. But, however given, or for whatever purpose, it produced no beneficial influence on the eczema. Indeed, to give medicines simply to produce perspiration appears, so far as I have observed, simply equivalent to so much waste of time and money. The benefit they induce is rare and problematical; the mischief they do is abundant and palpable. Sir Henry Holland says,* that no more beneficial change has occurred in modern practice than that of abandoning the system of trying to force perspiration; and, so far as eczema is concerned, I quite assent to his views.

Giving sudorifics is a practice founded on misconception. Men saw that sweating often accompanies the resolution of certain disorders such as typhus, ague, the exanthemata, &c., and therefore gave medicines to induce perspiration with a view of accelerating resolution in these and subsequently in other complaints. They forgot, however, to observe that pyrexical disorders are often thrown off without any particular outbreak of sweating; whereas, on the other hand, this may occur most profusely and yet not be followed by any relief, even in the exanthemata, while it is often attended by manifest aggravation of the symptoms in other cases. They called this treatment "following Nature's indications," but it really meant misinterpreting Nature and following their own theory. They looked upon a person in a fever as a disordered body, clogged and overloaded with peccant matter, to be drained as an engineer would drain off water from a morass, or evaporated as a chemist would get rid of superfluous fluid, by raising the temperature; for beyond material processes gross enough to be visible they could not go.

Mr. Nayler says† sulphur is useful in those cases where eczema is both acute and general, and when the urine is scanty and loaded with crystals of urate of soda. He gives a drachm of precipitated sulphur and bitartrate of soda, with fifteen grains of bicarbonate of potass, in a cup of milk every morning, half a grain of calomel and three grains of James's powder every night being added in severe cases. I have never tried these remedies exactly as given by Mr. Nayler, but I have used some so closely resembling them, such as the compound calomel pill at night and the phosphate and tartrate of potass, sulphate and exsiccated carbonate of soda in the day, that I can scarcely imagine there was any substantial difference, yet I was never able to satisfy myself that they possess any control whatever over eczema. Indeed, so far as my experience goes, I am rather disposed to agree with Dr. Frazer who says,[*] that "sulphur is worthless for eczema." However, as Mr. Nayler's work is very carefully and impartially written, and is evidently from the pen of a man who has paid great attention to his subject, perhaps the best plan will be for me, after indicating his views on the matter, to recommend the reader to consult the original work which I most gladly do. It possesses far more merit than some of the pretentious things about which so much fuss has been made.

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* "Medical Notes and Reflections," 1855. P. 510.

† "Diseases of the Skin." P. 101.

4. Iodide of potassium proved inert except in cases complicated with rheumatism, and the same result attended the observations on iodine; but there was considerable difficulty in coming to any definite conclusion on the latter point, as the iodine was only given in scrofulous cases.

Having now eliminated those remedies which seem to exert no influence over the disease, or to be useful only as adjuncts, I pass to the consideration of those on which more reliance can be placed, and which will, given singly, produce a very decided effect on certain stages of eczema; but in order to bring all the conclusions arrived at into as compact a form as possible, I propose to lay down certain general rules, and append to them more full observations on the action of particular remedies in their proper places.

In eczema then, the remedies which succeeded best in my hands, and which as a rule appear to have been most useful in the hands of others are:—

1. A saline aperient containing magnesia preceded by a dose of mercury.[†] In acute cases, as where the skin has become puffy, red and glazed; in the first stage of the ulcerative form; in sudden and severe relapses of chronic eczema, especially where the patient has been living too freely; at the commencement of treatment in almost every case when the tongue is coated; where the patient has been nauseated with tonics or arsenic; and lastly, when progress, after being satisfactory for some time, begins to flag, these remedies generally prove very serviceable. The reader may here object that the instances in which benefit flowed from this system were cases of cure by antiphlogistic treatment; to which, however, it may be replied, that, on the contrary, those medicines were never given to such an extent as to produce any depression or severe purging; that they were not aided by leeching, bleeding, or antimony; and that a good diet and wine were always ordered along with them.

Of all the aperients I have tried those containing magnesia seem to answer best. Henry's calcined magnesia is an excellent preparation; a teaspoonful taken in milk before breakfast will produce an action on the bowels which few other agents can effect. If, by any chance, the patient happen to be suffering from acidity, the beneficial action of the remedy is twofold. I know it may suit the tactics of mere theorists, or some anonymous critic in a weekly journal, who considers it infinitely better that a hundred persons should die under orthodox treatment than that one should be cured by such improper means—to denounce this preparation as a secret medicine—a cry which always ensures a certain amount of approbation. My answer is, that the cure of disease is a more important matter than their opinions. The efficacy of calcined magnesia is, however, very decidedly increased by the addition of a drug which is as unpleasant as it is valuable—the sulphate of magnesia. I know of nothing which effectually disguises its taste, or entirely protects the griping which is apt to follow the use of it in some persons; perhaps the compound tincture of cardamoms, tincture or essence of ginger and peppermint water are as useful in this way as anything. Peppermint lozenges, made with the real English oil, are also of service; but the high price of the oil, which is, I believe, about ten times as much as that of the French, renders them liable to adulteration. Many persons, too, object to the taste of peppermint as much as they do to that of the sulphate. I always add the nitrate of potass or the spirit of nitric ether, though I cannot say that I have in any way satisfied myself as to the value of either. A dose of a mixture of this kind before breakfast and dinner, or lunch, is generally sufficient. Its administration should, I think, always be accompanied by the use of a dose of mercury two or three times a week, in the form of calomel or mercury and chalk[*] in a powder for children, and for grown persons in pills. It is not necessary to carry these remedies to such an extent as to bring on any severe purging; about two loose stools a day will be quite sufficient. In the case of infants at the breast the mixture may be given to the mother, as it acts very gently and yet actively enough through the medium of the milk.

Except in some slight cases of eczema in grown persons and in eczema in children, in which forms these remedies often suffice of themselves, it is of very little service to continue them beyond two or three weeks, a period, however, which is generally long enough to admit of their doing a great deal of good; the tongue getting cleaner, the stools of a brighter colour, and the patient feeling altogether better under their influence.

2. An astringent, accompanied by an occasional aperient, or by an alterative. When the appetite is bad I would suggest the free use of a mineral acid, such as the nitric or nitro-muriatic, in tolerably large doses, in some bitter tincture or infusion. I believe drachm doses of tincture of calumba and ounce doses of infusion of quassia are equal to anything yet discovered. Fresh made infusion of valerian, serpentaria, or cascarilla answers very well when the patient is low and nervous.[‡]

It is however to be borne in mind that these remedies do little more than improve the appetite and health, and that their control over the eczema is very limited.

(*To be continued.*)

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[*] *Journal of Cutaneous Medicine.* Vol. I. P. 67.

[†] For formulæ of aperient pills containing mercury, and saline aperients, I must refer the reader to the forgoing numbers. The following may also be used for adults:—

℞ Pil hydrarg subchlor, co. ʒss.;
Divide in pil vj sumat unam pro re natâ, horâ somni.
℞ Hydrarg subchloridi, gr. xij.;
Conf opii q.s. ft pil viij.;
Sumat 1 omni secundâ nocte.
℞ Magnesiæ levis (Henry's), ℥ss.:
Cap. coch min i omni secund mane ex lactis cyatho.

[*] I would suggest giving an aromatic drug along with the mercury and chalk when it is prescribed for children.

℞ Hydrarg c. cretâ, gr. xxiv:
Pulv. cinnam comp. gr. xij. m et divide in pulv xij.

One of these powders may be given to an infant of almost any age to begin with; it will scarcely ever distress even the most delicate, and generally for children approaching a year the dose must very soon be raised. Patients between one and three years old may commence with twice the dose. These powders may be taken in a little of anything thick, or simply laid on bread-and-butter. One should be taken at least two or three times a week.

[‡] ℞ Acid nitric diluti, ʒiss.;
Syrupi aurant, ℥ss.;
Infus. chiratæ, ℥iij (Infus. valerian, ℥iij.);
—. quassiæ ad ℥vj.;
Capiat coch. ampl. ii bis terve quotidie.
℞ Acidi nitrici diluti, ʒij.;
— hydrochlorici dil, ʒj.;
Tinct cinnam. comp., ʒiij.;
— calumbæ, ʒvi.;
Capiat coch. min i ter quotidie ex aquæ cyath vin.

ON TINCTURE OF HYOSCYAMUS.

By M. Donovan, Esq.

Some years since I published, through the medium of the Medical Press, an account of trials made on myself and others, with a view to discover what dose of tincture of hyoscyamus should be given in order to produce its sedative effects. The experiment was made on several persons, beginning with a drachm dose, increasing it to six drachms, and in my own case to one ounce, of the tincture of the *Dublin Pharmacopœia.* In no case were any effects observed beyond dryness of the throat and fauces. The experiments were made with tinctures prepared from the dried leaves of garden-grown plants, from wild plants collected in a mountainous district of North Wales, and from the same leaves dried and undried.

I was under the impression that some of the plants employed in making the tinctures on which I experimented were in the second year of their growth, but the trials now to be described have convinced me that none of them could have been more than one year old. At that time I was not acquainted with the means which I have since discovered of testing the age of the plant.

I satisfied myself by these experiments that tincture of hyoscyamus prepared, as I believe it generally is in this country, from leaves of one year's growth are all but powerless. I was strengthened in this opinion by finding that M. Hertz has given upwards of fifteen grains of the extract, most probably made from the plant in its first year, without any sensible effect.

Mr. Houlton had long before affirmed the inertness of the one year old plant, and the activity of that of two years' old.

In order to come to some determination on this subject I adopted means of procuring a tincture certainly made from the latter, and from trials with it soon convinced myself that it was an article of very different value from a tincture of the one year old plant, and that all my former experiments must have been made with the latter, although I was led to believe that, in some of them, the plant of two years' growth had been used.

My first trial was on myself. I took one drachm, and for an hour or two felt no effect beyond dryness of the mouth. On a subsequent occasion I took two drachms, and in two hours had proof that I had taken a sufficiency. My sensations were indescribable: one was a feeling of uncertainty of my steps in walking, although they were really quite steady, and a slight sensation of giddiness. This trial convinced me that I had taken as full a dose as prudence would permit. To a lady who suffered from headache I gave, at her own request, one drachm of this tincture. In about two hours she felt so overcome by sleepiness that she could scarcely keep her eyes open; the headache was, however, greatly relieved. On another occasion she took a similar dose, and, being in bed, she soon fell into "a delightful sleep," and, on awaking, found that the headache was almost gone; but she complained of dryness of the fauces and throat, although on the first occasion she did not experience either of these effects. Some months after the same lady suffered from headache, and did not receive any benefit from a similar dose; nor did another person experience any relief from toothache nor any other effect beyond slight dryness of the fauces, which soon passed off.

Convinced by the foregoing considerations that the medicinal properties of hyoscyamus reside exclusively in the plant of two years old, and that the plant of one year's growth is therefore useless, I sought to discover an easy test by which the age of the plant from which a given tincture had been prepared could be determined. The following has at least the advantage of simplicity: add a little of the tincture to a glass of water; if the mixture become slightly milky, the tincture was made from a two years' old plant; if it remain transparent, the plant was in its first year.

The *British Pharmacopœia* gives no information as to what shall be the age of the hyoscyamus from which the tincture is to be made; it is, therefore, a matter of chance whether it will have any effect or be powerless. Given in the dose of twenty or thirty drops, as is sometimes done, it is hard to believe it can have any effect in either case.

12 Lower Leeson street.

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Hospital Reports.

KINGS COLLEGE HOSPITAL.

Wednesday, March 8th.

Torticollis.—New Method of Operating.

(Under the care of Professor Wood.)

The operation for wry-neck, as practised by the generality of surgeons, is, as our readers are aware, by subcutaneous tenotomy of the *origins* of the affected sterno-cleido-mastoideus. Professor Wood has, however, devised an operation which differs from the one now in vogue, and which the following case illustrates:—

A little girl, twelve years old, who had been under the Professor's care for some months for this deformity, during which time she had undergone a course of tonics, especially the tincture of perchloride of iron—generous diet and hygiene—not improving, Professor Wood considered it advisable to operate. The patient having been placed under chloroform, the Professor commenced the operation by making a small incision through the skin, and passing a director under the *insertion* of the muscle at the mastoid process, and divided the fibres with the tenotome.

Mr. Wood remarked on its completion that while performing the operation the muscle should be kept well on the stretch; and afterwards, when the patient is carried to bed, a pillow should be placed under the neck so as to allow the head to fall over somewhat.

This operation he considered quite as easy to perform as the one usually practised—while there was no danger of wounding the external jugular vein, an accident which had once occurred, and the case in consequence ended fatally. Again, he believed the spinal accessory nerve to be the cause of the deformity in many of these cases, and its division would materially affect the cure, as also might the division of the occipital nerve. Of course, in every case, it would be impossible to speak with certainty as to whether one or both these nerves would be divided, but he thought that as a rule the spinal accessory was, and in many cases the occipita, also. In the present case he thought it was possible to trace the wry-neck to the fact of the glandullæ concætenætæ having become enlarged and setting up irritation of the spinal-accessory nerve. This, no doubt, led to the girl leaning her head to one side which ultimately led to permanent contraction. When the nerve has been divided, it, after a time, reunites. There was no fear of wounding the occipital artery on account of its depth, nor the internal jugular vein.

Professor Wood said these cases would be more successful if care was taken to continue the use of the collar for some time. It was generally, however, left off too soon. Other cases, again, did not recover, as the disease was of cerebro-spinal origin. Many cases of wry-neck, the Professor believed were allied to chorea, and therefore that the nervous, rather than the muscular, system was at fault. In conclusion, Professor Wood stated that the operation for this deformity, which he had just performed, had been introduced to the Profession by himself, and the present case was the *third* of the kind on which he had operated by substituting division of the *insertion* of the sterno-mastoid muscle, in preference to its origin, and the measure of success that had attended his two previous cases, led to hope that the procedure would prove equally, if not more, successful than the older method.

MARCH 22ND.

Epithelioma of Tongue.—Removal.

THE epitheliomatous growth was situated at the base of the tongue near its left side, and the method adopted by Professor Wood for its removal was as follows:—

The patient having been placed under chloroform, in the sitting posture, a ligature was passed through the apex of the tongue, which was then drawn well forward. A piston gag was employed to keep the mouth well open, and the lips were protected.

Professor Wood then passed a curved bistoury through the base of the tongue, and cut forwards and outwards, making a curved incision, he then made another at right angles to the tool, and removed the diseased part, which presented all the characteristics of epithelioma.

Mr. Wood remarked that he had never seen, or himself operated on, a similar case, in which there had been so little bleeding; one artery only was tied; this he attributed in a measure to the tongue being put on the stretch and compressing as it were the vessels.

To Sir William Fergusson was the credit due of introducing operations for the removal of large portions of the tongue with the knife; and it was his own impression that these operations might, comparatively speaking, be done with impunity. Again, we could give chloroform in these cases if the patient was placed on a chair. In the present case he feared to anticipate a favourable result, as the man had a cachectic appearance, still he would be greatly relieved, and would enjoy comparative comfort. These cases to be successful should be operated upon early; if so, we might anticipate the same favourable results from it, as from early operation of cancer of the lip. After the operation the man for some days appeared to be progressing favourably, when, without any traceable cause, debility set in, and he gradually sunk. He had no symptoms whatever of pyæmia.

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Transactions of Societies.

DUBLIN OBSTETRICAL SOCIETY.

JANUARY 7, 1871.

VAGINAL FIBROUS TUMOUR.

DR. JOHN A. BYRNE detailed the history of a very interesting case of this rather rare affection of the vagina, which he had lately removed from a lady who had been under his care. She was aged thirty-six, the mother of four children, and in every respect, with the exception of this, she enjoyed excellent health. She never had suffered from metrorrhagia, nor had she at any time miscarried. She came from the country in the autumn of 1868 to consult him, and on his making an examination, he discovered a tumour depending from the vulva, about the size of a hen's egg. It was soft and smooth, quite moveable, could be easily replaced in the vagina, prolapsed again when she coughed, or stood in the erect posture; it was not pediculated, but wrapped in a loose fold of the vaginal mucous membrane, and placed between the latter and a bed of cellular tissue, which separated it from the rectum, about an inch and a-half from the vulva. The cervix and os uteri were above, and quite free from it. She had never remarked it until the previous pregnancy, when it prolapsed, and she began to suffer some inconvenience from it. It did not in any way interfere with the course of her labour. She became again pregnant, and came to town for advice, and was about five months pregnant when he saw her. He recommended her to wait until after her confinement, and then to come to town and have it removed, which advice she followed. On October 1st, the tumour was removed. The patient was placed on a table, as in the operation for lithotomy. Chloroform was exhibited, but they were obliged to desist from it, on account of the very distressing sickness which followed its exhibition. The index finger of the left hand was introduced into the rectum, and the septum being in this manner made prominent, a V shaped incision was made, and the tumour dissected out of its bed. There was a good deal of hæmorrhage, a few arteries were tied, and then three silver-wire sutures were passed through the edges of the wound in the recto-vaginal septum. Three hempen sutures were passed through the perineal portion of the incision, and in this manner prolapse of the posterior wall of the vagina was prevented. This was a circumstance which Dr. Kidd, who assisted, and he himself feared would occur upon the removal of the tumour and so large a portion of the septum. On her being placed in bed, in a few hours some hæmorrhage took place, which weakened her. This was controlled by pledgets of cotton, saturated with solution of perchloride of iron. She progressed favourably, and on the sutures being removed, most perfect union was found to have taken place, both in the vaginal and perineal incisions. She went home to the country, and has since enjoyed the best of health, and suffers no inconvenience, and is delighted to have parted with her incumbrance, which was always a source of anxiety to her.

The Society met on Saturday evening, the 15th inst., at the College of Physicians. The chair was occupied by DR. KIDD, President of the Society.

The **PRESIDENT** submitted a specimen of

RUPTURED CYST.

He had not himself seen the patient, or been present at the *post-mortem* examination. She had been ill for three or four days, presenting the symptoms and appearances of extreme anæmia. It was not at the time known that she was pregnant. On *post-mortem* examination a very large quantity of blood was found effused and lying in the pelvis, a tumour which, on examination, turned out to be the placenta with the fimbriated extremity of the Fallopian tube, with a fœtus of about three months' development included therein.

DR. BYRNE remarked that this case corroborated the view that such conditions usually occurred in unmarried cases, and that these cases of extra-uterine fœtation resulted from the arrest of the ovum in its passage to the uterus by some cause, such as a fright.

DR. T. MORE MADDEN read a paper

ON FATAL CASES OF SLOUGHING OF THE UTERUS, AND CASES OF SUDDEN DEATH AFTER LABOUR.

He observed that the causes of this lamentable accident were manifold; some cases appear to have occurred from the shock of difficult labour acting on a delicate constitution; others from the entrance of air into the open uterine sinuses; others from thrombosis or embolism; others from fatal syncope; others from cardiac disease: in other cases, again, no cause whatever was disclosed by pathological investigation for the fatal event. The most frequent cause of sudden death after labour, according to Dr. More Madden, is thrombosis or embolism, or the separation of fibrine from the blood within the circulation. In the puerperal state, as during pregnancy, the blood contains a marked excess of fibrine, as well as of serum, and as well as a diminution of red globules. And moreover, during the puerperal state, the blood is otherwise altered from its normal condition by the admixture of the products of the physiological changes which are then going on in the uterus. Under these circumstances the formation of coagula may be readily favoured by anything that may derange the balance of the circulation, and this exciting cause may, in many of these cases, be found, said Dr. More Madden, in the vascular excitement of difficult parturition, when a small fibrinous coagulum may be forced from the right ventricle into the pulmonary artery, and then continue until, by successive additions of fibrine, the calibre of the vessel is completely obstructed, and death necessarily ensues.

The cause of death in two of the cases narrated by Dr. More Madden is not, as far as he is aware, spoken of by any other writer. Dr. More Madden then proceeded to relate the particulars of five cases of sudden death which had come within his own observation. Four of these occurred in the Hospital with which he was himself connected (the Rotunda or Dublin Lying-in Hospital), and one occurred in private practice. One case was from sloughing of the uterus; one from the entrance of air into the uterine sinuses; two from fatal syncope; and one from rupture of a varicocele of the left ovarian vein.

Dr. MacSwiney read

DETAILS OF A CASE OF DIARRHŒA, WITH GREEN STOOLS, IN AN INFANT.

The child, from birth, had unhealthy-looking motions. She took her mother's breast; but got loose, mucous stools. In the belief that the mother's milk was disagreeing, a wet nurse was procured. Instead of mending, matters now became worse. Confirmed diarrhœa set in; the stools were *green* when passed; the infant was wasting. Again the wet nurse was changed, but with no favourable result. All the symptoms were aggravated, and it was thought the child would die. An attempt was made to engage a fourth wet nurse, but one could not be procured; and, meantime, the child at last got better; and, finally, at the end of ten weeks, the diarrhœa ceased—*yellow* replaced the *green* colour in the motions, and the infant put up flesh. The child, now five months old, is taking the breast of nurse No. 3 (whose milk was thought to disagree with her so much at first), and is thriving well. Dr. MacSwiney said three questions arose out of this case for discussion, viz.:—1st. What is the nature and constitution of these "green stools" in infants? 2nd. Are they due to inherent delicacy in the child? or, 3rd. Are they caused by unsuitable nutriment, howsoever supplied? He discussed these questions at some length. He related the views of different authorities as to the nature of the green colouring matter, and showed that great obscurity surrounded the question still. He argued that the digestive system of infants is sometimes congenitally weak, and, being thus unable to digest the breast milk, diarrhœa and green stools are produced by a milk which would be nutritious and food for a healthy child. Dr. MacSwiney next discussed the question of the food of infants—gave the composition of human milk, and showed that analyses demonstrated great variation in the ratio of the constituents in different samples of breast milk. He summed up thus: 1st. The cause of the green colour in the stools of infants has not yet been established. 2nd. It may be doubted if the presence of bile is necessary to the production of this colour. 3rd. These stools are often due to an inherent delicacy in the child. 4th. Human milk varies much in composition, and is occasionally injurious to the infant fed on it. 5th. A "ready method" of testing the quality of breast milk is still a desideratum by physicians.

Dr. Lalor said he quite agreed with Dr. Golding Bird in the view that the green colour arose from altered blood. He had had considerable experience in the occurrence of green vomiting in relapsing fever, and he had satisfied himself by examination of the stomach in such cases that the colour was derived from altered blood.

Dr. Henry Kennedy agreed with Dr. MacSwiney that the fault lay in the child itself. He could not agree with him, however, in depreciating the value of drugs. He had had very satisfactory experience of the use of calomel in such cases. Dr. Kennedy recapitulated a paper read before the present century by Dr. Clarke, of Dublin, and included in the Royal Society *Proceedings*. He believed that the colour of stools varied according to the sort of the secretion which the bile met with in its passage through the colon.

Dr. Athill did not at all concur with Dr. Kennedy as to treatment. His course was always simply to allay irritation, and present the food in the most digestible form. He attached the greatest importance to diet in these cases.

Dr. MacSwiney said that he had been quite under the same impression as Dr. Lalor, that the colour arose from altered blood; but he found that Freirichs and other of the highest authorities were entirely at a loss to account for the peculiarity. He had, as far as treatment was concerned, not experienced the least beneficial result from any of the multitudinous forms of treatment adopted. He had taken the trouble to ascertain that the general opinion was not that the fault lay with the child, but with the wet nurse.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS IN IRELAND.

The two last meetings of the above Society have been engaged in the consideration of the subject of

THE STUDY OF THERAPEUTICS AT THE PRESENT DAY.

At the first meeting Dr. W. G. Smith commmunicated a paper on the

MODERN ASPECTS OF THERAPEUTICS, BEING A THESIS FOR THE DEGREE OF DOCTOR OF MEDICINE IN THE UNIVERSITY OF DUBLIN.

After briefly pointing out the many evidences of a wide-spread desire for a more careful study of therapeutics, a sketch was given of the means we at present have at our disposal for meeting disease, and of the gains derived from changes in our theories as to the nature of disease. The important tributes levied from chemistry and natural history were enumerated, and some illustrations of the special uses of particular remedies were given. The more extended use of the alkaloids in the room of crude drugs was recommended; and it was stated to be probable that the differences often asserted to exist between the active principle and the original drug are much less than is generally thought. Even in the case of a complex substance like opium, which contains several distinct organic bases, it would be quite possible, after proper investigation, to combine these bases in a compound solution, so as to represent perfectly the action of the crude opium. Organic chemistry and physical science were shown to have exerted, and to be likely to exert, still greater influence over practical medicine; and Dr. Smith adverted to the labours of Bence Jones and Dupré as the pioneers in this line of inquiry, followed up by Broadbent, Richardson, Crum Brown, and Fraser in this country, and by various distinguished observers abroad. The progress of organic synthesis also was shown to have been so rapid and, as it were, cumulative, that we may confidently hope soon to see the alkaloids furnished to commerce by the laboratory of the chemist. Even already, since this paper was written, Schiff had announced the artificial formation of conia. While thus pointing out the advantages to be derived from physical and chemical science, stress was laid on the necessity for a better acquaintance with the curative powers of the organism itself and with the real properties of drugs; and, in conclusion, the value of, and imperative need of, watchful clinical observation were upheld, since clinical researches and empirical decisions must eventually prove the touchstone of therapeutical theory.

March 29th, 1871.

Dr. Hewitt read a paper on

THE PRESENT STATE OF THERAPEUTICS,

the objects of which were to show the unsatisfactory results which have, as a rule, been obtained by the exclusively clinical study of the actions of medicines, and by the neglect of inquiries into their physiological properties. He pointed out the uncertainty which envelopes the treatment of many diseases, directly opposite methods being frequently recommended by both parties. He traced the failures and misconceptions in therapeutics—1st, to the neglect of the study of *the natural course of diseases*; and 2ndly, to the misapplication of the statistical method, in which cases which had nothing in common but *the name* were compared, and suggested that in the comparison of cases, rules may be framed which will exclude those which have a manifest tendency to a natural cure. He advocated the simplification of prescriptions to as few drugs as possible, and the reliance on single remedies, in preference to the combined action of drugs in cases where the physiological action of either was doubtful. He then pointed out the necessity for a reconsideration of the physiological actions of medicines, and for an extension of this field of work. He showed the advantages to be gained by giving a more practical course of study to students of this branch of medicine, and advocated the attachment to the present Lecturers on materia medica of demonstrators who would examine for the pupils the action of medicines by means of physiological experiments performed at the various schools. He pointed out some few examples of what had already been gained to science by adopting the physiological action of a medicine as a guide to its use in disease; and, in conclusion, he drew attention to some reasons why the method had not found a more ready acceptance at the hands of practical men.

Dr. Grimshaw thought the communications were the most important which had been submitted to the Society during the Session. He thought it very interesting to observe that though both gentlemen had approached the subject from a totally different direction they had aimed at like conclusions. He considered that the confusion between materia medica and therapeutics was a serious error, and that a division of labour in the subject would be a most practical result. He thought that the clinical method of testing medicine was, in some respects, difficult and unsatisfactory, and that many of the most valuable agents now in use would never have been discovered if we had nothing to depend on but experience. He did not think that Dr. Hughes Bennett's, or any other experiments on animals were valuable for more than an indication, as he could not admit any analogy between the action of a medicine on a healthy dog and on a diseased man.

Dr. MacSwiney said that the deplorable state of the study of therapeutics was well recognised. The comparison of a prescription fifty years ago with that of a scientific physician at the present day would be a guarantee to the Profession that the papers read reflected only the feeling of the entire profession. He did not think that Dr. Hewitt's condemnation of practical medicine as a means of investigating the action of drugs at all justified. He considered that much of what was now known was due to empirical medicine, and that the facts which had been arrived at by these means could hardly have been looked for from scientific investigation.

Dr. Burke deplored the ignorance of students in matters of therapeutics.

Dr. Henry Kennedy could go so far as to say that it would be very dangerous to depend too much on our method of inquiry. He considered that one of the great difficulties of the subject was the multiplicity of medicines. Anyone acquainted with the therapeutic literature of the last century was aware that the doses given were much larger than at present, and that most of the medicines were used in powder, a form which he considered the most active of all. He thought that all empirical investigations might be best conducted in chronic cases and not in acute ones, complicated as they were by acute symptoms and difficult conditions. He did not think that any strict rule could be laid down as to the action of any medicine which was liable to be materially varied by the condition of the patient altering even from day to day. He avowed his great confidence in the use of drugs.

Dr. Jencken thought that the animals on which experiments had been made were not judiciously selected. He was personally aware that the greatest difference existed between dogs and sheep in the action of mercury, the former being almost insusceptible to its action, and the latter excessively liable to salivation.

Dr. James Little reminded the Society that there were other agents as worthy of attention as drugs. He noticed three instances—Firstly, the use of cold currents of air in typhus; secondly, the cold water bath; and, thirdly, the greasing of the skin in scarlatina, He pointed out that valuable results might be obtained by combinations of medicines when single agents proved quite inert.

Dr. Aquila Smith thought there was great force in Dr. Little's observations, as to the necessity for consideration of other agents than drugs, but he was well aware that he owed much in this direction to our predecessors in medicine. He had acted on a committee of fifteen of the most eminent and representative men in the Profession for the revision of the *Pharmacopœia*, and the question was discussed as to whether sarsaparilla should be expunged altogether from the *Pharmacopœia*, a majority of fourteen being in favour of its total expulsion. It should be borne in mind that the action of medicines was liable to vary with every change of condition of the patient.

Dr. Hewitt, in reply, repudiated the idea that he deprecated the value of clinical experience. He thought, however, that it was of the greatest importance that clinical investigation should start from some distinct ground, and should not be applied to cases at hap-hazard as was frequently done. He did not think that casual variations of temperature in disease need necessarily invalidate carefully made investigations. As to the best means of administering drugs, he considered that no form of preparation could be as reliable or certain as the juice of the plant itself.

Dr. Walter Smith said there were only three ways of making investigations—on healthy persons, diseased persons, and lower animals; the latter were specially valuable as an indication. Those on healthy persons were very undecided, and if the door was closed in the first direction investigation would be very difficult. He mentioned instances of gross ignorance in the existing system of prescribing.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 26, 1871.

PARIS DURING THE SIEGE.

The British Charitable Fund was instituted for the purpose of affording relief to English people residing in Paris and its environs, who, from the fact of their being foreigners or inhabitants of Paris, are unable to apply for charitable relief to the French authorities. In times past, it has been supported principally by the British residents and visitors in Paris. It has also received some assistance from annual sermons in some of the churches and the proceeds of an annual ball. In addition to the above mentioned sources of income, it also had an annual income of 1,440 francs from an investment in the French funds. This total income in general proved sufficient to support it, but in the early part of 1870, unusual circumstances occurred so as to render the pressure on the fund exceptionally severe, As there had been great slackness of trade in addition to the political disturbances throughout the winter of 1869-70, and there was unusual distress among the British population, while from the same cause there was an equally unusual decrease in the sources of the Fund and the subsequent declaration of war increased the embarassment of the Society. In these difficulties, the committee placed a statement of there position before Lord Lyons (the Society's Patron), and solicited his mediation on their behalf with the British Government. Mr. Herbert, the Secretary (*pro tem,*) had an interview with Lord Lyons, in which His Excellency stated, that he had forwarded the Society's letter to the authorities at home, and presented the Society with a donation of 1,000 francs from his private purse, as an addition to his annual subscription.

Momentous events rapidly followed. The continued defeat of the French showed that a siege of Paris was very probable. Trade collapsed, and most foreigners retired from the fated city as rats run from a sinking ship. Before this crisis, the committee had urged departure to England on all whose means were likely to fail in the event of a siege. It had long been the practice of the Society to grant free passages to England to the British poor, and from this and the circumstance of the Society's appeal, the number of applicants for passages increased daily.

Since Paris was threatened with a siege, the committee had been enabled to send more than 1,000 persons to England, but many more poor yet remained to be sent.

At this crisis, the imminent need of enabling the Society to meet its claims, was made public by Lord Carnarvon and others in letters to the press, and in the communications of the Paris Special Correspondents to the daily press. In September, the following was the result of these appeals:—

In reply to the appeal of the Earl of Carnarvon...	£990
Received in Paris...	300
Through the British Embassy...	100
	£1,390

Notwithstanding these subsidies, it was feared that, as its usual sources were very seriously diminished in consequence of the war which was then daily drawing nearer to Paris the Society would, unless aided by subscriptions from England, be unable to respond to its claims with its usual liberality.

The principal part of the afore-mentioned sum, was necessarily devoted to its first objects, viz. : To defray the expenses of the journey from Paris to London, which, by the kindness of the railway companies, had formerly been accomplished at a very reduced rate, but in addition to this, the expediency of having a certain sum to be distributed among families requiring assistance on their arrival in London, was submitted to Lord Carnarvon, and his Lordship was requested to ask the Society of St. Georges, Hanover square, to co-operate with them, £200 being placed at their disposal in aiding such cases.

At the commencement of the siege, £869 12s. 10d. was at the disposal of the Society, in the hands of their London bankers, the £200 having been deducted.

Exclusive of children of less than four years of age, 925 British subjects were sent to London, at an expense of £732 5s. 10d. between July 1st, and September 16th.

After the commencement of the siege, one opportunity of leaving Paris was afforded to the British residents (in October) A certain number of persons assembled for departure in accordance with a prepared plan, but owing to informality in their papers, they were stopped by the Prussian outposts. Soon afterwards, however (in November), another occasion offered, and on November 26th, a successful start was finally made.

To such an opportunity the committee had been anxiously looking forward for a long time, but the number of persons they succeeded in sending away was only twenty-six in all.

They were sent at the sole expense of the Society, who gave to each traveller £4 for his journey, in addition to provisions, &c. After the investment the Society's work was greatly increased, and was certain to go on increasing, as the number of British subjects in Paris in a state of actual or apparent destitution, was then found to be very much greater than had been anticipated, while at the same time, the prices of provisions were enormously increasing and some were not to be procured at any price. As a general rule, allowances of bread and other necessaries *together with small sums of money*, but in special cases the *entire relief* was given in money.

As a general guide the following scale was agreed to, but it was frequently changed or modified :—

To each individual weekly :	lbs.
Liebig's Extract of Meat	⅛
Rice	1
Bread	8 to 12

The pecuniary donation was generally regulated as follows :—

	Francs.
To an individual (weekly)	1
„ Families of 2 or 3	2
„ „ 4 „ 5	3
„ „ „ 6	4

and further in proportion.

To supplement these means of relief—to assist those who had no means of preparing a warm meal at home, a *soup-kitchen* was instituted by Miss Morton, and soup (chiefly composed of *extract of meat and rice*), was distributed three times weekly to between fifty and sixty applicants, who came with tickets. This soup-kitchen afterwards became a very great boon when fuel was not procurable and was continued until February, when the soup-kitchen was closed, and the administration of relief in kind also ceased when the stock in hand was exhausted.

During the last two months (particularly the last month), of the siege, chocolate was obliged to be substituted for extract of meat. From the 16th of January, also money was given instead of bread.

At this period Mr. Wallace presented the Society with large supplies of tapioca, sugar, sago, and arrowroot, which he had purchased for about £400, and the principle of variety of diet was carried out.

One of the most embarassing circumstances, was the impossibility of distributing fuel. In previous years the committee had been accustomed to give coal tickets, but as the price of coal advanced during the siege, the coal merchants refused to credit them. These were replaced by a fortnightly allowance of at first three and afterwards five francs.

No relief was given to those unable to establish their nationality, and this rule was *strictly adhered to.* By this rule *Englishwoman* with French husbands, as well as the children of such marriages were *excluded*, while again, *Frenchwomen* married to British subjects were *admitted* to the full benefits of the Society. The total number of applicants relieved from the end of August 1870, to the middle of February 1871, exclusive of those sent to England, was 1,603 persons.

On January 30th, the committee received a contribution of £1,500 from the English Government. Between August and December, 1870, 23,158 francs were contributed. Mr. Wallace also, in addition to the above donations dating from the first day of January, placed £400 a month at the disposal of the Society as long as the siege continued.

August 1870, the committee relieved 354 persons, and in September 428, exclusive of 925 sent to England. In October, 768 persons were relieved, of whom 340 were fresh applicants, and in November, there were 982 relieved, of whom 214 were fresh applicants, and in December, 1,215 persons were relieved, of whom 233 were fresh applicants. The total expenditure by the committee from August 1st to February 10th, was 132,980 fr. 90 c., leaving a balance in hand of 20,309 fr. 25 c.

After the capitulation, the supplies of food from the London Mansion House Fund were of great benefit.

Notes on Current Topics.

Police Espionage at Versailles and Contagious Diseases Acts.

We were condemned by one or two valued correspondents some time ago for giving currency to a story about a respectable woman being insulted through these Acts—in fact treated by the police as a common prostitute. We were further told to look at France to see how unlikely that would be. We happened at the time to know that such a case did occur in France ; but it is not our wish to push this question on evidence we could produce, and at a time when France is in such a disorganised state. A daily paper has, however, given a case which will be worth attention. The special correspondent of the *Daily News* writes :—

> "The wife of a commander, a woman of lady-like manners and quiet demeanour, was yesterday arrested in the Passage St. Pierre in the most brutal manner. A *mouchard* told a gendarme that he had heard her say to a young soldier, who turned out to be her husband's cousin, 'Ces pauvres Parisiens ! que Dieu les protége !' in consequence of which she was followed, and in the most frequented part of the town seized by the arm and asked for her 'card.' I need scarcely explain what was implied by the question, or indicate more clearly the occupation the 'card' was to specify. Being a nervous person she lost all presence of mind, and instead of saying who she was, began to weep and wring her hands and tell the guardian of public morals that he was mistaken. On her way to the lock-up whither she was dragged, the soldier whom she was accused of trying to allure, saw her and went to her rescue. He was a young man of good family, and was allowed, on stating his name and position, to fetch the unhappy lady's husband, who at once obtained her release."

A Suspicious Case.

Medical jurists will have observed a paragraph in the daily newspapers under the above title, that to our surprise has not excited further attention. If the evidence reported were believed by the Coroner's jury, their verdict is as strange as the direction of that judicial functionary. No wonder the father of the child expressed dissatisfaction and talked of other proceedings. In our opinion inquiry should not be stopped in such a case which resembles in some particulars others that have been recorded. In support of this statement we need only cite some of the statements reported in the papers. The most surprising thing in the report is that the coroner talked of not doing justice to the girl by examining witnesses brought by the parents of the child—as if the girl were the only one to whom justice should be done.

> "On the 7th inst., Mr. Beer and his wife left home about half-past three in the afternoon to dine with some friends, leaving the deceased, aged fourteen months, and and two other children in the care of a servant named Agnes Norman, who had then only been in his employ three days. About twelve at night he returned, and hearing violent screams went upstairs, and found one of the children lying on the floor at the side of the bed, undressed. He picked it up and then made search for the deceased, and found the body between the bedstead and the wall. Water was running from its mouth. It was quite dead and cold. When he left home it was in perfect health. Dr. Lees, 112 Walworth road, said he had made a *post-mortem* examination of the body, which was that of a fine healthy child. The face appeared to be very red, and on the lips he found two compressed marks. He was of opinion that the child died from suffocation, but he could not say in what manner. The father of the deceased said he had witnesses present who could give a history of the girl Norman. The coroner—Have you witnesses here who can say this girl has murdered your child ? Mr. Beer—I am unable to say that ; but I should like these persons examined. The coroner—I do not think I should be doing justice to this girl if I examined them. Mr. Beer—If a verdict is given without, I shall think it very unfair. A detective sergeant said he had made inquiries relative to the girl Norman, and he found that several children had expired under circumstances similar to those in the case before the court. In one place an infant child, aged twelve months, was placed on a bed and was found dead. Soon after this three dogs, a cat, a parrot, a number of gold fish, and nearly a dozen fancy birds were found dead there. In another place she brought home a child which was in her charge in a state of insensibility, and said it had fallen out of her arms. The infant recovered, but within three weeks it was taken out again by her and brought home soon afterwards dead. In her next situation on one occasion a child, aged seven years, was awoke with a choking sensation, and stated to his father that the girl had placed her hand over his mouth and had given him money not to say anything about it. At this place several domestic animals died suddenly. At another situation where she was engaged a child was found insensible in bed, and when it recovered evinced great terror at the sight of the girl. In her next situation she locked a child up in a wardrobe, took it out, put it to bed, and it was found dead shortly afterwards."

"That the deceased died from suffocation accidentally caused," seems to us, we repeat, upon the evidence, a most unsatisfactory verdict.

Hydrophobia in Sheep.

It has been necessary to destroy a number of sheep during the last week, owing to their having been attacked with rabies, or hydrophobia. About a fortnight ago some sheep near Barnsley, were bitten by a dog, and two of them worried. Since then, symptoms of madness were manifested in several of them, such as frothing at the mouth, inability to swallow, and snapping at everything that came in their way. Mr. Smith, veterinary surgeon, was called in to see the sheep, and on Saturday last he ordered four of them to be destroyed, and on the Tuesday following two more. Incipient symptoms of the malady have appeared in some others, and it is to be feared that others will have to be destroyed.

Intemperance.

We extract the following from the *Medical and Surgical Reporter*, New York. The subject may well excite attention in our own country, where so many victims to intemperance are carried off daily ; and when in this city of Dublin especially we find the intemperance movement so greatly on the increase, and observe the enormous expense which is gone to make gin-palaces more attractive and seductive, their number in Dublin is out of all proportion to the actual necessities of the public :—

"Intemperance a Disease.

"The time has come in the history of medicine when intemperance is beginning to be reckoned among the positive diseases which require the interposition of medical science and skill. A recent convention held in New York composed of Superintendents and Directors of Inebriate-Asylums, have discussed in that volume the subject in a manner which will claim the earnest attention of physicians who desire to be even with the advanced thought and literature of the Profession. In this convention were represented the institutions for the treatment of inebriety. Papers were read, which are a valuable addition to medical literature.

"These papers were carefully considered and discussed, and the members of the convention were so impressed with the importance of more united and effective effort, that they agreed to organise for a more complete investigation of the subject, and for the development of methods of cure, as is shown by the following articles of their plan of organization:—

"'1. The name of this Association shall be the American Association for the Cure of Inebriates.

"'2. Its members shall consist of Superintendents, Physicians, and Delegates from Boards of Directors of Institutions for the treatment of Inebriates.

"'3. Its object shall be to study the disease of inebriety, to discuss its proper treatment, and endeavour to bring about a co-operative public sentiment and jurisprudence.'

"The following concise and comprehensive 'Declaration of Principles' illustrates the sentiment of the Convention. It was unanimously adopted:

"'1. Intemperance is a disease.

"'It is curable in the same sense that other diseases are

"'3. Its primary cause is a constitutional susceptibility to the alcoholic impression.

"'4. This constitutional tendency may be inherited or acquired.

"'5. Alcohol has its true place in the arts and sciences. It is valuable as a remedy, and like other remedies, may be abused. In excessive quantity it is a poison, and always acts as such when it produces inebriety.

"'6. All methods hitherto employed having proved insufficient for the cure of inebriates, the establishment of asylums for such a purpose, is the great demand of the age.

"'7. Every large city should have its local or temporary home for inebriates, and every State, one or more asylums for the treatment and care of such persons.

"'8. The law should recognise intemperance as a disease, and provide other means for its management than fines, station-houses, and jails.'

"We hail this movement as a step which is demanded by the civilization of the times, and anticipate from it important results. They have adopted a table of inquiries, to be used in all the institutions, embracing important hygienic and physiological considerations, with a view of exhibiting, at the close of another year, a statistical record, which we think must be of great service to the cause of humanity.

"The institution at Media, near this city, reports about forty per cent. of the cases that have been under its care as discharged, cured, and usefully employed in their several avocations."

Venereal Diseases.

We select the following as illustrating the practice at Philadelphia Hospital, as the subject has lately occupied some attention in our columns. How far the dualists and unicists will agree on the method adopted we cannot propose to say:—

"Philadelphia Hospital.—Dr. Pancoast's Clinical Service.—Reports by Dr. Townsend—Venereal.—The next patient was a man with a large, soft chancre at the root of the penis, with accompanying suppurating bubo. The bubo was opened somewhat perpendicularly, so as to make good drainage; the chancre the lecturer touched freely with the chloride of zinc, ordering to be applied aromatic wine and tannin, and if any inflammation supervenes, to cover the penis with a solution of lead water and laudanum, giving the patient internally a pill of Hydrarg. pulv. iod., gr. j.; pulv. opii, gr. ¼; pul. gum guiac., gr. iij. —mix. Sig.—Three times a day, so as to just wet the gums gently, but not to salivate. When a pale line shows itself on the gums stop the mercury. The lecturer described briefly the three stages of syphilis, and said that when a patient comes to him with a hard chancre, and will permit it, he immediately cuts the chancre, if its situation will allow of the procedure. The chancre is then certainly removed, and he cauterizes the wound with chloride of zinc.

Second Report of the State Board of Health of Massachusetts, 1871.

The State which leads intellectually, and holds a high place commercially in America, has a most admirable sanitary organisation which embraces all its cities and towns. The Chairman of the Board is Dr. Bowditch, whose writings we so well know on this side of the Atlantic, and many other high-class physicians give it their aid. The present Report deals with several novel subjects, such as trichina disease and charbon among cattle, use of milk from cows affected with "foot and mouth disease," and has besides a full account of the mortality and sickness of the chief cities. Nearly one half of the bulky volume is occupied by an account of an inquiry into the extent of intoxication in the principal countries of the globe. The correspondents in Great Britain were Mr. Motley, late Ambassador at London; Messrs. Webb and Russell from Dublin; and the venerable Dr. Christison from Edinburgh. We only find space for two paragraphs of the Report:—

> "It would seem that the Northern nations of Europe, more especially the inhabitants of the British Isles and their descendants in America, tend to use immoderately these more violent liquors. The more Southern nations, except in the Southern States of this Republic, use either milder articles altogether, or if perchance the stronger ones are drank, smaller glasses and fewer of them are taken. Drunkenness is far less common among Southern than among Northern Nations, but when it occurs is regarded with extreme aversion. It degrades its victims, in public estimation, in a far greater degree.
>
> "A curious physiological effect seems hinted at by some of our correspondents, viz., that among Northern nations the vice of drunkenness is much more frequently the cause of violence and crime than in more Southern climes. In the North, men seem to become savage, wild and boisterous. The drunkard in the North beats his wife, and stabs his friend, or breaks into his neighbour's house under the influence of liquor. In the South he reels home rather happy in his insanity, and without any strong tendency to violence, or theft, or murder. We may add as a fact also that in *this* climate the Northern European cannot drink with impunity even that amount of alcohol he has all his life used in Europe."

We hope to return to the Report on a future occasion; and meanwhile me may state that the City of New York and the State of Massachusetts give forth the fullest and best Government documents on public health which appear in print.

Small-pox in London.

This epidemic is assuming more alarming proportions; two hundred and sixty-five people died from small-pox for the week ending April 15th, the highest weekly number yet registered being thirty-eight more than any previous week. Probably, however, part of this increase belonged to the previous week, the registration of which was interrupted by Good Friday. The highest number of deaths per week from small-pox prevailing in London during the various epidemics during the thirty-one years

1840-70, was 102, in the first week of 1840. One hundred and two deaths were recorded last week in eight hospitals, 55 of which occurred in the institution at Hampstead. After distributing these deaths in hospital among the districts from which the patients were admitted, it appears that 35 deaths from small-pox last week belonged to the West districts, 76 to the North, 18 to the Central, 57 to the East, and 84 to the South. The fatal cases showed, in each of these districts, an increase upon the previous week, which was largest in the North and West of London; the deaths were more numerous in Marylebone, Somer's-town, and Islington; and had increased in Westminster and Kensington. In the South the disease was most fatally prevalent in Southwark and Battersea; in the latter sub-district 12 fatal cases were again returned last week, in addition to one recorded in the Stockwell Hospital.

At present St. Pancras presents a higher rate of increase in the number of cases of small-pox than any other part of town. For years past the vaccination of this part of the Metropolis has been greatly neglected, and there is still a very general prejudice against the production of more than two small vesicles. Twenty-five per cent. of the children in the lower schools remain unvaccinated, whilst hundreds of others are insufficiently protected. The guardians appear to have felt the anti-vaccination influence to the extent of remaining indifferent on the subject. Only recently they have appointed inspectors, and are now fixing on the stations. When one public vaccinator is appointed instead of six, as has been the case, it cannot be expected that vaccination can be satisfactorily performed. The Vestry of St. Pancras have not been remarkable for their sanitary zeal; and as Mr. Mr. Chandler observed, we should like to know whether the bedding and clothes of infected persons are all properly disinfected as well as the abodes of the poor people. He said that he urged the importance of these matters on pecuniary grounds, as every orphan thrown upon the parish costs some £20 or £30 a year.

It was asserted at the Metropolitan Asylums Board that no nurse or official at Hampstead or Islington has taken small-pox, as all had been re-vaccinated. The same remark applies to the hospitals at Liverpool. At Homerton a man entered upon his duties without having been reported to the medical officer, without re-vaccination, and, of course, has taken the disease slightly. A statement recently made by the anti-vaccinationists that one of the nurses at this hospital is suffering from small-pox is an error, as the nurse in question has been attacked with erysipelas.

All officers and servants engaged in the removal of small-pox patients, or in the administration of relief should be re-vaccinated. Last week a man who had been engaged as an ambulance driver was taken ill as he had not been re-vaccinated.

At an early period it was suggested that the Metropolitan Asylums should set up some military field hospital marquees for the isolation of small-pox patients. It was pooh-poohed. It was said that it would be impossible to put up a tent within the metropolitan area because it contravened the provisions of the Building Acts, and so the matter dropped, although it is said that the Government were ready to give every assistance to the scheme. But the application has at length been made for permission to erect hospital tents, and was at once cordially met by the Metropolitan Board of Works. It is even suggested that the tents may be put up in the grounds attached to the sick hospitals. We may venture to say that the managers might have long provided for the isolation of every case of small-pox in the Metropolis, by means of the *Dreadnought* and field hospitals.

We think that the concealment of small-pox is highly reprehensible, and that it should be made penal. During the epidemic several persons have not sent for medical attendance in order to prevent the removal of the patient to hospital, for the purpose of enabling the parent to carry on his trade or occupation. A laundress allowed her child to die without attendance, fearful to losing her work, forgetful that she was spreading the disease amongst her patrons; and such cases may be heard of everywhere.

Death under Mytheline.

At Charing Cross Hospital another death under bichloride of mytheline has occurred in a case of amputation of the finger. Mr. Canton gave evidence at the inquest which resulted in a verdict that the "deceased died from the effects of mytheline properly administered." Mr. Canton stated that at the *post-mortem* examination—

"There was not the slightest trace of any action of the mytheline on either the heart or brain, the organs mainly affected by chloroform when administered. The only way he could account for the man's death was, that being in a state of great nervous excitement at having to undergo the operation, the mytheline had acted upon the nervous system, producing instant death. He had known death to have resulted under an operation from the nervous excitement of the patient without chloroform having been inhaled. There was no doubt that the death of the deceased had been produced by the mytheline he had inhaled. The cases of death while under the influence of mytheline were extremely rare. In all probability the deceased would have survived the operation had it been performed without his inhaling the mytheline, which was administered at his own request. He never allowed mytheline to be administered to a patient about to undergo an operation unless with the patient's full consent after due deliberation.

The Vice-Presidency of the Royal College of Surgeons of Ireland.

Our columns to-day contain the announcement of another candidate for the Vice-Chair of the College for which Dr. Darby and Dr. Kirkpatrick had already declared their candidature. Dr. Mapother has been, during some years, a Member of the Council and Professor of Anatomy and Physiology in the College. He is also the Examiner in Surgery in the Queen's University and Surgeon to St. Vincent's Hospital. He had already addressed our readers representing to the Fellows of the College the inadvisability of placing in its highest office any of its members who had not acquired personal experience in its interests and its administration, and he declares in his letter of to-day that he becomes a candidate for the purpose of carrying out this principle.

We refrain even from indicating the probabilities of success of either candidate, being desirous of leaving the claims of each to the electors unbiassed of any other consideration than their fitness for the office. It is our most anxious hope that this and no other quality will influence them, and we trust that no Fellow will give his vote without duly considering the import of the selection which may be made. Before the Vice-President who shall now be chosen shall pass from the Presidential Chair it is more than probable that the medical legislation will have pronounced upon the life or death of the College and, without doubt, its chief officer will be in the position of exercising powerful influences for good or harm.

In any claimant, therefore, loyalty to the College ought to be the first quality. The Fellows who honour their Alma Mater ought to allow of no alloy in the metal of which their representative is made, for, assuredly, occasion will arise when his faithfulness to Collegiate as against University interests will be submitted to severe test. The abortive Medical Bill of last Session was defeated because it contained a clause of which the object was to do certain Universities a good turn and, if we hear the truth, any measure supported by Government will have some such *proviso*. It is for the Fellows to ensure that when the time comes their champion shall be devoted alone to the interests of the College.

The Irish Department of the "Medical Press."

We desire to inform our subscribers and advertiser that our connection with Messrs. Moffat and Co., of No. 6 D'Olier street, has ceased in consequence of the bankruptcy of that firm. We have to apologise for the occurrence of many irregularities which have recently occurred in the management of the Irish department of the Journal, and all arrangements have been made to ensure improved punctuality and accuracy in its administration to subscribers as usual; and until the Irish Offices of the Journal are opened, of which you will be duly informed, all payments are to be made, and communications directed to Mr. W. C. Hogan, 48 York street, Dublin.

Subscribers or Advertisers who have paid over any money to Moffat and Co. since the 1st of March will oblige by informing me, in order that they may be duly credited in the Books of the Journal.

Cholera Epidemic at Buenos Ayres.

When the mail steamer left, Buenos Ayres was in the midst of a great calamity. The city had been again visited by a fearful epidemic, second only in its ravages to the cholera of 1867. The mortality was chiefly amongst the stations of the natives, but in consequence of the cleanly habits of the English and German communities, and their better class of accommodation, the sickness amongst them had been trifling, as the death-list from the beginning showed barely twenty English names, and although large numbers had been attacked, more than three-fourths recovered. During the six days ending March 11, the death-rate was over 100 daily, but the weather had set in cooler, and it was hoped that the worst had passed. Business had almost been suspended. The Custom-house, banks, and several commercial houses had been working short hours. About 60,000 persons had left the town, but the doctors and clergymen of all denominations were doing their duty fearlessly, and six of them had fallen victims to the epidemic. Fortunately, it had not spread to the suburbs, or camp towns, and as it had abated when the steamer left, there is reason to hope that it would soon diminish. It was generally believed that the total disregard of proper sanitary arrangements is the cause of these constantly recurring epidemics.

Vaccination in Scotland.

Of the children whose births in Scotland were registered in the year 1869, and who survived until they could be vaccinated, 96·027 per cent. were successfully vaccinated, 0·935 per cent. had their vaccination postponed, 0·355 were found to be insusceptible, while 2·683 per cent. were lost sight of by the Registrars, from having removed from the district previous to being vaccinated, or being otherwise not accounted for. Dr. Stark remarks that it would tend greatly to reduce the proportion of this latter class, were the time shortened which the Act at present allows to elapse between the birth of the child and the enforcement of the vaccination under a penalty. At present the Act allows six months, which brings the child to the teething period, when vaccination does not easily succeed, and requires often to be postponed. The migratory habits of the parents of those who escape vaccination altogether, make them most dangerous to the community. Ever since the epidemic of 1863-4, the mortality from small-pox in Scotland has declined, so that it was as near as possible extinct in 1868, seeing that only fifteen deaths therefrom occurred. Although it manifested the strongest tendency to break out as an epidemic in 1870, the successful working of the Vaccination Act appears to have almost entirely limited its ravages to those unprotected by vaccination; and although we cannot yet ascertain the exact numbers who fell victims to it during that year, we may with confidence assume that the deaths from small-pox in 1870 did not exceed 150, and will probably be found to have been little above 100.

Small-pox in the Coldstream Guards.

At Dublin a bad case of small-pox occurred in the second Battalion, Coldstream Guards, immediately after its arrival in Dublin. It will be remembered that the battalion was reported to be infected with this terrible epidemic previous to its departure from London.

Election of Examiners at the Royal College of Surgeons in Ireland.

A meeting of the Fellows will be held on Tuesday, the 2nd of May, at three o'clock, pursuant to the provisions of the Supplemental Charter, to witness the Election of seven Examiners to examine Candidates for Fellowship and Letters Testimonial; three Examiners to examine Candidates for the Diploma in Midwifery; and three Examiners to examine Students as to their proficiency in General Education.

The Secretaryship of the Dublin Hospital Commission.

We regret to learn that failing health has compelled Mr. Denis Phelan to resign this office, which he has long filled with much benefit to the public service. Mr. Phelan has not wasted the opportunities at his disposal, but has from time to time contributed to the Medical Press and Circular, and to other journals, statistical facts of much value and interest.

The salary attached to the office is £150 a year, and as its occupancy does not interfere with private practice, it is probable that a spirited competition for the succession will occur. The appointment is strictly Governmental, and, therefore, political influence will no doubt carry the day. We hear already the names of Dr. Thomas More Madden, Assistant-physician to the Rotunda Hospital, and Dr. Walsh, Surgeon to Jervis-street Hospital, mentioned as probable candidates.

The Board of Superintendence is composed of the following gentlemen :—Earl of Charlemont, K.P., Chairman ; Right Hon. Lord Chief Justice Monahan ; George Alexander Hamilton, Esq., D.L. ; Jonathan Pim, Esq., M.P. ; Sir Francis W. Brady, Q C., D.L. ; Sir Dominic Corrigan, Bart., M.D. ; William Stokes, Esq., M.D. ; William Colles, Esq., M.D. ; James William Murland, Esq. ; Christopher Fleming, Esq., M.D.

The duty of this Board is to disburse an annual Parliamentary grant to certain Dublin Hospitals, and the allocation of this grant is, and always has been, most one-sided, unfair, and partial. It is rumoured that an effort will be made before Mr. Phelan's office is filled up, to re-adjust the distribution of these funds, and to reform the Board, and we heartily trust the attempt may succeed.

The Ambulance System in Parliament.

It is not often that we devote much space to Parliamentary Intelligence, as the daily papers usually provide such full reports. The condition of the Ambulance Department is, however, so strictly within the province of a medical journal, that our readers will be glad to find that we are able to lay before them a special short-hand report of the Debate so ably brought up in the House of Commons by the hon. member for Colchester, one of the little band of medical members of which the Profession may well feel proud. The Budget has demanded so much space from our contemporaries, that they have been obliged to curtail their reports of this Ambulance Debate, so much as to be of little use to Professional readers, and our medical contemporaries have not touched the question. We are, therefore, particularly gratified that we took measures to obtain a complete report of this debate, and we advise all our readers to peruse attentively Dr. Brewer's speech. He mentioned that there were altogether 309,000 French soldiers in the Crimea. Out of these 7,500 were killed on the field of battle, and 61,000 were sick. It appeared that wounded soldiers were left for forty-eight hours on the field of battle, and that days passed by before they could be removed into hospitals. If the ambulances had been better trained and provided, much suffering and many deaths might have been prevented. He hoped the Government would devise a skeleton scheme of ambulances which might be developed and applied in time of war.

It seems to us that the proposal to prepare in time of peace for the emergencies that must arise during war is particularly desirable in every branch of the medical department, and we rejoice that Dr. Brewer's speech elicited from the Government a distinct admission of the importance of the subject.

It is on questions like these that the voices of medical members ought to be heard. Colchester possesses in Dr. Brewer a zealous representative of which she may well be proud, and in him the Medical Profession cannot fail to recognise a leader of the small band of medical members that we should rejoice to see largely re-inforced.

Mr. Bruce has refused to sanction the application of the Local Board at Wimbledon to convert a portion of Wimbledon common into a sewage farm.

There will be no examination in August next for admission into the Indian Medical Service.

It is said that Dr. Adam Sedgwick, for fifty-three years Woodwardian Professor at the University of Cambridge, and who has been for many years very energetic in his endeavours to promote the study of physical science in that University, is about to resign the active duties in connection with that chair.

We learn with regret that it has been officially reported that small-pox has broken out amongst the troops at Malta, although not at present to any very alarming extent. At the last accounts the epidemic continues to spread, and there was a talk, when the last mail left, should it not abate speedily, of delaying the return of the ships of the flying squadron.

The Adulteration Bill stood for Committee on Tuesday 25th (yesterday). Dr. Brewer gave notice of his intention to move a clause vesting the appointment of analysts for London in the Metropolitan Board of Works, instead of in the vestries and district boards. When we consider that these latter boards are chiefly constituted of tradesmen, it is plainly necessary to the effective working of the Adulteration Billl that the analysts should be appointed by superior authorities.

We are glad to learn that the Right Hon. R. Gurney, presiding judge at the Old Bailey, has stopped the case against Dr. Defriez, and ordered his acquittal. His colleagues have extended him their sympathy and support. We think that it is rather uncalled for a jury to order the conviction of a medical man, in opposition to the coroner who said there could be no conviction, and we hope that in future Bethnal Green juries will be more careful.

What are we coming to ? On Saturday our esteemed contemporary, the *Lancet*, contained the following announcement : "On the 12th inst., at St. Stephen's, Shepherd's Bush, Louisa F. Lundy, M.R.C.S.E., to Margaret Caroline, daughter of Robert Miller, Esq." Certainly, women have made very rapid strides of late, both in and out of the ranks of the Profession ; but even our liberal minds, at which some of our friends quibble, are perfectly nonplussed by this announcement. The idea of Louisa, because she is a M.R.C.S.E., being allowed the privilege of marrying Margaret Caroline, is simply dreadful. After this, who will object to medicine as a profession for women.

The *Scientific American*, in a recent issue, gives particulars of a new system of treatment of various diseases now obtaining some degree of popularity in the United States. It is known as the "Lifting Cure," which, as its name implies, is a lifting exercise, very light at first, if the patient be much debilitated, and very gradually increased with the improvement in health and strength of the patient. The great point seems to be to secure longitudinal pressure upon the spinal column without shock. The apparatus employed is therefore so constructed as to prevent the weight being lifted all at once, the full exertion being only applied at the end of the lift, and the power exerted being gradually increased from the first beginning of the effort till the weight is raised, when the effort is sustained, uniformly for a few seconds, in holding the weight suspended, and then gradually diminished to the end. The patient then rests for a short time, alternately lifting and resting until the exercise is completed. Thus, neither shock nor sudden strain is possible, no matter how great the exertion may be. Several rival machines have been introduced to meet this new demand.

DR. JOYCE, of Rolvenden, writes to a contemporary respecting the ravages of preventible diseases in his locality, the opposition to sanitary reform by some local authorities and of the indifference of others. He comments upon the brisk effervescence of the Whitehall officials, and of their as speedy subsidence into supineness, and remarks lastly upon the recurrence of diphtheria amongst those doomed to inhabit these pestilent abodes. We think that the conduct of the Board of Guardians and the Vestry is extremely reprehensible for not doing something to arrest the ravages of preventible disease. Their conduct throws some light upon their fitness to discharge the duties the Royal Sanitary Commission would impose upon them. The poor are the most immediate sufferers from insanitary conditions, and they ought to be protected against the ignorance of small tradesmen and farmers, just as chimney boys and factory children have been protected from their employers. And the proper constitution of the local boards of health will be more important since no professional politician, eligible as a Minister of Health, can be expected to balance the lives of cottagers against party exigencies.

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SCOTLAND.

UNIVERSITY OF EDINBURGH.—The ceremony of capping the graduates in arts took place on Thursday. Several honorary degrees in divinity and law were also conferred. The half-yearly meeting of the General Council was held on the 19th. Among other matters brought before the Council was the report of the committee on the constitution of the Court of Curators, which recommended that two additional members be appointed to the Curatorial Court by the University Council. The report was adopted, and it was agreed to request the University Court to take measures for carrying the resolution into effect. A report by the committee on the question of increasing the influence and representation of the General Council in the constitution of the Scottish Universities was recommitted.

MEDICAL EDUCATION OF WOMEN.—A meeting of the Society for securing a complete medical education for women in Edinburgh was held on the 19th. Professor Masson gave in a report relative to the proceedings of the acting committee, and stated that negociations were in progress with the directors of the Leith Hospital, the Sick Children's Hospital, and Chalmer's Hospital, with the view of obtaining clinical instruction for women at these institutions.

The Committee for Securing a Complete Medical Education to Women in Edinburgh, issued last week a remonstrance and protest stating that the Managers of the Infirmary held out hopes of admission for ladies to their wards, provided that this could be done without prejudice to the male students, or to the patients themselves. To meet this view there was submitted to the Managers, on the part of the Acting Committee, a plan of separate instruction and access to wards, suggested by Professor Bennett. Instead, however, of bestowing any consideration on this plan, or so much as taking the judgment of a committee of their own body regarding it, the Managers at once refused the application of the Acting Committee, and that upon the plea of the insufficiency of the plan in respect of qualification for the diploma. Having studiously met the former requirement of the Managers, the Committee feel aggrieved by having their just expectations so eluded and baffled; the more because this new plea of insufficiency for qualification is one with which the Managers of the Infirmary cannot profess that they have much concern in their official capacity—the University authorities being the proper judges in that matter. If the Royal Infirmary refuses to entertain what they consider their just claims, the Committee express a determination to seek encouragement elsewhere.

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Literature.

STRICTURE OF THE URETHRA.*

THE great importance of stricture of the male urethra, and its alarming frequency in modern times, have made the study of means for alleviating the disease quite a passion in many of the ablest men of this century, and numerous ingenious inventions have, from time to time, been essayed, and enjoyed a shorter or longer lived reputation for rapidly and permanently putting an end to this most dangerous and tormenting infirmity. Of late years, the invention of Mr. Holt, of Westminster Hospital, London, has gained that surgeon much reputation in the treatment of the disease, although there cannot be any doubt that his dilator is the very instrument invented by Perrève many years ago in Paris. Mr. J. D. Hill, the able, conscientious, and the most industrious surgeon of the Royal Free Hospital of London, has recently added to the fame of Mr. Holt's operation, by relating the history of 120 cases of stricure thus treated. The ordinary method of dilating strictures being certainly tedious, so that patients often cannot spare the time necessary for completing a cure, if Holt's operation were as safe as it is immediate, it would leave nothing to desire.

Mr. Hill divides strictures into single, multiple, complicated, and cartilaginous or undilatable. By *simple* stricture he means a limited contraction of any part of the urethra from the triangular ligament to the meatus urinarius, whether from disease or injury, generally in the form of a membranous band stretching across the canal. Nearly one half of the cases met with in practice consist of simple single stricture, and all of these, according to Mr. Hill, may be submitted to Holt's operation. The stricture, in sixty-nine cases of single stricture, was—in five on the membranous part; in forty near the bulb; in ten, in the spongy portion near the bulb; in two it was two inches from the meatus; and in three about three-quarters of an inch from the meatus. The causes of most of the cases of stricture was, of course, gonorrhœa long protracted. In those strictures near the orifice a chancre had been the cause, in some cases leaving contraction behind. The youngest patient operated on was aged twenty-two, the oldest seventy-seven years of age; and all were operated on shortly after entering the Royal Free Hospital.

Multiple stricture means where two or three contractions exist between the triangular ligament and the meatus. Mr. Hill has submitted thirty-one cases of such

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[*] 1 "An Analysis of One Hundred and Forty Cases of Organic Stricture of the Urethra, of which One Hundred and Twenty Cases were submitted to Holt's Operation, and twenty to Perinæal Section." By J. D. Hill, Esq., F.R.C.S. London: Churchill, 1871. Pp. 60.

2 "Stricture of the Urethra, Its Prevention, Early Detection, and best Mode of Treatment." By W. F. Teevan, B.A., F.R.C.S., A Paper read at Leeds before the British Medical Association in July, 1869.

3 "Stricture of the Urethra, its Safe and Rapid Cure by the Screw-Dilator, with Remarks on its Prevention and Diagnosis." By C. O. Aspray, F.R.C.S.E. London: Renshaw, 1871. Pp. 32.

stricture to Holt's operation, twelve of which were triple, and nineteen double strictures. Repeated and neglected gonorrhœa was the origin of all of these. In cases like this the first stricture is usually seated in the spongy portion of the urethra, about two inches from the meatus; the second about half way between this and the bulb, and the third about the bulbo membranous junction. The character of the first and second is usually nodular, and the third is usually fusiform, varying from one-third to three-quarters of an inch in length. The aperture is usually in the centre. The nodules vary in size from that of a pea to a marble; whereas the fusiform deposit varies from a No. 12 catheter to a thumb in thickness. Such strictures have sometimes a history of from twenty to thirty years' duration.

The complication of such strictures are numerous. Hæmaturia, from bladder disease, false passages, albuminuria, cystitis, prostatic disease, fistula in perineæ, ante and post scrotal fistulas, perinœal fistulæ, fæcal abscess, prolapsus ani, piles, hernia, sarcocele, incontinence of urine, and fistula in ano may all be mentioned. In some such cases a preliminary treatment is used by Mr. Hill, before using Holt's dilator, such as the washing out of the bladder by means of a lotion composed of twenty drops of strong nitric acid in a pint of water, to which half an ounce of liquor opii sedativus is added.

The cases cited by Mr. Hill in his admirable pamphlet are divided by him into four groups: those which permitted a No. 1 catheter to pass, nearly half the number; those which permitted a No. 2 catheter, one quarter of the number; and those which permitted no catheter, however small, to pass, about one-eighth of the number. From various causes, local, constitutional, accidental or social, gradual dilatation had accomplished little for these cases. The patients were all systematically prepared for Holt's operation. Spasm is got rid of as much as possible, since in cases of stricture of the urethra there is sometimes spasm of Kölliker's muscles from the orifice downwards, so as to offer as great an obstacle to the passage of a small as of a large catheter. Hot baths every night, with rest in bed, and occasional purges with full doses of iron and opium, with low diet, prepare such cases for the operation for a week or two; when there is inflammation of the stricture with ardor urinæ and albuminous urine and vesical catarrh, dry cupping, doses of bicarbonate, and tartrate of potash are useful.

As soon as Holt's instrument is passed into the bladder, the point of the tube selected is placed on the point of the wire between the blades, and thrust as quickly as possible onwards to the end, so as to *split* the stricture; after this has been done, a catheter is passed, and the patient put to bed, where he is kept on an unstimulating diet, and on the third day has a No. 11 catheter passed. Of 120 patients operated on by Mr. J. D. Hill, by Holt's method, 118 recovered, and there were two deaths; and of these 118 all, except one, could have No. 11 passed before leaving the wards. These attended as out-patients for catheterism, at first twice a week, then once a fortnight, and then once a month, after which they were instructed how to pass an instrument once a month. Chloroform is scarcely ever required (only once in 120 cases) in the operation, which is not painful and usually almost bloodless. Of the two deaths mentioned in the 120 cases treated by Mr. J. D. Hill, one he says might have been accelerated by the operation, the other was independent of it, and the ordinary treatment had failed in both of these cases, The first case which proved fatal, was that of a weakly man, age forty-two, with a most unyielding stricture in the membranous part of the urethra, which would never admit a catheter larger than No. 1. Five days after the splitting of the stricture rigors supervened, and the patient sank on the seventeeenth day of pyæmic pneumonia. The other patient died of fever, according to Mr. Hill, coincident with, not a consequence of, the operation.

Taking these facts into account, Mr. J. D. Hill thinks that Holt's operation is the most satisfactory method of treating any form of organic urethral stricture which is amenable to dilatation, and that with careful attention to preliminary treatment, there is no more risk in its employment than in ordinary dilatation. He affirms that the rate of mortality is probably less than in gradual dilatation, when it is considered that a certain proportion of patients die from extravasation of urine, and from complications following ordinary catheterism.

With regard to the twenty cases of cartilaginous undilatable stricture, spoken of in Mr. J. D. Hill's pamphlet, in every case either no instrument could be passed through the stricture, or when this was practicable, serious symptoms ensued. The deposit in these cases was generally situated and extended from the spongy to the membranous portions of the urethra, and was generally felt beneath the skin of the perinæum and scrotum. Nine out of twenty cases were caused by external injury, six to abscesses after clap, and five to clap. The disease had been present from fifteen to thirty years. Such cases are prepared for operation by rest in bed, hot baths, purges, and draughts of infusion of buchu, containing nitric acid with ten drops of tincture of opium. In some cases, Syme's operation can be performed; in others, it is impossible to pass any instrument through such a stricture (five out of twenty), in which cases a free incision in the middle line is made, and the silver catheter afterwards passed into the urethra behind, which in all cases is found dilated. This Mr. Hill describes as "the bold mesian incison carried through the stricture from the point of a catheter in front to the sound urethra behind." Mr. Hill remarks that all the twenty cases treated by him recovered and were cured, as far as stricture cases are curable. When perinæal fistulæ followed, the patients were directed to draw off their urine three times a day. The loss of blood is usually inconsiderable, and the wound generally granulates over the catheter in five or six weeks. One operation does not militate against another, in case of relapse, either when Holt's operation or the last mentioned operation is performed. We cannot leave Mr. J. D. Hill's most satisfactory pamphlet without expressing the gratitude we have felt to the accomplished author and surgeon for the labour and care he has bestowed in coming to these logical conclusions concerning the best mode of treatment of the most important of all diseases coming under the notice of the surgeon, organic urethral stricture, and we think that no surgeon should neglect to peruse and carefully to study this admirable essay.

Mr. W. F. Teevan, of London, has already acquired for himself no small repute as a skilful operator for stone in the bladder, and in the treatment of organic stricture. At the Medical Society of London, March 6, 1871, he asserts that the treatment of stricture may be summed up in a few words—1. Gradual dilatation whenever practicable; 2. Incision wherever desirable; 3. External urethrotomy whenever necessitated. We thus see that Mr. Teevan and Mr. J. D. Hill are completely divided as to the question of Holt's process. In the first place, Mr. Teevan asserts that stricture should be recognised much earlier than it usually is by means of the ball staff. He divides strictures into sub-pubic, penile, and orificial. The most usual seat being the triangular ligament. Eighty per cent. of strictures are, says Mr. Teevan, situated in the sub-pubic region. They are of two kinds, one "tunnel," and the other sharp well-defined rings. Nearly all sub-pubic strictures are, he says, tunnel strictures. The average length of the urethra in the male is 7⅛", and nearly all sub-pubic strictures are seated about 5½" from the meatus. The sub-pubic urethra, he says, is so large in health that it will admit the little finger without rupturing, so that very large bougies must be passed, before a cure is effected. Whatever form of treatment be used for stricture, gradual dilatation is always required, either after or before it. The French elastic bougies are his favourites.

(To be continued.)

Parliamentary Intelligence.

HOUSE OF COMMONS.

SPECIAL REPORT ON THE AMBULANCE SYSTEM, BROUGHT FORWARD BY DR. BREWER, MEMBER FOR COLCHESTER.

On the vote of £248,300 for the army medical establishments,

Dr. Brewer called attention to the necessity of preparing the ambulance department of the army in time of peace, so as not to be taken unprepared when war came upon them. The report of Dr. Hammond in reference to the American war, and our own experience in the Crimea, as well as the experience of the more recent war between France and Prussia, revealed a shocking state of things in regard to the neglect of the ambulance department. He (Dr. Brewer) then went on to remark that Dr. Hammond, Surgeon-General of the Northern American Army, appeared to acquiesce in, as not unreasonable nor to be gainsaid, that it is impossible for any Government to provide all needful aid and do all needful acts for the disabled after a severe engagement. He (Dr. Brewer) paused over such an admission, and he felt the Committee and the country would most unwillingly accept it; but, at any rate, this would not be allowed to cover neglects which foresight and drill could have supplied. A paucity of medical men could be remedied by supplemental aid from without even when the emergency rose suddenly. Supplies of all kind might be had in profusion at a very short notice; but the defects which were remediless, when the time of action came, were those attributable to a neglect of drill discipline, and long and special training, provoking that want of co-ordination in the several departments of the medical corps, which was the sure precursor of misadventure and disaster. It was no insignificant part of efficiency in the responsible medical staff to acquire a skilful apprehension of the whereabout the field tents might be most conveniently pitched, so that, on the one hand they did not interfere with, or hamper, the action or the strategic movements of the Army; and, on the other hand, to be within useful distance. The division of the infirmary men; the prompt management of the litters—horse and hand; the efficient, but not obtrusive, following the company or division to which they were attached; the removing the wounded in action so as not to crowd and jostle the combatants; and, above all, the celerity and completeness which leaves no room, and gives no provocation or opportunity to the combatants to fall out and crowd the retreating litter; the subsequent removal of the wounded to the field and to the regimental hospital tents in the rear, where the graver operations are performed; the orderly and systematic attendance of the infirmary and other non-combatant men on their several officers, at their several points of duty—all constitute services, the performance of which are essential to due relief of suffering and saving of life; but which never have been and never will be satisfactorily discharged without special and habitual training. Undoubtedly, the duties detailed were only a part—perhaps, a minor part—of the labours which fell on the medical staff in active service. To take the best and widest known example. The total of French troops in the Crimea was, in round numbers, 309,000; the total number of deaths 69,000, of whom 7,500 were killed in action, leaving 61,500 for the deaths from wounds subsequently and the ravages of fever. It was found that in Königgrätz, Solferino, Inkermann, Alma, Antietam, and the Potomac, one in five of the wounded were left dead on the field; and although the relation of the wounded to the whole force engaged—and even to the sick under treatment—varied very greatly, yet the relation of those mortally struck or left dead on the field to those who were objects for relief and treatment from wounds did not greatly vary, but retained pretty uniformly the relation stated. He thought the Committee would agree with him that each division of medical service in time of active duty demanded orderly and intelligent obedience, and such as could not be depended on without previous training and special skill. Experience showed that a neglect of such special training was marked by deficiencies in active and vigilant traversing of the ambulance corps of the field after the action and during the succeeding night, when its services were most demanded. He had, in 1866, seen men brought into the general hospital who had lain forty-eight hours on the field, and whose wounds had been untended for a period of ten days—wounds which were not mortal except for such neglect. He had remarked, over and over again, that an amount of needless suffering and loss of life resulted from exposure and neglect on the field, which could be attributed only to the want of systematic activity and co-ordination in the various divisions of the ambulance department displaying itself after severe engagements. Dr. Hammond—to whom he had alluded—spoke of two brothers lying wounded side by side in the afternoon of the day of the battle of the Antietam Creek, both vainly striving through the long hours of that weary night to stop the blood which flowed from an open wound, and which, in spite of the efforts of both, flowed on till death arrested its current. In vain each tried in turn to descry the longed-for appearance of the ambulance party—none ever appeared in sight; and a wound capable of easy treatment proved fatal, and sufferings utterly needless resulted simply from the neglect which unskilfulness in their duties and want of training in the ambulance department occasioned. No incidents struck a medical man more painfully than the deaths from hæmorrhage from wounds. The Surgeon-General of the Northern American Army related that a British officer in the Army of the Potomac, who had lost his leg from a cannon-shot, had had the knowledge and presence of mind to bind his sash so tightly round the stump as to arrest the flow of blood, and to remain many hours on the field without fatal consequences till the ambulance party arrived. And this led him (Dr. Brewer) to hope that a practice adopted by the Germans might be considered by their own authorities. In the German soldier's knapsack were to be found a good bandage and fold of lint compressible into a very small compass, but which were not only a convenience for his treatment by the surgeon in the event of the man being wounded, but which even the man himself might be easily taught to apply in the event of long neglect on the field, so as to prevent the fatal consequence to which he had alluded. The last suggestion he would press on the Government, and on the consideration of his right hon. and gallant friend (Sir Henry Storks) the Controller-General, was, that as it was not to be expected a full complement of medical officers and their men could be retained in time of profound peace, yet that a skeleton of a perfect ambulance corps should be organized, drilled, and disciplined, and specially trained for their duties; and that in any review these men should not, as now, be called on to "fall in" merely, but should be subjected to inspection in their special and several duties, and their drill and accuracy animadverted upon no less punctually and authoritatively than the combatants expect and receive on those occasions; and it is not to be feared but that this orderly discipline in time of peace will produce ample and beneficial results when the special services are demanded in times of emergency and active campaigning.

Sir H. Storks said the Secretary of War had not neglected the subject to which the hon. gentleman had called attention, which was important not only on the ground of humanity, but also in reference to the discipline of the army. A committee was appointed to inquire into the question of ambulances, and he would state some of the results. It appeared that at the Battle of Konigsgratz the percentage of wounded in the Prussian army was 4·90, and in the Austrian army 9·28; that at the Battle of Magenta the percentage of wounded French was 6·7, and of Austrians 7·05; that at the Battle of Waterloo the number of wounded in the British force was 17·76; that during the late civil war in America the number of wounded in the Federal army at Shiloh was 12·51, at Chattanooga 18·22, at Gettysburg 11·68, and at Wilderness 19·29; while the reports respecting the Confederate armies gave much larger proportions. The mean of all this was 15·70 per cent. of the whole strength. The Committee thought they could not fix upon a smaller percentage than 16 as the possible number that would have to be provided for after an action. In some of the terrible engagements around Metz in August last the proportion of wounded greatly exceeded that. The number of ambulances to be provided must be in proportion to the strength in the field. The Government intended to train a certain number of men for hospital duties and for looking after the wounded on the field of battle, thereby removing the pretext for soldiers leaving the ranks or skulking from their duties (hear, hear). About 850 men would be trained as members of the hospital corps.

In reply to Mr. Lusk, Lord Bury, Mr. M. Chambers, and Colonel North,

Sir H. Storks said that the inspectors-general had important duties to perform, all the medical arrangements of the various districts being under their control. The Director-General of the Army Medical Department was specially charged with the duty of seeing that the medicines were of the best quality, and they were all procured from the Apothecaries' hall. The question of stoppages of pay was under consideration. As regarded Netley, Colonel now General, Wilbraham, the late Governor-Commandant. having retired, an officer of inferior rank, Colonel Gordon, was appointed to succeed him at a lower salary.

Mr. Candlish observed that not only was the rank of Colonel Gordon lower than that of his predecessor, but the duties were also lower, an assistant-commandant having been appointed at a salary of £303.

Mr. Cardwell said it having been found that the having only one officer did not work well the Government were obliged to restore a second officer.

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Correspondence.

LADY MEDICAL STUDENTS AND THE EDINBURGH INFIRMARY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Though I regret that the discussion of a subject of large social interest should end by assuming a personal aspect, I must request space in your columns to correct some of the misapprehensions and misstatements of Dr. Naismith's letter.

The doctor says "I dare not deny" his statement as to the absence of the nurses from indelicate operations in Edinburgh. Now, I beg with all humility to assure him, that I was in no wise tempted to do anything so audacious. I have no personal knowledge of the arrangements for operation there, and therefore was, and am, quite willing to accept his authority for them.

As to the relevancy or irrelevancy of the contrast which I noticed between the duties of nurses in times past and now, which seems to have proved "delightful" to the doctor, I might plead in explanation, if not in extenuation, of having said what he seems to think so absurdly impertinent and illogical, that I am growing old and rather "perruque," and have therefore a natural preference for the past, especially when I do not consider the change an improvement. Besides, it can scarcely be necessary to remind the denizen of an *habitat* so philosophical as Edinburgh, that it is impossible to entertain a concept of what things are, without the inevitable suggestion of what they were but now are not, when the difference or contrast is within the sphere of knowledge and memory. I may add that I am "stupid enough" not to see any inherent or necessary incompatibility between the use of chloroform and the services of a female nurse at operations.

I did not offer "the ungentlemanly character of the students" as the "only explanation" of the position of the nurses during visit. I accepted those positions as part of the precautions considered necessary for the preservation of the nurse's delicacy. I did, indeed, suggest as an additional reason for the observance of those precautions, the possible presence—characterised by the hypothetical particle "if"—"of many, or indeed any," of those enthusiasts for female propriety and delicacy who had elsewhere given such striking proofs of their zeal. Neither did I cast the stigma of what took place outside the Infirmary walls on the "entire faculty" At the commencement of my letter, I limited the opponents of the lady students by using the word "certain." I also knew that there were some who had nobly severed themselves from the suspicion of all complicity with such an outrage, and I am glad for the sake of our common profession to hear from Dr. Naismith, that only "a small minority" have so disgraced themselves.

I, and others who think with me on these subjects, must, however, acknowledge an obligation to Dr. Naismith for having rescued us from the hazy and undefined sentimentalities to which we have been so long treated respecting the delicacy or indelicacy of female ministrations to the sick of the opposite sex. The doctor has now furnished us with the very "element" which we may consider as a definite rule, or standard, on such subjects. It appears, then, that a woman may, without reproach, render any service, however "indelicate," to a sick man, provided she does so, as the Germans say, "Unter vier augen." But the fie-fie must begin with a second male—or query female—spectator, seeing that with half a dozen or a dozen she loses "comfort," and is seized with "compunction," I suppose at being seen while employed in such an indelicate and degrading office. Well, Sir, I am no doubt old fashioned and provincial in my notions, but to me it does appear that such refinements and distinctions dwindle to mere fopperies in presence of the sad, and, if you will, humbling necessities which disease and suffering impose on both patients and attendants; even whilst I recognised the frequent "uncomeliness" of the duties and offices which form part of those necessities.

I remain, Sir, your obedient servant,

John Elliott, A.M., M.B.

Waterford, 27th March, 1871.

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"THE CONTAGIOUS DISEASES ACTS—PRO AND CON."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I don't think the promoters of the Contagious Diseases Acts at all appreciate the position and arguments of their opponents. We are called religious fanatics, sentimentalists, and weak-minded men, who prefer an effete moral code to the happiness and vigour of the human race. Now, Sir, although there is no doubt whatever that laws like the Contagious Diseases Acts violate the first principles of morality, are directly and bitterly opposed to the religious feelings of the community and outrage the best sentiments of our nature, still, the scientific opponents of these measures, need not base their opposition on any of these grounds; we oppose them principally on the four following:

1. That they are unconstitutional. We conceive that Parliament has altogether exceeded its constitutional power in secretly legalising such atrocious violations of the person as are perpetrated under these Acts. If we are told that the State has a right to legislate for the prevention of disease, we reply that the State has a right to interfere only when danger threatens a considerable portion of the community, against which care and prudence will not suffice for protection. Now, it cannot be alleged that care and prudence will not protect a man from venereal disease; if a man, in the commission of an immoral act, deliberately and voluntarily (well knowing the risk he incurs), inoculates himself with a venereal malady, we say it is no business of governments to attempt to protect him from the consequences of his own folly, much less has the State a right to rob more than one-half of the population of their civil rights, to place a number of poor, but respectable, women under the ban of a low legalised espionage, to subject suspected girls to the grossest indecences at the hands of government surgeons, and to tax decent and respectable people, purely, simply and entirely, in order that the fornicator may have a good article for his money, The argument that women make a trade of their persons and that government has a right to regulate trades, completely falls to the ground for the following reasons. Because there can be no trade without a buyer and a seller; if the act is wrong both parties

are to blame, and to select the woman and leave the man untouched, is not only dastardly but altogether unjust and unreasonable. Dr. Lyon Playfair endeavoured to get over this difficulty in the House, by calling attention to the fact, that trade regulations as to adulteration, &c., usually applied to sellers and not to buyers, but this position cannot be maintained even in the case of notorious prostitutes, because there is this peculiarity in the trade in question, which does not obtain in any other, and that is, *the buyer is as much a poisoner* as the seller, besides the law is not limited *to prostitutes or women who may on any pretence be said to make a trade of their* persons, but by a perverse and infamous interpretation of terms originating with the police and sanctioned by those whose duty it is to know better, has been applied to numbers of girls merely suspected of incontinence by policemen, girls engaged in industrial occupations and living at home with parents, whose houses and bedrooms are invaded by these degraded wretches with the object of forcing them into an indistinguishable crowd of utterly depraved common prostitutes. Now, I want to know what difference there is between a girl suspected of incontinence, and a man suspected of incontinence. In fact, the whole proceeding is simply a taking advantage of a woman's weakness, which is not only not manly, but involves everything of which a true man should be most deeply ashamed. Mind I don't say this filthy law should be maintained and extended to men, I am merely pointing out its gross injustice and inequality between the sexes—injustice not to be defended. It is no argument to say that the evil we seek to control does not stop with the first sufferers because that is the case with every misdeed and misfortune. If a man wilfully injures his health in any way, his wife and children necessarily participate in his misfortune, just in the same way if he squanders his property, they suffer from poverty, and we cannot permit a population of Britons to be treated like babies who are totally unable to take care of themselves, in fact, nothing would more surely defeat its object and aggravate the evil. The assertion that innocent wives would be protected by the pretended State-disinfection of prostitutes for the use of their adulterous husbands, is an illustration of my meaning, for here, although the proferred security is an entirely false one, it is clearly the very strongest inducement for them to practise fornication and, consequently, to contract disease. The same observation holds good with reference to the innocent children who are syphilised in countries where such laws are in force to a greater extent than in our own, in fact, Mr. Jonathan Hutchinson (and as he has discovered the signs of inherited syphilis no one will question his authority), say that those *who know most about these inherited affections, knows also that they do not affect one* in 5,000 *of the innocent children* we are so pathetically called upon to protect. In fact, Sir, the whole thing is a crime and a blunder, there is no necessity for any legislation on the subject. The means proposed, instead of diminishing disease, aggravate every evil both physical and moral, and other means entirely unobjectionable and in full accord with the free spirit of British institutions would not only suffice, but accomplish infinitely more than vain and aggravating efforts at police control.

I am, Sir, your obedient servant,

THOMAS WORTH, M.R.C.S.

Park row, Nottingham, April 15th, 1871.

RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am afraid that, from the way in which the remark made by me in Dr. Dunlop's hearing is worded in your report of the discussion on "Re-vaccination" in the last number of your Journal, an erroneous conception of my meaning may be formed. Indeed, I am prompted to write this explanation because, *in fact*, a medical friend did put such an erroneous construction on the words, "that he (Dr. R.) was quite delighted with the ability of vaccination *to turn the edge of ariola*, even although the latter had the start of two or three days; if vaccination is performed with fresh lymph, the isease becomes modified, and the pustules small." This cerainly seems to revive and sanction what has been tried and found useless—the practice of vaccination or of re-vaccination *after* small-pox has actually developed itself. What I meant to state was, that if small-pox did appear in a person exposed in an infected locality, who had been vaccinated or re-vaccinated, it did not necessarily follow that the operation had been useless; because, provided the constitutional effect is obtained (indicated by the formation of an areola) *before* the small-pox poison has become active, the case will be greatly modified. This is merely a confirmation of Dr. Marson's observations, and my object in mentioning the matter to the Committee of Health was to encourage them in the vaccinating station scheme. I had in my mind cases in point, where several *unvaccinated* persons had been vaccinated in such circumstances; but, as the event proved, the poison had already entered their system. Fortunately, it did not reach its active stage until the vaccination had taken effect, and the patients were admitted with *perfect vaccine vesicles and greatly modified small-pox.* The moral of the observation clearly is, vaccinate and re-vaccinate, without a moment's delay, all within reach of small-pox poison. If too late to prevent its entrance into the system, you may, at any rate, transform the case from one of a severe type, with high mortality, to a mild attack without risk to life.

Having thus put my opinion beyond misconception, I must pass outside the original limit of my purpose to express my admiration of Dr. Kennedy's able statement of the case for re-vaccination. He is particularly happy in his statement that it is only by "*inflicting panic*" on the public that they can be got to adopt precautionary measures for the prevention of epidemic disease. The feminine element seems to predominate in the public mind regarding epidemics. The public require to be taken care of, and wish to be taken care of, but they would like it to be done without their knowing it. They get hysterical if you speak of small-pox, and urge re-vaccination; but they won't re-vaccinate until they are frightened. Yet, if those to whom they trust for protection spare their feelings, when the disease begins to spread the shrill complaining voice is made very audible. Or the Officer of Health may find himself in the still more extraordinary position of having blighted an epidemic, or of having adopted precautions against an epidemic which, it seems unfortunately, did not come. In either case, expenditure is denounced as wasteful and unnecessary. There are rumours of some such criticism on the sanitary department here, probably *because* relapsing fever has been comparatively limited in its spread, and small-pox is already declining, and yet "there was so much talk about it!"

I am, Sir, your obedient servant,

J. B. RUSSELL.

City of Glasgow Fever Hospital,
April 17th, 1871.

THE VICE-PRESIDENCY OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—When I wrote the letter which appeared in your columns on the 29th ult., I fully believed that some member of the Council, senior to me, would have sought our Vice-Chair. I now learn with surprise and regret that none will do so. The object of my letter was to oppose the election of any candidate who had not, by previous service to the College, qualified himself for the important duties of this distinguished office. I, therefore, feel constrained to stand by this principle, and offer myself as a candidate. As some provincial Fellows have misinterpreted my views, I beg them to understand that I have always advocated their representation on the Council, of which Drs. Pentland and Tabuteau were such useful members. Pledging the Fellows undivided loyalty to their interests,

I am, yours faithfully,

E. D. MAPOTHER.

18 Merrion square, North; April 20th, 1871.

SYRUP OF PHOSPHATE OF IRON AND OTHER SYRUPS CONTAINING PHOSPHORIC ACID.

Mr. Michael Carteighe contributes to the *Pharmaceutical Journal*, of March 25, some formulæ, he says :—The necessity of keeping the syrup of iron, B.P. recently prepared induced him to try a few experiments with a stronger acid, and to devise a shorter process than that of the B.P.

SYRUP OF PHOSPHATE OF IRON.

Phosphate of Iron	96 grs.
Water	9 fl. drms.
Syrupy Phosphoric Acid, sp. gr. 1·500	7 fl. drms.
Syrup	10 fl. oz.

Rub the phosphate of iron with the water in a glass mortar, add the phosphoric acid and filter the mixture into the syrup.

As thus prepared, it contains the same proportion of iron, about 2 minims less of the dilute acid (25 instead of 27), and rather more sugar than when prepared according to the "Pharmacopœia."

The phosphate of iron is made by the B.P. process, and dried at a temperature not exceeding 100° F. The specimens he has met with are not readily soluble in the acid. This want of solubility is, he believes, due to the length of time they have been kept before sale.

He has obtained the best results with phosphate only a few days old, and finds it advantageous to make as much as is required frequently.

Syrupy phosphoric acid of sp. gr. 1·500 may now be obtained of any manufacturing chemist, and according to Dr. Watts's table, contains about 50 per cent. of P_2O_5. It is made by the action of nitric acid on phosphorus, the excess of acid being driven off in a platinum vessel.

SYRUP OF PHOSPHATE OF MANGANESE

May be prepared in a similar manner with the following ingredients :—

Phosphate of Manganese	96 grs.
Water	9 fl. drms.
Syrupy Phosphoric Acid, sp. gr. 1·500	7 fl. drms.
Syrup	10 fl. oz.

Strength—1 *grain phosphate of manganese and acid equal to about* 25 *minims of the dilute phosphoric acid in each fluid drachm.*

The phosphate of manganese is made in the same manner as the phosphate of iron, substituting sulphate of manganese for the ferrous sulphate.

SYRUP OF PHOSPHATE OF IRON WITH MANGANESE.

Phosphate of Iron	72 grs.
Phosphate of Manganese	48 grs.
Water	8 fl. drms.
Syrupy Phosphoric Acid	8 fl. drms.
Syrup	10 fl. oz.

Rub the powders with the water, add the acid and filter into the syrup.

Each fluid drachm contains ¾-*grain phosphate of iron,* ½-*grain phosphate of manganese and acid equal to about* 30 *minims of the dilute phosphoric acid, B.P.*

SYRUP OF PHOSPHATE OF IRON AND LIME.

Take of Phosphate of Iron	96 grs.
Phosphate of Lime	192 grs.
Water	8 fl. drms
Syrupy Phosphoric Acid, sp. gr. 1·500	8 fl. drms
Syrup	10 fl. oz.

Mix the powders with the water in a glass mortar, add the acid and filter into the syrup.

Each fluid drachm contains 1 *grain of phosphate of iron,* 2 *grains of phosphate of lime, and an amount of acid equal to about* 30 *minims of the dilute phosphoric acid, B. P.*

The phosphate of lime is made by precipitation from solutions of chloride of calcium and phosphate of soda, and dried at 100° F., and should not be kept too long before use. That made from *bone ash*, as the "Pharmacopœia" directs, is much less readily soluble.

SYRUP OF PHOSPHATE OF ZINC.

Phosphate of Zinc	192 grs.
Water	11 fl. drms.
Syrupy Phosphoric Acid, sp. gr. 1·500	5 fl. drms.
Syrup	10 fl. oz.

Rub the phosphate with the water, add the acid and filter into the syrup.

Each fluid drachm contains 2 *grains of zinc phosphate and about* 18 *minims of dilute phosphoric acid.*

SYRUP OF PHOSPHATE OF QUININE.

Take of Phosphate of Quinia*	96 grs.
Water	13½ fl. drms
Syrupy Phosphoric Acid, sp. gr. 1·500	2½ fl. drms.
Syrupy	10 fl. oz.

Mix the acid with the water, add the quinia and filter into the syrup.

Each fluid drachm contains 1 *grain of phosphate of quinine and acid equal to about* 10 *minims of the dilute phosphoric acid.*

SYRUP OF PHOSPHATE OF IRON WITH QUININE.

Take of Phosphate of Iron	192 grs.
Phosphate of Quinia*	96 grs.
Water	7 fl. drms
Syrupy Phosphoric Acid, sp. gr. 1·500	9 fl. drms
Syrup	1 fl. oz.

Rub the powders with the water, add the acid and filter into the syrup.

Each fluid drachm contains 2 *grains of phosphate of iron and* 1 *grain of phosphate of quinine.*

SYRUP OF PHOSPHATE OF IRON, QUININE AND STRYCHNINE.

Easton's Syrup.

Take of Phosphate of Iron	192 grs.
Phosphate of Quinia*	96 grs.
Strychnia (in crystals)	3 grs.
Water	7 fl. drms
Syrupy Phosphoric Acid, sp. gr. 1·500	9 fl. drms
Syrup	10 fl. oz.

Rub the phosphate of iron with 5 drachms of the water in a glass mortar, dissolve the strychnia and quinia in the acid, previously mixed with the remaining 2 drachms of water ; mix and filter into the syrup.

Each fluid drachm contains 2 *grains of phosphate of iron,* 1 *grain of phosphate of quinine and* 1-32*nd part of a grain of strychnine.*

SYRUP OF PHOSPHATE OF IRON AND STRYCHNINE.

May be prepared in the same manner as the last, omitting the phosphate of quinine.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma were admitted members of the College at a meeting of the Court of Examiners on the 18th inst., viz. :—

Pritchard, Richard Henry, L.S.A., Treborough, Somerset	Guy's Hospital
Batchelor, Ferdinand Campion, L.R.C.P. Edin.	
Coomber, Francis, Enniskillen	
Ker, Hugh Richard, Tipton, Staffordshire	
Turner, Wm. Mulholland, L.S.A., King's road, S.W.	Charing cross Hospital
Boreham, William Todman, L.R.C.P. Edin., Cantley, Norfolk	
Burroughs, George Edward Elton, L.K. and Q.C.P.I., Littlehampton	
Parry, Thomas William, L.R.C.P. Edin., Carnarvon	Edinburgh School
Smith, George John Malcolm, Edinburgh	
Nicholl, David Charles, Carmarthen	
Addy, Boughton, Southport	St. Thomas's Hospital
Maybury, Horace Mansell, Frimley, Surrey	
Bonser, John Hanbury, Sutton in Ashfield	
Wharry, Charles John, L.S.A., Woolwich	St. Bartholomew's Hospital
Strafford, Thomas, Ripley, near Derby	
Monro, David, M.D. Queen's Coll. Kingston, Canada	London Hospital
Chislett, Francis H. Oakley, Kingsland road	

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* The same weight of quinia, prepared by precipitating an acidulated solution of the *disulphate* by solution of ammonia, collecting, washing and drying at 100° F., may be used, in the absence of the phosphate.

Stiles, Edward Marsh, Chippenham, St. George's Hospital.
Pellereau, George Elie, Mruritius, University College.
Rose, William, L.S.A., High Wycombe, King's College.
Holmes, Robert Andrew King, M.D., Q.U.I., Coagh, Tyrone, Dublin School
Stamford, William, L.S.A., Swindon, Wilts, Middlesex Hospital.
Drew, William Thomas, L.S.A., Stow-on-the-Wold, St. Mary's Hospital.
Reston, Henry, L.R.C.P.L., Stretford, Lancashire, Manchester School.
Blyth, Louis Gwyn Messrs. L.R.C.P., Edinburgh, of Weston-super Mare.
Russell, William, L.S.A., of Walworth.
Lycett, John Allen, L.S.A., of Scarborough.
Haines, Alfred Henry, L.S.A., of Notting hill.
Drew, Henry William, L.R.C.P., Edinburgh, of the Cape of Good Hope.

Four candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

Dr. Brady, M.P., is unfortunately confined to his room with a severe attack of bronchitis, accompanied by congestion of the mucous membrane of the throat. It will be probably some time before he will be able to resume his parliamentary duties.

Medical Commission to the Hedjaz.—The Ottoman government has sent, according to custom, a medical commission into the Hedjaz to superintend the execution of sanitary measures during the sojourn of the Mussulman prigrims travelling to the holy cities. The body is to land at Djeddah, and thence proceed to Mecca and Medina to organise ambulances and hospitals. Vessels will also be stationed at that port, and also at Confounda and Suakim, to examine pilgrims on their return homewards, and to detain those affected by contagious diseases.

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Gleanings.

Radical Cure of Hernia.

Dr. C. F. Gay, M.D., surgeon to the Buffalo General Hospital, gives the following case in the *Medical Record* :—

On April 22nd, 1870, Charles Wall, aged eleven years, entered the surgical ward of the hospital, with double scrotal hernia, quite large, being congenital and reducible. The external ring was sufficiently large to admit two fingers of the hand. On April 29th, I operated on the right side, and six months thereafter there is, and has been, no escape of intestine from the abdominal cavity. My operation, it is believed, differs from that of any other heretofore made. I obtained the idea from Dr. Chisolm, of Charlestown, S. C., now of Baltimore, Md., and from Dr. Armsby, of Albany, N. Y. By conjoining the two methods separately proposed by these two gentlemen, the operation is made successful. Silver wire was used subcutaneously, after the plan was suggested by Dr. Chisolm, and at the same time the silk seton was introduced as recommended by Armsby. The only instrument used was a strong, slightly-curved needle, about four and a half inches in length, with an eye at its point. To the needle was attached a strong handle. Reducing the hernia, I gathered up upon the left index finger a fold of scrotum, carrying this before the finger to the margin of the abdominal ring. The needle was then thrust through the inferior column of the ring, its point carried over the superior column and out through the integuments, about one inch above the margin of the superior column; then threading the needle with silver wire it was drawn back into the scrotum, and without entirely withdrawing it from the scrotal integument it was returned over the border of the inferior column, beneath and through the margin of the superior column, thus making the point of exit to correspond to the point of entrance; then removing the needle and twisting the wire, the ring was found to be sufficiently closed to prevent escape of intestine. I did not cut the wire after twisting it, and permit the end to escape beneath the integuments, but left the end projecting one inch or more in length. The next step in the operation was to introduce the silk seton. The seton was composed of six strands of ordinary ized silk thread. When introduced, it extended from the fundus of the scrotum to two inches above the superior column of the ring, and was inserted by the same needle used in introducing the wire ligature. In inserting it, I raised upon the forefinger the scrotum at its fundus, and carried it up to the ring, partially invaginating it; then just behind the finger, thrust the needle armed with the seton through the scrotum, through the superior column of the ring, and out through the integuments. Tying the ends of the seton it was allowed to remain until the tenth day. After removing it, the silver wire was twisted a little more tightly and clipped short, so that it disappeared from view beneath the integuments. There were no constitutional symptoms after the operation, but considerable pain accompanied the local inflammation. I operated by this conjoint method because I believed the wire ligature alone sufficient to effect a radical cure; that the wire alone would cause no local inflammation, but would act only mechanically to hold the columns of the ring in apposition; therefore the set on was used in order to excite local inflammation sufficient to agglutinate the parts permanently together. The patient left the hospital, and afterwards was treated by Dr. Boardman, of this city, for conjunctivitis. On September 15th, or about this date, Dr. B., observing the wire about to ulcerate through the integuments, cut it out. On September 22nd I examined the patient and found the ring closed and the cure perfect, there never having been at any time since the operation escape of the intestine."

Saponified Cod-Liver Oil.

From the American Practitioner.

Prof. Van den Corput, of Brussels, recently published a paper directing attention to the great advantages to be derived from the use of cod-liver oil saponified by lime in the treatment of phthisis. The principal advantages claimed by Dr. Corput for this preparation are its solid form and its slight and not disagreeable taste; its consequent easier ingestion and assimilation, and its freedom from tendency to produce the diarrhœa so often caused by cod-liver oil as generally given.

The author's formula for the soap is: one hundred parts of pure cod-liver oil are saponified into a pilular consistence by means of hydrated lime, and then aromatized by one part of bitter almond or anise essence. This mass is divided into boluses of five or six grains each, sugar-coated, and covered, if desired, by ethereal tincture of tolu. Of these two are a dose, taken from three to five times a day. Given early in phthisis, Dr. Corput claims that it often retards the progress of the affection, and sometimes leads to cure.

The soap as prepared above has been found by physicians of this city exceedingly offensive. The specimens that the writer has seen are simply disgusting. On inquiry made of one of our leading pharmaceutists, C. Lewis Diehl, as to the probable cause of this nauseous odour of the compound, we received the accompanying note, the publication of which may save some of our readers from disappointment in the preparation of Dr. Van den Corput's pills:

Louisville, February 15th, 1871.

Editors American Practitioner :

The process of Prof. Van den Corput for pills of cod-liver oil is not available for general use, because he only indicates the composition of the pills instead of giving a working formula. The saponification of cod-liver oil by means of lime is effected by boiling the oil with milk of lime for an hour or two, according to circumstances. By using just sufficient or an excess of lime, *perfect* saponification results, and a hard, brittle, and insoluble soap is formed. As Prof. Van den Corput speaks of saponifying the oil to a pilular consistence, it is evident he intends *partial* saponification; and, accepting this view, I attempted the preparation of the pills. Pure cod-liver oil, as nearly odourless and tasteless as the best oils in our markets are found, was boiled with a sixteenth of its weight of lime, in form of dilute milk of lime, for nearly two hours. When cool, the partially saponified oil floated upon the surface of the watery liquid, and had acquired about the consistence of lard. Evidently this consistence was not that required, and more lime should have been employed to bring the oil to the proper consistence. The experiment was, however, not continued, as the extremely nauseous odour, arising during the saponification, and retained by the saponaceous mixture, gave plain indication of the formation of products of decomposition, among them propylamine, which in their character gave sufficient reason for discarding the process from a pharmaceutic point of view. Whether the therapeutic value of cod-liver oil is thereby affected must be determined by the physician.

Very respectfully, C. Lewis Diehl.

NOTICES TO CORRESPONDENTS.

☞ CORRESPONDENTS requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

TO OUR SUBSCRIBERS.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publishers would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

DIABETES.—A Clinical Lecture delivered at the Westminster Hospital by Dr. Basham upon "Diabetes," will appear in our next.

REVIEWS of the following works are in type, but unavoidably postponed:—

"Atlas of Portraits of Skin Diseases with Fasciculus."
"Notes and Recollections of an Ambulance Surgeon."
"Guy's Hospital Reports."

"FOOD POISONING."

To the Editor of "The Medical Press and Circular."

SIR,—In your last issue of the 19th inst., you draw attention to the prevalence of diarrhœa, one of its causes being rhubarb tart. I have seen some severe cases of diarrhœa from eating rabbit-pie. A family, consisting of the parents and seven children dined off a pie made in the ordinary way with two young rabbits—reared in a hutch and fed only on hay, bran, oats, and turnips. The father and six of the children were attacked in the night with very severe diarrhœa, which continued through the following day. On the next day, the servants asked to have the remains of the pie, and it had a similar effect upon them. The mother and one child were not affected, probably they did not consume so much as the others. I am unable to account for the occurrence. Perhaps some of your readers could throw some light on the matter.

Yours, &c.,
M.B., T.C.D.

April 20th, 1871.

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MEETINGS OF THE LONDON SOCIETIES.

HUNTERIAN.—This Evening, 8 P.M. Ordinary.

ROYAL INSTITUTION.—THURSDAY, April 27th, 3 P.M. Prof. Tyndall, "On Sound."

CLINICAL SOCIETY OF LONDON.—FRIDAY, April 28th, 8½ P.M. Dr. Greenhow, "On Diphtherial Paralysis treated by Galvanism." Dr. Gull, "On a Case of Accumulation of Hair in the Stomach." Dr. Henry Thompson, "On a Case of Diabetes treated with Opium." Mr. Cooper Forster, "On a Case of Naso-Pharyngeal Polypus."

ROYAL INSTITUTION.—9 P.M. Prof. Odling, "On the revived Theory of Phlogiston."

ROYAL INSTITUTION.—SATURDAY, April 29th, 3 P.M. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

MEDICAL.—MONDAY, May 1st, 8 P.M. Annual Oration by Dr. W. Cholmely.

PATHOLOGICAL.—TUESDAY, May 2nd, 8 P.M. Ordinary.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Select Methods in Chemical Analysis. By William Crookes, F.R.S. London: Longmans, Green, and Co.

On the Relations of Prescriber and Dispenser. By D. Campbell Black, M.D.

Handy Book on Food and Diet. By Dr. Cameron. London: Baillière, Tindall, and Cox.

On the Influence of the Differential Duties, &c. By Ferdinand Kohn, C.E.

Deaths from Phthisis in Melbourne from 1865 to 1870. By Dr. W. Thompson.

The Canada Lancet; Boston Medical Journal; Journal of the Gynæcological Society; Nature; Druggist's Advocate; Food Journal; Australian Medical Gazette; Pacific Medical Journal; Good Health.

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VACANCIES.

Cheltenham Hospital.—House-Surgeon. Salary £120 with furnished residence.

Seaman's Hospital, Greenwich.—House-Surgeon. Board and lodging but no salary.

Consumption Hospital, Brompton.—Clinical Assistant.

South Stafford General Hospital.—Physician Honorary, also House-Surgeon. Salary £100, with board, and Dispenser. Salary £50, with board.

Northleach Union.—Medical Officer for No. 1 District. Salary £25, with fees.

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APPOINTMENTS.

BROCKLESBY, R., L.R.C.P.Ed., M.R.C.S., Medical Officer for the Osbournby District of the Sleaford Union, Lincolnshire.

BROWN, P. M.D., Medical Officer for the Ryton District of the Gateshead Union, Durham.

CLAREMONT, C. C., M.R.C.S., Public Vaccinator for the Parish of St. Pancras, Middlesex.

COLE, T., M.D., L.R.C.P., Hon. Physician to the Royal Hospital, Bath.

DUNCAN, J. M., M.D., Consulting Physician to the Royal Hospital for Sick Children, Edinburgh.

EAGER, R., M.R.C.S.E., a Consulting Surgeon to the Royal Surrey County Hospital, Guildford.

FOOT, A. W., M.D., F.K.Q.C.P.I., a Physician to the Meath Hospital, Dublin.

GARNHAM, J. D., M.R.C.S., Medical Officer to the second and eleventh Districts of the Lincoln Union.

HALL, J., M.R.C.S., Medical Officer for District No. 3 of St. Pancras.

HUNTER, Dr. R., Admiralty Surgeon and Agent for Larne.

KIRBY, Dr., Medical Officer to Shercock, Co. Cavan, has been unanimously elected Medical Officer, to be District Registrar of Births, Deaths, and Marriages, Surgeon to the Police and Coast Guards at Waterville.

MALE, H. D., L.R.C.P., House-Surgeon to the Lincoln County Hospital.

MATTERSON, W., M.D., Consulting Physician York Lunatic Asylum.

MACLACHLAN, A., M.D., Physician to the Hospital for Children, Newcastle-upon-Tyne.

MITCHELL, J., Medical Officer District No. 4 Parish of St. Pancras.

MILLSON, G., L.R.C.P.Ed., M.R.C.S.E., House-Surgeon and Secretary to the Scarborough Dispensary and Accident Hospital.

MOORE, J., M.D., M.R.C.S., Surgeon to the General Hospital, Belfast.

MOORE, Mr. A. J., House Surgeon to the London Hospital.

ORR, J., M.D., L.R.C.S.Ed., Resident Assistant House-Surgeon to the East Dispensary, Liverpool.

OSBORNE, J. H., M.R.C.S.E., Medical Officer for the Southwell District of the Southwell Union, Nottinghamshire.

PLOWRIGHT, C. B., L.R.C.P., House Surgeon to the West Norfolk Hospital.

SNELL, Mr. S., Assistant Medical Officer at the Leeds General Infirmary.

TURNER, H., M.R.C.S., Resident Physician's Assistant, Middlesex Hospital.

WILLAN, T. H., M.R.C.S., Medical Officer to the East Preston Union.

WILKINSON, T. M., L.R.C.P.Ed., House-Surgeon to the Lincoln Dispensary.

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Deaths.

HOUSLEY.—On the 14th inst., at Boundary row, N.W. (the residence of his nephew), Charles Housley, M.R.C.S., of Port Elizabete, South Africa, in the 55th year of his age.

JAY.—On the 5th inst., at Acle, Norfolk, Joseph Tillett Jay, M.R.C.S.E., aged 56.

JACKSON.—On the 10th inst., Thomas Jackson, M.D., of Hull.

MORGAN.—On the 5th inst., at Pontyfrân, near Brecon, Richard Morgan, M.R.C.S.E. (not practising), of Abercwmboy House, near Aberdare, aged 27.

MURRAY.—On the 16th inst., at Forest hill, Thomas Douglas, only son of John Murray, M.D., of Wickham, Hants.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

The scale of charges is as follows:—

Seven lines and under	£0	4	0
Per line afterwards	0	0	6
One quarter page	1	5	0
Half-page	2	10	0
One do.	5	0	0

When advertisements are given for a series of insertions, a very considerable reduction from the above scale is made.

☞ Advertisements for Insertion in this Journal must be at the OFFICE, on SATURDAY, by Two o'Clock.

COMPETENT ASSISTANTS provided without expense to principals. No Gentlemen recommended whose antecedents have not been inquired into.

CARLOW UNION.

HEAD NURSE WANTED for the BAGENALSTOWN HOSPITAL.

The BOARD OF GUARDIANS of the above Union will, on THURSDAY, the 20th day of APRIL next, proceed to appoint a properly-qualified person to fill the office of HEAD NURSE in the Bag nalstown Fever Hospital in the above Union, at a Salary of Twelve Pounds per Annum, with rations and apartments.

Personal attendance of Candidates will be required on the day of election.

Proposals will be received by me, or can be lodged in the T nder-box up to Twelve o'clock, noon, on the above-mentioned day.

By Order,
EDWARD L. JAMESON, Clerk of the Union.

Workhouse, Carlow, 30*th March*, 1871.

DISPENSARY.—A GENTLEMAN, about to resign, would treat with a party as Successor on easy terms.—Address, M.D., 57 Mount Pleasant Square, Dublin.

INDIAN MEDICAL SERVICE.

NOTICE is hereby given, that no examination for ppointment to the Indian Medical Service will be held in Aug st, 1871.

T. T. PEARS, Major Gener l,
Military Se etary.

INDIA OFFICE, 17th April, 1871.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN,

2 OSNABURGH PLACE, REGENT'S PARK N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNO , Esq. Resident House Surgeon.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1871.

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ON SYPHILITIC INOCULATION

WITH REFERENCE TO THE

PRODUCTION OF THE SPECIFIC PUSTULE.

By Mr. Morgan,

Surgeon to Mercers's, and to the Westmoreland Lock Hospital, Dublin; Professor of Surgical and Descriptive Anatomy; R.C.S.I., &c.

Mr. H. Lee in some remarks on this subject, quoted from his lectures in the Medical Press, April 19th, has alluded to observations which have been made and published by me in Dublin, as to the production of certain chancroids or sores, simple in character, from the secretions or discharge of contaminated patients on patients also contaminated.

The question is one of interest—as the observations and direct investigations I have made tend to show that the chancroid or soft sore is but a descendant from the chancre or hard sore, and is not a distinct poison, but can be produced from the discharge of a constitutionally infected person, and more especially from one form which is an obvious and fertile source—the vaginal secretion of an infected female.

Mr. Lee says, alluding to my testings:—

"It will be said it is the soft sore which has been produced in the experiments alluded to. Now, to explain this, two circumstances must be borne in mind: First, in certain states of constitution in syphilitic subjects, a pustule and subsequent sore is produced with great facility. Here is the drawing of a well-developed pustule in a syphilitic subject, produced by the inoculation of some pus from a case of excision of the knee-joint in a child. The second point to which I advert, and which has a more direct bearing upon the experiments in question, is that inoculations may no doubt be performed occasionally on syphilitic patients which will not present the characters of either of the forms of disease which I have described. I have inoculated and succeeded in inoculating syphilitic patients from the secretions of indurated sores, but the ulcers produced have not presented the sharp ulcerated border of the local suppurating sore, nor have they been accompanied by the adhesive form of inflammation of true syphilis."

As to the first point—It may readily be admitted that the inoculation of pus produced a pustule in a syphilitic patient, but—Was it a specific pustule? Was it the same as a pustule the result of specific inoculation? Did it differ for instance from the pustule of a poisoned wound? Was it *re-inoculable* on the patient's self or on others? If it was not *re*-inoculable, and capable of becoming the head of a series, we must eliminate the occurrence of such an inoculation as being valueless in the argument. Inoculation with pus from an excised knee-joint would be likely to produce a pustule on any one, specially if not in vigorous health. I saw not very long since a well marked pustule produced on the back of the hand of a surgeon in an hospital by simply the contact of a drop of blood, yet I would be extremely sorry to brand him as syphilitic on that account, and I am satisfied the case was not syphilitic. The remark is made that in certain states of the constitution in syphilitic subjects a pustule and subsequent sore is produced with great facility; and it is mentioned by Mr. Lee "that it has been proved over and over again that the matter of gonorrhœa is not inoculable." I have tried it on several occasions on syphilitic subjects, and when taken from males who never had a sore, yet it failed. If a pustule and sore can be produced by inoculating with matter from an excised knee-joint, why should the gonorrhœal matter fail to do so? Is it not presumable that the inoculation of the matter from a diseased joint acted on a syphilitic patient just as it would on any other person by producing a pustule, which was not specific or specifically inoculable, though it may have been highly irritable.

It appears proved that inoculation from the gonorrhœal discharge of a *male* produces no result on a healthy person, or what is more important in the question debated, *on a syphilitic* patient, yet that the gonorrhœa or vaginal discharge of a syphilitic *woman* will produce a *re*-inoculable pustule on a syphilitic patient, and what is also to be specially borne in mind, on the patient's *own* person—illustrating the well-known argument of those who hold to the existence of *two* poisons—that the produced sore is of the *auto*-inoculable character of the chancroid or simple affection.

The case of Hunter is referred to by Mr. Lee, as an evidence of the power of the gonorrhœa "of a syphilitic subject," to give, as it did Mr. Hunter, an indurated sore; this I do not consider a very unreasonable suggestion, and that matter was derived from a syphilitic male who may have had a sore in existence, or been syphilitic. The gonorrhœal or vaginal secretion of a syphilitic female, constitutionally and not locally affected, however, I have found to produce the soft simple sore, with its characteristic pustule, when inoculated on syphilitic subjects (as they alone were suited for such a test). To this it has been objected by Mr. Lee, that "the experiments have all been performed on patients whose systems were already affected by syphilis," and that the same difficulty would attend as if experimenting "with cow-pox on those who already had the disease." But, unfortunately, the theory of the dualists is carried out by the virus got from this source, it is *auto*-inoculable. The gonorrhœa of a syphilitic male should have been inert on Hunter a second time, or on anyone "already affected with syphilis," but the inoculation of the vaginal discharge of a syphilitic woman is *auto*-inoculable, and is preceded by the characteristic and highly re-inoculable pustule which attends the inoculation of a soft sore produced by direct inoculation from another soft sore—or from a sore the product originally of artificial inoculation with a syphilitic vaginal discharge. The appearances and conduct of both sores *are identical*—the one a descendant in a direct line from a vaginal discharge, the other the descendant of a chancroid or soft sore.

The following testings which I carefully performed prove abundantly the *auto*-inoculability of this discharge, and its general inoculability on other syphilitic patients, and proves that the ordinary sore or chancroid, with its characteristics of inoculability, and auto-inoculability, and pustular development, may be the direct product of contamination by a secondary discharge.

July 6, 1870.—A strong, fresh-looking girl of twenty-three, had been admitted to hospital on two occasions:—First, on June 1, 1868—for several soft sores; secondly, on October, 1868—for a sloughing phagedenic sore of the nympha, followed by patches, papules, pains, and finally by ecthymatous spots here and there over the body: the phagedenic ulceration was most acute, and was cured by the use of escharotic and local applications.

She remained without further symptoms till about ten days before admission, when she got a discharge with some pain and tenderness, and a sore formed of a secondary character, at the cicatrix of the former sore near the nates; the stains left by the ecthyma are still very evident; also a wound on the arm, made about six weeks ago, presents a deep coppery stain, indicative of a latent taint.

On careful examination with the speculum, no ulcer whatever is to be seen, but there is a purulent vaginal discharge.

I inoculated with this on herself, on July 7, producing, by the 11th, a well-marked pustule, becoming a sore shortly afterwards.

July 7—I inoculated No. 1,193, suffering from copious patches, alopecia, and pains, and produced, by the 11th, a characteristic pustule and sore.

On July 7, I inoculated No. 921 (who was at this time partially under the influence of another inoculation), and produced, by the 11th, a perfectly formed umbilicated pustule. This patient was intensely syphilitic at the time.

On July 7, I also inoculated No. 988, who was almost free from syphilitic symptoms, having been frequently inoculated, but produced only a small ill-formed pustule and superficial sore.

July 7, I also inoculated No. 1,000, who had already been several times inoculated, and produced a specific, but not vigorous pustule.

July 7, I inoculated No. 1,075, and at the time suffering from a vigorous chancroid; and produced a perfect pustule and small chancroid.

This case is very interesting, as there was no rash, and the secretion from the sore could not *possibly* be mingled with the vaginal discharge. The sore had not the character of a primary either in appearance or secretion, and the patient might otherwise have been looked on as a specimen of rude health, but as evidenced by the stains, and the discoloration left by the wound occurring within two months, together with the re-opening of the original cicatrix, the venereal taint was, though latent, still as active as ever.

It is suggested that such a testing as this is but "a different form of the experiment Hunter performed on himself," but there is no evidence that the source of Hunter's virus was a constitutional secretion. I confess I think it is widely different as to result and form.

1. No indurated sore was produced.
2. The secretion or gonorrhœa of constitutionally infected *women* was used.
3. These were undoubtedly syphilitic patients.
4. The recipients were all undoubtedly syphilitic.
5. Inoculations and also *auto*-inoculations were performed.
6. The resulting sores were re-inoculated in many cases.

I have arranged in a tabular form a few of these cases. The result narrows the question to this: either these inoculations would have produced chancroids or soft sores on the individual herself, or on an infected male; and be capable, at the same time, of producing (as Mr. Lee remarks in Hunter's case) an indurated sore on an *un*tainted person; or else this is the true origin of the chancroid or soft sore, which is but a descent, with modification, from syphilis proper, and derivable from a secondary lesion; that it would produce "indurated sores" cannot be reconciled with the every day fact that indurated sores are comparatively unfrequent as compared with the simple sore which, as in the accompanying series, is proved to be most easily and vigorously reproducible from a discharge only.

Remarkable Inoculations from Vaginal Discharge—all producing Characteristic Pustules and Chancroids more or less persistent, capable of Indefinite Propagation.

Inoculation of the Vaginal Discharge of No. 1,204.

Produced chancroid on No. 1,118, on June 2nd, which produced chancroids ... ... June 10, on No. 1,000.
Do. 12, on No. 1,000.
Do. 12, on No. 1,085.
Do. 12, on No. 1,159.

Inoculation of the Vaginal Discharge of No. 988.

May 23,	do.	on herself.	From this, June 3, on herself. Do. ,, 10, on 1,163. Do. ,, 12, on 1,112.
June 3,	do.	on herself.	
,, 13,	do.	on herself.	
,, 20,	do.	on 1,060.	
,, 23,	do.	on 921; not very developed.	
,, 23,	do.	on herself.	

Inoculation of the Vaginal Discharge of No. 1,185.

June 27,	do.	on herself.	From this, June 27, on 1,167.
,, 27,	do.	on 921.	
,, 27,	do.	on 911.	
,, 29,	do.	on 1,169.	
,, 30,	do.	on 1,189.	

Inoculation of the Vaginal Discharge of No. 1,140.

June 7,	do.	on herself.
,, 7,	do.	on 1,112.
,, 15,	do.	on 1,138.

Inoculation of the Vaginal Discharge of No. 1,220.

July 6,	do.	on herself.
,, 7,	do.	on 1,193.
,, 7,	do.	on 921.
,, 7,	do.	on 1,000; not very vigorous.
,, 7,	do.	on 988; ,, ,,
,, 7,	do.	on 2,075; ,, ,,

No. 1,118 proves the power of this source to become the head of a series, or a chancroid, if not a truly syphilitic "scolex."

No. 988 proves the auto-inoculability of the auto-inoculated sore itself.

The remainder show the *auto*-inoculability and *re*-inoculability of this contagion source.

Mr. Lee remarks, as before quoted, that "in certain states of the constitution in syphilitic subjects a pustule and sore is produced with great facility." Now, in the above-noted cases, twenty-eight of them taken throughout the wards and in various stages, some having been before inoculated, and others not, the pustule and sore were always similar, and, in some series (for instance, No. 1,220), the results were not as active perhaps, but were as marked as in No. 1,185. "The certain state" I found a uniform one, and the only cases where there were inferior developments were those that had been *previously* inoculated. This is a very remarkable fact, and it would be an interesting addition to our knowledge if we were acquainted with, or could prove, "the certain state" where this pustule is easily produced, if, indeed, such a state absolutely exists; it would go far in explaining the phenomena of soft sores, or the possibility of specific pustular sores occurring in syphilitic patients from contamination or accidental inoculation with *any* form of genital pus (as with the pus from the knee-joint above referred to); but this occurrence I must look on simply as an accident, until it is proved that the resulting sore was specifically re-inoculable and auto-inoculable.

Allusion is made to the co-existence of the two forms of sores, and that the super-addition of the virus of the simple sore may overwhelm the appearances of the sore characterized by "adhesive action" around it; and when artificial inoculation is performed from this, the "characteristic simple sore with the sharp edge was produced." Mr. Lee says that it is the secretion of the superadded simple sore virus, which is alone transmittable; but he mentions elsewhere that when he had irritated the sore characterized by adhesive action (or the hard sore) by savine, &c., and thus procured *pus*, he then could inoculate successfully. It is surely reasonable to conclude that the pus-producing virus will have acted just as the savine did and gave the fertilizing secretion, the cells of which seem, by Rollet's experiment (of filtering the pus, and then finding it inert), to carry the morbific element perhaps in the shape of "microzoons," such as have been described in the vaccine fluid. The remarks of Sperino where a lancet, which had been charged with chancroid pus and left to dry for seven months, and thus had thoroughly disturbed the constitution of the pus-cell, and yet produced inoculation, proves that the morbific atoms do not consist of the perfect pus-cell, although filtration of them checks contagion—they must exist independently of the pus-cell, but have some relation to them not as yet determined. The mixed sore is a pleasant half-way house on the road to the syphilitic Parnassus, but that the virus of induration and adhesive inflammation and of ulceration and suppurative action should co-exist seems contrary to our practical observation.

With regard to this question, it is said that, "supposing it to have been an indurated sore, upon which another secretion was inoculated, it would be the latter only which would be communicated by inoculation," though one sore is characteristically auto-inoculable, and the other, as *soon as it furnishes* pus, is also admitted to be so, it is said that it was the superadded secretion which is alone inoculable. Under such circumstances, it is, I think, very problematical as to which poison would furnish the inoculative power, and there can be little doubt as to the infecting operation of such a sore, if communicated. What its aspect would have been, or under what form re-inoculations or auto-inoculations appeared, if tested, is not shown, but would be interesting. The cases of inoculation on healthy subjects occurring in the thumb and also on the breast, and illustrated lately in this Journal, were undoubtedly from congenital patches, yet the primitive lesion was of the nature of the chancroid or soft pus-secreting sore, and yet was followed by secondary affections. The vast majority of sores occuring in *female* patients in the Lock Hospital here, are pus-secreting and chancroid in appearance, yet are almost invariably followed by constitutional signs of various forms. I have auto-inoculated such sores frequently, I have opened the suppurating bubos accompanying such sores, and I have auto- and re-inoculated from the vaginal discharge of such patients, and produced true inoculative pustules and chancroid inoculable sores, the patients themselves offering, at the same time, intense syphilitic phenomena; this is, no doubt, not conformable with the dual theory, but it is a substantial fact, and the records of the Hospital amply corroborate the statement.

Mr. Lee lays down as a rule that, "if from any depressing influence, &c., the primary affection has ulcerated to any extent or suppurated for any length of time, then the secondary affection will have a tendency to do the same." The cases above alluded to suppurated freely, but the great majority of them had no ulcerative secondaries, and every day we see papules and pustular rashes co-exist, and one exchanging with the other, as it appears to me, quite irrespective of the appearance of the primary. I hope to recur to the matter at a future period, I wish at present to draw attention to it as a startling enunciation.

I have no doubt but that the great source of the chancroid or soft sore in men is from secondary syphilitic secretions, the vaginal discharge being obviously the most copious, and the most obnoxious, is capable of auto-inoculation and of re-inoculation in an indefinite and intensifying series, and though the sore may, and very frequently does, exhaust itself in mere local phenomena, it may, at the same time, carry with it sufficient of its parent virus to contaminate constitutionally. It is impossible that females suffering from soft sores, which speedily become intensely painful and intolerable, could permit coitus, whereas how large a percentage of the male population suffer from soft sores is too well known to practitioners; some other source must exist in the female than the direct effect of a local or soft sore communicating by contact.

At the present moment I have in hospital a patient whose entire penis has been carried away by ulceration, with the only sore he ever had, and he is now thoroughly broken down with constitutional syphilis; a young man of twenty-one, covered with stains, the result of a sore and suppurating bubo of two years ago; a boy of sixteen, with sore and suppurating bubo still unhealed, having secondary rash and pains; a boy of seventeen, with a large, soft sore, equalling a crown piece, yet with well-marked indurated glands. On the other hand, very many cases will escape the tendency of recurrence to the original source, however constant; just as we see in Nature from the most luxuriant apple grafted on the "crab," the seeds will produce "crabs," but the graft will produce grafts of equal, if not improved quality; nevertheless, the tendency of recurrence to the parent source will persistently show itself in the seed if sown, and the "crab" will again develop itself.

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ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CROONIAN LECTURES

Delivered before the College of Physicians in March, 1871.

By E. A. Parkes, M.D., F.R.S.,

Professor of Hygiene in the Army Medical School, Netley.

When we consider the way in which the repair of the different structures of the body is carried on we may see, it occurs to me, that there are three broad modes of action. Take first the voluntary muscles and the nerves. No one can doubt that their nutrition, growth and power of repair are regulated (no doubt with certain nervous control) by the

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will,—use develops a voluntary muscle; disuse wastes it. With exercise it becomes bulkier and more powerful, therefore more nitrogenous; with rest smaller, and less rich in nitrogen. This elementary fact, which we all acknowlege, is pregnant with meaning. While all will admit that in some way the growth and repair of voluntary muscles are correlated with exercise, it is not easy to say how this is brought about. The usual notion is that a muscle is used up in work, and that in the rest after exercise the wasted muscle not only repairs the structure it had lost, but even increases in bulk; but this is hardly consistent with the fact that it loses little during exercise, and that, when longer continued, rest has the effect contrary to that assigned to it, and causes waste. From considering the phenomena of elimination of nitrogen in rest and exercise, it seemed to me that it is during the exercise itself, perhaps in the constantly recurring relaxations which rapidly alternate with the contractions of each fibre, that the muscle appropriates albuminous substances and increases in bulk; while, when complete rest succeeds, it commences to gradually waste, and, if kept at rest, would at length completely dwindle away. But many more experiments are necessary before this view can be affirmed; and, whether it be true or not, the grand fact remains, that exercise, within certain limits, brings about in some way an accession of nitrogenous constituents to muscle.

So with the volitional nerves: the more exercise, so much the more the power of the function. That is the best-nourished nerve which is most able to transmit the nervous currents. We see this even with the mind, and can notice how even genius, poetry, and imagination fall under the influence of the so-called prosaic laws of nutrition. It is, then, the will acting through the nerves which plays so great a part over the organs of volition, and thus by use regulates the appropriation of their food. But there are other parts removed from the influence of the will, whose nutrition is also directly dependent on the nerves. When we see how the action of the heart is regulated—how the involuntary muscles of respiration, the intestinal muscular fibres, and some, at anyrate, of the glands, like the salivary glands, are governed in function by the nervous supply—are excited by this nerve or restrained by that,—we cannot doubt that here also the nervous power directly regulates the nutrition of these parts.

But there is a third set of nutritive actions on the body, which are certainly much less influenced by the nerves. The nerves may modify the flow of blood and the supply of food, and also in some more obscure way affect them; but the great cellular elements are also fitted with an independent power of nourishing themselves. The volitional and the non-volitional nervous currents act on them indirectly. All they need is that nourishment should be brought to and should bathe them, and then they take up what they can, and grow and thrive in proportion to the richness and suitability of their food. The old experiments of Hunter on transplantation of parts abundantly prove this. Lately, a new operation, a triumph of surgical science, takes a few living cells from the skin, separates them from nerves and blood currents, and places them on the granulations of a growing ulcer. At once the cells begin to absorb and grow: they take the food like a plant absorbs it with its roots, and the wonderful life-power which they bear in them enables them to appropriate and to form it into their own image. The great author of the cellular theory could hardly desire a better illustration of his grand doctrine. Doubtless the liver- and spleen-cells, the gland-cells, and the blood-cells are all nourished in the same way: the food is brought to them, and they flourish in proportion to its nutritiousness and its accessibility.

Lately, for an experiment, I cut off all nitrogen from the food, and fed a man for five days on fat and starch only. The voluntary muscles when kept in action retained their full power—whatever nitrogen they required they still got; and on the fourth day the man did an extremely hard day's work, which was equal to 720 tons lifted one foot. The voluntary muscles, excited by the will, could therefore produce as much force as ever, although starved of nitrogen; but it was otherwise with the involuntary muscles. The heart began to suffer in nutrition, and its power was reduced, as shown by the sphygmograph, nearly one-half.

I draw the conclusion from this experiment, that if the nitrogen is cut off, and the voluntary muscles are kept in their usual action, they do not fail, but that the power of the heart may be thus reduced if it be desired to do so. In other words, the food the heart requires is attracted from it by more potent actions. Here, then, we possess a power of affecting the action of the heart, if it be needed.

Then may it not be that the involuntary muscles, whose nutrition is regulated by their nerves, may in like manner, as long as the nerves maintain their structure, have a priority, so to speak, in the power of obtaining nutriment, over the various cellular elements whose growth is independent of the nerves? Although I do not see how to bring this to experimental proof, it seems probable that if a nerve causes an involuntary muscle to contract, that muscle will take the nitrogen it requires, and will be nourished when a cell which merely takes what comes to it would not be.

Would it not be possible, therefore, to starve an overgrowing part? That the heart may be thus starved I cannot from the evidence doubt. But could not the rapidly growing cells of an irritated liver, or the proliferating cells of a mucous membrane, be thus starved? But can we not go beyond this?

In overfeeding we have the simple explanation of many enlarged livers; and in starvation from nitrogen possess the readiest and simplest cure. Is it possible that the cells of a carcinomatous tumour could be thus stunted in their growth? All these formations must follow the usual law of nutrition; if fed they will grow; if starved they will die. It seems a most wonderful thing to us that from some external irritation, it may be a scratch, a blow, or a fall, some cells in a structure of the body, the breast, the uterus, or the liver, will suddenly begin to exhibit the marvellous power of growth, and we stand aghast at the rapidity with which cell forms cell in the growing nitrogenous network which we call cancer. At present we are hopeless before a cancer. Where we can do so we extirpate it, or we attempt, by local corrosives, acetic acid, or other substances, to destroy the nutritive power of its cells. At present we do not know how to remove again from it that marvellous power of growth which a common irritation, it may be, had called forth. But might we not try to starve it? Consider what it is. It is a congeries of nitrogenous cells, gifted with immense proliferative power, absorbing the nitrogen which is intended to nourish other parts, and needing that supply of nitrogen for their growth. Who has not seen a man fed with the most nourishing food, and wasting daily in every part of the body but one. The nitrogen was stopped, it may be, in the liver, when a cancerous mass, weighing some ten or even eighteen or twenty pounds, may have formed in a few months. What was the good of all that feeding? What benefit had the rest of the body? Was wasting and weakness stopped for a day? It is much to be feared that the care and affection which tempted the patient with every delicacy, merely gave so much power to the enemy which was killing him. So, again, in cancer of the cardiac orifice of the stomach, on which you, Mr. President, have written so ably; with what rapidity it grows, and how, when all other parts waste, that alone is nourished.

It is a significant circumstance, which all have noticed, that the majority of rapidly-growing malignant growths occur in the latter period of life, when the organs, voluntary and otherwise, begin to decline in activity, and when, therefore, if as much food is taken, the amount of disposable nutritive material becomes too great. If any irritation then starts a cell on its course of abnormal growth, it finds food which the organs of the body can no longer use.

A few years ago many diseases were treated by total starvation. Our present feeling is strongly against such a plan. We now admire and use, and often beneficially use, what are called sustaining and restorative measures. But are these really based in every case upon scientific knowledge? May we not in some cases both sustain and starve? That is to say, can we not feed the body with fats and starches, from which heat and motion may be formed, and yet starve it for a time by holding back the chief material of growth—the nitrogen without which growth is impossible?

Certainly it seems to me that we have in this a therapeutical power which must, in certain cases, do us great service. But how is it to be used! There is no danger in health in lessening, or even entirely withholding, the supply of nitrogen for two, three, or even five days according to strength, provided an ample supply of fats and starches is given. If the voluntary muscles are kept in action, they and the involuntary muscles will use up the store and will leave less for the various abnormal cell elements. In disease some caution would be necessary.

The action of the heart, and the condition of the circulation will give sure guidance for the supply of nitrogen from time to time, and by alternate exercise and rest of the voluntary muscles we can direct more or less nutriment to the heart.

Complete deprivation of nitrogen for as long a time as the heart will bear it without becoming too feeble; the re-supply of nitrogen to an extent sufficient to keep up the circulation; the exercise of the voluntary muscles and the nervous system in as great a degree as may be prudent with condition of the circulation,—such seem the lessons for the dietetic treatment of new growths inculcated by our present knowledge of the uses of nitrogen in the body, and the manner in which it is used by the different organs and structures.

But it may be that if we succeed in checking growth, as I believe we should do, we should merely retard, but not overcome the evil. When nitrogen was again supplied, as it must be, the cancer cells would perhaps again exert their marvellous force, and commence anew to grow, and to rob the less powerful tissues of their food. It may be so; there is even reason to fear it will be so; but experience only can show if we have thus forged a weapon which may aid us in this conflict with disease; or whether we have been simply imagining a vain thing, and blindly trying to build on the shifting sand.

The effect of deprivation of nitrogen in lessening the urea is quite certain; but what effect has it upon uric acid?—and how far may it be useful as a treatment of those gouty affections which appear to be characterised by excess of formation? At present I can only say that complete deprivation of nitrogen does not take away all uric acid; it still exists in the urine, though of course, like the urea, in greatly lessened absolute quantity. I draw the conclusion from this, that the view is correct which looks on the uric acid, not as an anterior stage of urea, but as having an independent origin in some cells which are specially endowed with the power to form it. Whether these cells could be starved by the deprivation of nitrogen, is a point which could soon be settled by experiments in confirmed gouty subjects.

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CLINICAL LECTURES ON VARIOUS SUBJECTS, CHIEFLY RENAL,

DELIVERED DURING THE SESSION 1870-71,

AT THE

WESTMINSTER HOSPITAL.

By W. R. BASHAM, M.D., Physician to the Hospital.

Diabetes.—Though physiology has obtained considerble insight into the source and formation of sugar or ucose in the organism, yet the pathology of diabetes is still far from settled. No final or undeniable explanation has been offered which satisfactorily accounts for the large amount of sugar daily formed and passing through the kidneys in a case of diabetes. It is not the error or disorder of a single organ or of any one function which will explain this deviation or exaggeration from the processes of health. The vice or error is probably in many organs and many functions. It may be instructive to draw your attention to the leading hypotheses which seek to account for the excessive amount of sugar formed.

In studying the symptoms of diabetes you must not overlook the physiological fact that sugar or glucose is in small proportion a natural production in the organism; and that it exists not only in the liver in health, but that it is formed out of every article of farinaceous or amylaceous food we eat, and that a small quantity exists even in our nitrogenous food. So that in health sugar is always being formed; but it is only in a transitional state; passing out from the liver by the hepatic veins, it enters the respiratory circulation, where it is rapidly and completely oxidised, and converted into carbonic acid and water; and thus adding to the sources of vital heat, it disappears from the organism almost as soon as formed.

As far as our present knowledge enables us to judge, diabetes is an error of function rather than an organic disease. The organic diseases with which it is occasionally associated are accidental complications rather than essentials to its existence. Tubercle and cataract and carbuncle are far from being present in every case, although not unfrequently accompanying it.

The excess of sugar passing through the kidneys in diabetes may be accounted for—1st, either by supposing an exaggeration of the gluco-genetic function of the liver; or, 2ndly, by a defect in the gastric digestion by which the farina of the food, having been converted into glucose by the salivary and buccal and pancreatic secretions, suffers no further change in the ultimate processes of assimilation, but is excreted with the urine as sugar. These views lead up naturally to the supposition of an error in the respiratory function by which the glucose circulating through the lungs is not further oxidised and converted into carbonic acid and water. But it may be that the sugar is formed in such abundance, or in such excess, that the capacity of the respiratory apparatus is not equal to the task of the conversion of so large a supply as is cast upon it.

There are five predominant theories which endeavour to trace or account for the excess of sugar formed in diabetes.

First. Bouchardat's theory. The amylaceous or starch elements of our food are converted into sugar by several animal products. The saliva, the pancreatic secretion, the gastric fluid rendered alkaline (having lost its property of dissolving flesh), continues capable of converting starch into glucose. He considers the sugar of diabetes to be principally, if not entirely, formed from the farinaceous series of foods. He thinks diabetic persons digest these articles of food differently from healthy persons.

Secondly. Claude Bernard's discovery of the sugar-forming function of the liver has led to the opinion that diabetes consists in an over-activity of this function, and there are many who, following these views, consider the liver as the chief, if not the only, organ at fault. But this over-activity of the gluco-genetic function of the liver is supposed to arise from some undue excitation of the great sympathetic system of nerves.

Thirdly. A general and irritable state of the nervous system being a frequent, if not a constant, symptom in diabetes, and as Claude Bernard records that irritation of the ganglionic centre in the medulla oblongata exercises a special influence over the functions and actions of the liver, and, moreover, as Flourens has shown, that irritation of the floor of the fourth ventricle led to the presence of sugar in the urine of the animal operated on, it has been conceived that the nervous centres are remotely the cause of this singular disturbance in the functions of the organism.

Fourthly. It has been held by some that a defective respiratory process, by not consuming the elements of sugar in the lungs, might account for the accumulation of the sugar in the blood and its presence in the urine. M. Reynoso affirms that in almost all cases in which the function of respiration is impeded, sugar appears in the urine. Patients under the influence of ether or chloroform, in the advanced stage of tubercle, in pleurisy, in asthma, hysteria, and epilepsy, in experiments on animals prevented from breathing freely, sugar was universally present in the urine.

Fifthly. The importance, the absolute necessity for the presence of certain alkaline salts in the blood, without which the further metamorphosis of many excrementitious substances would be incomplete, is well known. M. Mialh has proved by the analysis of the blood in diabetic patients, that it is deficient in these alkaline salts; he states that the farina of our food is converted with equal activity into sugar both in health and in diabetes. But in health the sugar is decomposed or burnt off by the presence of these alkaline salts by the agency of the oxygen in the lungs; but in diabetes the decomposition does not take place, owing to the deficiency of these important constituents, and the sugar undergoing no further metamorphosis, passes off as such through the kidneys.

Such are the prevailing theories or doctrines, explaining the cause or tracing the source of the sugar in diabetes.

It is absolutely necessary that you should be familiar with these doctrines, for without such knowledge the treatment of diabetes will be incomprehensible to you. The several plans of treatment are based on one or other of these views; and the object for which, or the therapeutic value of any remedy employed, must be referred to one or other of the theories just enumerated.

It is practically of importance in the management of a case of diabetes to ascertain what is the relative amount of the sugar derived from the food, and what formed irrespective of the ingesta. You should know that the amount of sugar is always augmented after a meal. The sugar then should be estimated by an analysis of the urine passed from one to two hours after the principal meal; and also by an analysis of the morning urine, or that passed after fasting from eight to ten hours. From the first may be approximately estimated the sugar derived directly from the food; from the second analysis the amount of sugar will represent the exaggeration of the liver function. The practical deduction from which will be, that diet or the abstinence from farinaceous foods will, in a great degree, moderate the proportion of sugar after a meal, but will exercise a very limited influence over the amount representing the sugar derived from the liver, to control or moderate which will require the use of medicinal agents, the action of which will be explained hereafter.

The case which I select to illustrate these general remarks on the disease is that of a woman, S. D., sixty-four years of age, the mother of eight children, six of whom, however, were stillborn. Two are grown up and living. She stated that her general health up to within the last twelvemonth had always been good. The first indications of failing health appear to have been a general physical debility or incapacity for bodily exertion, associated with a very rapid loss of flesh, intense thirst, and a desire for food, which no quantity seemed to satisfy. On her admission the following symptoms were most worthy of note: There was a great amount of emaciation, the skin being everywhere harsh and dry and puckered; not a trace of subcutaneous fat could anywhere be felt. The tongue was moist. The bowels were very sluggish, the dejections being hard, dry, and pill-like. The breath was aromatic. The pulse was small and frequent, with occasional intermissions. The perceptions of sense were typical. The sight was occasionally obscured by musci volitantes; there were no indications of cataract. The sense of smell was not affected. That of taste was, however, disordered by the sense of constant sweetness, which provoked thirst, and tainted everything she ate. The cutaneous sensibility was the seat of irritation about the vulva and meatus urinæ. The chest was free from any symptom of tubercular disease. The urine was passed in great abundance, from fourteen to sixteen pints daily. It was nearly colourless, but notwithstanding had a specific gravity of 1034. The copper test gave marked evidence of sugar, and the fermentation test proved that it contained nearly thirty grains of sugar to the ounce of urine. She was at once placed on the diabetic diet, excluding as far as possible farinaceous articles, and supplying vegetables from the cruciferous family supplemented with a large amount of animal food.

The medicinal treatment should in the commencement be governed a good deal by the complications which may attend the case. If there be much irritability and restlessness in the nervous system the treatment by opium in large and repeated doses should be at once commenced. If pulmonary symptoms give ground for the suspicion of tubercle, cod-liver oil and ferruginous preparations should be given. In the case under consideration the symptoms of chief note were those derived from the abundant formation of sugar—the emaciation, the thirst, and the craving appetite, the essentials to the diabetic state. It was a case which seemed to promise benefit from what is sometimes called the alkaline plan of treatment, but which might be more correctly designated as the ammonio-saline system. It is based on the views already explained of the existence of a deficiency of those salts in the blood. The saline mixture is composed of carbonate of ammonia, ten grains; phosphate of ammonia, ten grains; the bicarbonate of soda, ten grains. These salts, dissolved in an ounce of water with a few drops of the tincture of ginger, are given three times a day, in a state of effervescence, with a tablespoonful or more of fresh lemon juice. Such a medicine is very grateful to the patient; it relieves thirst, and usually, in a short time, mitigates the morbid appetite. The clinical report states, ten days after this treatment had been continued, that the thirst and appetite were much diminished. The tongue was moist. The glutinous sticky feeling of the mouth was gone. She stated she felt more energy in her; less of that physical feebleness which she formerly suffered. By the end of the third week the urine was reduced in quantity, about eight pints in the twenty-four hours.

The remedy was continued for a further period, and at the end of the sixth week, the amount of sugar per ounce was reduced to six grains. The daily amount of urine was estimated as from six to eight pints. The tongue was moist, the thirst by no means urgent. The dejections were no longer hard and pellet-like, but soft and pultaceous, and, moreover, the patient had more than once felt some moisture on the skin, which had not occurred for many months. The report to the middle of March continued very favourable; in the third week of that month the thirst and morbid appetite was stated to be much diminished; the urine had decreased to no more than four pints in the twenty-four hours, but the amount of sugar remained the same. I think you may trace all these favourable symptoms to the agency of the ammoniacal saline which has been taken without intermission from her admission into the hospital. It is true the disease has not been cured, but the disorder has been brought within such limits that the more distressing symptoms have disappeared. Befere she leaves the hospital the remedy she has taken so long will be discontinued, and after a few days interval, the urine well examined for quantity of sugar present, and observations made to ascertain if the effects of the treatment have been permanent or temporary. The result of these observations will be mentioned to you at the next lecture.

Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. Rivington.)

Two Fatal Cases of Injury to the Head.

Case 1.—*Compound Fracture of Frontal Bone; Extensive effusion of Blood between the Dura Mater and the Skull; Trephining; Removal of Blood Clot; Death.*—On Friday, the 17th of February, 1871, at 6.30 p.m., Henry B—, æt. twenty, workman at a neighbouring brewery, came to the London Hospital. A large piece of wood had fallen on his head from a lift fifty feet high as he was passing under it. When he was brought to the hospital he was quite sensible; indeed, he walked in supported by two men, and when in the ward objected to his shirt being torn as it was taken off. A longitudinal wound was found in the scalp, five or six inches in length, extending over part of the right parietal bone and the right half of the frontal bone, encroaching on the forehead. At the bottom the piece of the depressed bone could be felt of a lozenge shape, about two inches long. It was wedged in on both sides. Soon after his admission, the patient was seen by Mr. Rivington, who had him taken up stairs at once to the operating theatre. Chloroform was given, and the depressed portion of bone was elevated by the use of Hey's saw and forceps. As he continued insensible after he should have recovered from the chloroform, and as his breathing was convulsive, and accompanied with occasional stertor, Mr. Hutchinson, who happened to be at the hospital, was consulted as to the propriety of further operative interference. At this time the right pupil was dilated and fixed, and the left contracted. The patient was insensible, and appeared to be in a state of general paralysis. Mr. Hutchinson gave it as his opinion that one of the branches of the middle meningeal artery had been ruptured, and that blood had been poured out between the dura mater and the skull, as the man had come in sensible, and had gradually become insensible. The state of the pupil on the right side was probably due to the pressure of the blood on the third nerve in the wall of the cavernous. This diagnosis was fully confirmed by the result of the further operative measures then undertaken. The portion of bone which had been elevated, was taken away by Mr. Rivington, and the opening enlarged. With the finger introduced between the dura mater and the bone, the edge of a large blood clot could be detected. The trephine was therefore applied lower down on the right side, over the course of a fissure, which ran down from the wound above, probably across the base of the skull, as there was blood under the skin of the lower eyelid. The bone was freely removed, and it was then found that a large quantity of blood had been poured out on the right side, detaching the dura mater from the middle fossa, and from the right parietal bone, and extending downwards to the cavernous sinus. All the blood was turned out, and the pupil immediately contracted to the same size as the other. There was some bleeding after the removal of the clot, and a considerable quantity of blood had been lost previously. At times during the operation, the patient appeared as if he might expire at any moment, nor did he long survive. The operation was finished a little before 10, and the patient died about 12 the same night. This result was due no doubt to the compression to which the brain had been subjected, aided by shock, concussion, and loss of blood. The surface of the anterior lobe of the brain, was depressed fully three-quarters of an inch at the deepest part. When the blood was removed, the brain did not return to its original shape, or swell out again in the least degree.

At the *post-mortem* examination, it was found that a fissure existed in the right orbital plate of the frontal bone, and another extended across the roof of the tympanum, the membrana tympani being entire. The latter condition explained the bleeding from the nose, which had been present. Blood had been poured into the tympanum, and had thence found its way down the Eustachian tube into the nose. When the petrous bone was turned upside down, blood exuded from the fissure across the superior surface.

The brain was very little bruised, so far as the naked eye could detect contusion. The posterior branch of the meningeal artery was torn as well as the anterior.

The foregoing case was a very good example of the symptoms produced by effusion of blood on one side combined with fractured base of the skull. The next case may be contrasted with it, being one in which there was very extensive contusion of brain on the side opposite to the part struck.

John R —, æt. twenty-seven, was struck on the back of the head by the same piece of wood, which injured Henry B. his fellow workman at the brewery. He was brought into the hospital at the same time. He was insensible, and continued nearly insensible till he died, but he could be roused to a certain extent, by talking loudly to him. There was a wound on the right side of the head, over the upper part of the occipital bone; it did not reach to the bone. Hemiplegia was absent, but there seemed to be some tendency to facial paralysis on the left side. The pupils acted after exposure to light for a minute or two.

On Sunday, the 19th, the patient had the right pupil dilated, and apparently immovable, and the left contracted, but on re-examination, a few minutes later it was seen that the right pupil had contracted like the other. The patient was very restless, and had occasional twitchings of the limbs. There was no permanent rigidity of muscles. He died on the following day.

The absence of bleeding from the ear and nose, or effusion of blood under the conjunctiva, and the absence of watery discharge from the ear, were noted as indications that there was no fracture of the base of the skull either in the anterior or middle fossæ. It was considered that the symptoms indicated bruising of brain.

At the *post-mortem* examination, a fracture was found running through the *right* side of the occipital bone, from the point corresponding to the external wound to the occipital foramen. There was extensive effusion of blood underneath the arachnoid, in the sulci on the left half of the brain, and there was great bruising of the left posterior and middle lobes of the brain on the under surface. The left middle lobe was in a pulpy condition.

METROPOLITAN FREE HOSPITAL.

(Under the care of Dr. C. R. Drysdale.)

Anne Dunn came to Dr. Drysdale, when two months old, about twelve months ago, with dry eruption on buttocks, inflammation of eye (iritis), snuffles, &c. Treated by one grain of iodide of potassium, t. d., the child got well, and now, 21st April, 1871, is stout and quite well, although she was attacked with small-pox, and suffered severely from it, when of the age of ten months, in consequence of the mother having been advised by some neighbours not to allow the child to be vaccinated. Dr. C. R. Drysdale is greatly pleased with the treatment of syphilitic children by means of iodide of potassium in grain doses. He has not seen many cases do so well, with other remedies, as he has with this; does not say that there may not be relapses in future years; but sometimes have found none up to the age of eight or ten.

Hutchinson's cases of pegged teeth are certainly very uncommon in the children of rich syphilitic patients.

A case occurred under Dr. C. Drysdale's care of eczema of thighs in a child, aged seven, very extensive. Dr. Drysdale prescribed the following lotion—liquoris potassæ, three drachms; water, three ounces. This cured the eruption in a few days, which had resisted other treatment for a month. Dr. Drysdale is of opinion that the use of a very strong solution of caustic potash is often very beneficial as a local application in eczema. It was recommended by Hebra, he thinks, first. In the case of a girl, aged twelve, affected with chronic eczema of one thumb, the application locally of a lotion, containing one drachm of caustic potash in two drachms of water, always cured the affection for a time. A strong solution of nitrate of silver, two drachms to the ounce, with some alcohol in it, is also useful in some cases of eczema; and even blistering with the liquor episparticus of the B.P. is to be tried in obstinate cases of eczema manuale.

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SANITARY MISINFORMATION.

"It is well known that Paris has no main sewers, the sewage being conveyed by forcing pumps and hoses into large tubs which are emptied at some distance from the capital." It is, on the contrary, notorious that Paris has the finest main sewers of any city in the world. These and all the Parisian street sewers, however, differ from those of English towns—in receiving only liquid sewage matters and no solid night soil. It is the latter which, after being allowed to gravitate in huge underground cemented tanks, is pumped into tubs, and from them emptied at an establishment situate outside Paris and called the *dépotoire*.

"During the siege, the usual amount of sewage removed fell off one-half, and the other, of course, remained in the houses." The proper version of this statement is that, owing to the scarcity of conveyance, occasioned by the investment, an undue accumulation of solid sewage matters took place in the underground tanks.

"The inhabitants of the French capital have the bad habit of throwing into the streets, in the evening, the house refuse, to be carted away in the morning. This practice was stopped during the siege, and carts, as in London, went round for the dust." The Parisian system of clearing away daily the house refuse is evidently not a bad but a good one. The change produced by the investment, in so far as it was an assimilation to the London custom of retaining this refuse for considerable periods on the premises, was what was bad.

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THE SEWAGE QUESTION.

SPECIAL REPORT.

(Prepared expressly for the MEDICAL PRESS.)

No. XXVI.

COMMERCIAL AND AGRICULTURAL VALUE OF SEWAGE AND NIGHT-SOIL.

THE great fallacy which is everywhere present in the theoretical estimate of the value of sewage is, that its constituents are supposed to be isolated in a solid and portable form, as is the case with guano, superphosphate, and ammoniacal manures. In fact, the almost invariable remark is that, *if extracted and dried*, the manure elements of sewage, &c., would be worth so and so, but this is the whole difficulty, and it is by disregarding it that such enormous discrepancies in the real and theoretical values of sewage and night-soil exist. The dry, solid matter of urine is estimated at £18 14s. 1d. a ton; those of fresh fæces at £5 17s. 7d. a ton; and the dry matter of the excreta (solid and liquid) of a mixed population at £14 16s. 4d. a ton. In this manner, and from these data, an estimate is formed of the yearly value of the excreta of an average individual, and it ranges from 6s. 6d. a head, to 20s. Mr. Latham computes it at from 6s. 6d. to 8s. 6d. per head per annum of the general population, and at 10s. 6d. for an adult; Dr. Anderson, of Glasgow, at 8s. (viz., 6s. 6d. for the urine, and 1s. 6d. for the fæces). The Royal Commissioners on Sewage (Mr. Lawes and Mr. Way) value it at 8s. 5¾d.; Dr. Hofmann and Mr. Witt at 11s. 9¼d. (10s. ½d. being for the urine, and 1s. 8¾d. for the fæces); Dr. Hawksley at 16s.; and Dr. Thudichum at 20s. per head, per annum (10s. 3½d. being for the urine, and the rest for the fæces); and with regard to sewage, the estimate ranges from 1d. to 2d. per ton of 220 gallons. And, again, when compared with other forms of manure, the agricultural value of sewage and night-soil has been variously computed. Macaire and Marcet, for example, say that 1 lb. of human excrement is equal in fertilizing power to 13 lbs. of horse-dung, or 6 lbs of cow-dung. Mr. Mechi considers that the excreta (liquid and solid) of each person are of the same manurial value, per annum, as the droppings of one sheep, and Mr. Bailey Denton considers them to be equal to a load of good farm-yard manure, and to be worth 6s. Dr. Voelcker states that the annual secretions of one average person is about equal to 75 lbs. of Peruvian guano, which will yield about 3·2 bushels of grain, worth £1. Boussingault says that the excreta of an adult man (for a year) contains enough nitrogen (16·41 lbs.) to furnish the nitrogen of 800 lbs. of wheat, rye, or oats, or 900 lbs. of barley, of the value of £5.

With regard to sewage, Liebig says that 828 tons of London sewage contains as much ammonia as a ton of Peruvian guano, but that it is deficient in phosphoric acid, and requires superphosphate to bring it up to a proper manurial standard. The Commissioners appointed to enquire into the best means of distributing the sewage of towns, say, from an average of ninety-three analyses of Rugby sewage, during the years 1861, 1862, and 1863, that 1,000 tons of it contain the nitrogen of the mixed excrements of between seventeen and eighteen persons of both sexes, at all ages, for a year; and that they are equal to between eleven and twelve cwt. of Peruvian guano. Dr. Hofmann and Dr. Frankland are of opinion that 1,250 tons of London sewage contain an amount of fertilizing matter which, if extracted and dried, would exactly correspond with the amount found in one ton of Peruvian guano; and Liebig says that experiments made in six different parts of Saxony have shown that each cwt. of Peruvian guano produces, when properly put upon the land, 150 lbs. of wheat, 400 lbs. of potatoes, and 280 lbs. of clover more than the land would produce without it.

From such estimates as these, regardless of the quantity of worthless matter in sewage, the most extravagant notions have been entertained of its value, as that the sewage of this metropolis is worth from one and a-half to ten millions, sterling, annually. Messrs. Hofmann and Witt, for example, estimate it at £3,796, daily, or £1,385,500, annually. Mr. Mechi puts it down at two millions, and upwards; and Mr. Brady and Lord Robert Montague, the two Chairmen of the Parliamentary Committees, appointed to enquire into the utilisation of the sewage of towns, report it to be equal in manurial value to 212,842 tons of Peruvian guano, which at £13 12s. 6d. per ton, is worth £2,899,972. But these are the dreams of enthusiasts, although, perhaps, they may be made intelligible to more practical men by the following table which represents the composition and estimated value of the solid matters of sewage and night-soil in their natural state, and also when brought into a dry and portable condition, like reasonably good manure; supposing they have lost nothing by frying, and that ammonia is worth 7d. a lb.; soluble phosphoric acid, 4d. a lb.; insoluble acid, 2d. a lb.; and potash, 3d. a lb., which are very nearly the present market values of these substances in a concentrated form :—

Constituents per Ton.	Ammonia.	Phosphoric Acid.		Potash.	Estimated Value per Ton.		
		Soluble.	Insoluble.				
In natural state—	lbs.	lbs.	lbs.	lbs.	£	s.	d.
Urine	23·94	2·94	—	3·39	0	15	10
Fæces	35·45	—	26·62	9·46	1	7	6
Mixed excreta of population ...	23·13	2·70	1·93	3·83	0	15	8
Dry solid matter of—							
Urine	567·14	69·53	—	80·32	18	14	1
Fæces	151·77	—	113·67	40·40	5	17	7
Mixed excreta of population ...	441·31	48·47	34·43	68·21	14	16	4
Sewage	172·10	22·89	10·19	48·20	6	3	2
In natural state—							
Rotten farm-yard dung ...	16·00	3·92	5·77	10·00	0	14	1
Fresh do. do. ...	15·00	3·00	3·92	12·50	0	13	6
Peruvian guano	381·80	67·00	201·00	13·50	14	1	4
1,000 tons of average sewage*	219·37	27·61	24·20	50·65	0	0	1¼

In all these cases, as we have said, the estimates are formed upon the supposition that the whole of the nitrogen has been retained by chemical means during the process of consolidation; for, if this has not been provided for, the nitrogen which exists as ammonia or carbonate of ammonia will have been lost in the evaporation, and the phosphoric acid will have combined with lime and have become insoluble. This is shown in the following Table, which gives the composition and money value of the solid matters of fæces and sewage, according as they are estimated from the constituents of these matters when in a natural state or when artificially dried :—

Constituents per ton.	Nitrogen.	Phosphc Acid.	Potash.	Value per ton.		
Dry solid matter of	lbs.	lbs.	lbs.	£	s.	d.
Recent fæces . .	124·98	113·67	40·40	5	17	7
Do. artificially dried . . .	112·63	121·08	38·17	5	9	6
Fresh sewage . .	147·67	32·08	48·20	6	3	2
Do. artificially dried . . .	40·10	24·42	68·32	2	9	7
Do. do. do.	28·67	35·16	60·88	2	1	5

The plain inference from this is that the agricultural value of these materials is greater when they are in a recent or fresh state than when they are consolidated by any process of drying, and that if sewage is to be profitably utilised it must be employed in a liquid form. The great difficulty, however, is the utilisation of it at all times, in all seasons, and with every description of soil. Water alone, under some circumstances, as in the dry warm climates of Egypt, China, Persia, Piedmont, Lombardy, and elsewhere, has been successfully used for irrigation purposes for ages, and has given fertility to districts that would otherwise have been barren. Even in this climate the judicious use of water at the right time has been found profitable; for, as Bacon says, "it maketh an excellent improvement for both corn and grass, profiting them much;" but it must be used in proper times and with proper soils. The same is the case with sewage, which undoubtedly has a somewhat higher manurial value than water. "I would give," says Mr. Lawes, "2d. a ton for the sewage of London delivered in such quantities and at such times as I required it, but I would not give a halfpenny a ton for it if I were obliged to take it all the year round, and have to pay the expense of sub-piping and carriage through the farm." This, in fact, is the great difficulty of the question; for there is no description of soil, and no variety of crop that will receive sewage profitably at all times. In the frost of winter, and during the heavy rains of spring and autumn, the land is impenetrable to sewage, and it flows away unchanged to the nearest water courses. During the maturity and ripening of a crop also the use of sewage is always inadmissible. According to Mr. Lawes, the application of sewage, all the year round, as it should be applied to meet the sanitary demands of the case, is wholly unsuited for arable land; but if a person can apply it to-day and not to-morrow, just as he pleases, he may use it for all crops. Professor Way holds to the same opinion; for he says, "if the farmer is bound to take large quantities of sewage at all times, he would soon decline to take it at all. He could not do it in times of rain like June, July, or October (1862)." Evidence to the like effect has been given by Mr. Congreve, who managed one of the sewage farms at Rugby, and who found, after eleven years' experience, that the thing was often unmanageable. "If I had a farm," he says, "in the neighbourhood of London, I would take sewage if I were at liberty to have it when it suited my purpose, and I would apply it over a very limited area at a certain time of the year; but if I were compelled to take it at all times I should refuse it altogether." Mr. Mechi, the champion of sewage irrigation, is evidently of the same opinion; for he says he would rather not be regulated as to the time of applying it, but would use it when he wanted it. This is the way in which it is dealt with at Worthing, at Birmingham, at Edinburgh, at Carlisle, and some other places where the parties know what they are about; and this was so strongly impressed on the parliamentary committee of 1862, that they say in their report on the subject, "that it is desirable that those using sewage should have a full control over it, so that they may apply it when and in what quantities they may require;" and they quote the evidence of Mr. Lawes, Mr. Way, Mr. Tregelles, Mr. Samuel Christy Miller, Mr. McCann, and Mr. Miles in proof of it. In point of fact, almost every witness who appeared before the two committees spoke of the great difficulty of managing a sewage farm so as to get rid of the sewage at all times.

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* The composition of sewage is the average of the analyses of Liebig, Hofmann, Witt, Voelcker, Letheby, and the Royal Sewage Commissioners.

A good deal of difference of opinion exists as to the proper time for using sewage. Mr. Mechi applies it to pasture land from the 1st of May to the 20th of June; and when cattle are feeding on the land he uses it at all times during active vegetation. The Earl of Essex puts it upon meadow land for hay from October to January or longer, and in summer time he uses it after each crop of Italian rye grass. At the Craigentinny meadows the land is drenched with sewage directly after each cutting. Mr. Treggelles uses it for pasture land in winter and for root crops in summer—turning it upon swedes when they are as big as marbles, and upon mangolds while they are growing. There is, however, no fixed rule in the matter—the farmer being guided by the season, and the actual wants of the crop as regards drought, &c., the returns being always most profitable in dry weather.

There is the same difference of opinion respecting the mode of applying the sewage. Mr. Smith, of Deanston, Mr. Edwin Chadwick, Mr. Mechi, Mr. Telfer, and Mr. Kennedy were for irrigation by means of the hose and jet; and this is still recommended by many persons. It was the plan which the Select Committee of the House of Commons on the Sewage of Towns thought most advantageous; for in their final report and analysis of evidence (1862), they say that the evidence proves "that by the hose and jet sewage may be much more economically applied than by open carriers." This no doubt is the best way to effect the purification of sewage and the utilisation of all its manure constituents, but the plan has never been commercially successful. "If," says Professor Way, "you ask me how I am to make, regardless of cost, the manurial ingredients of the sewage into the greatest amount of produce of any kind, then I would put it on with pipes and hose in small quantities, almost as I would in garden cultivation—as if I were watering it with watering-pots, but it would never pay to do it. With hose and jet you would never get the quantities on that it would pay you to put it on. This is abundantly proved by practice, for no where, except for fancy use, is the hose and jet system employed. It was tried at Rugby by Mr. Walker, Mr. Congreve, and Mr. Campbell, and was at last abandoned; and the same was the case at the farms of Mr. Telfer and Mr. Kennedy. It has come, therefore, to this, that sewage, when it is used at all, is distributed upon the land by open carriers, and made to flow in large volumes upon the surface of the ground. At Mr. Hope's farm at Romford, where the sewage is most judiciously treated, it is first pumped to the top of an engine, and then conveyed by sheet iron troughs to about the centre of the farm, where the conduits branch off in all directions—there being outlets at short intervals, which can be opened by a plug so as to let out the sewage upon the land. At Carlisle the sewage is distributed upon pasture land by means of moveable troughs; but generally it is run through open gutters or carriers, which are dammed up at certain points so as to make the sewage overflow and flood the land.

But, however the process is conducted, it requires a thorough change in the whole system of farming, and must revolutionize the common mode of working; and the land must be specially prepared to receive it. It must be levelled, and drained, and put in order, so that the sewage shall flow successively over different portions of ground, and shall not pass away without undergoing the needful purification. And all this, as Mr. Lawes observes, is quite a special mode of farming, being totally different from the ordinary farming operations of the country. It might be said, indeed, that it is retrograding to the old times when the farmer put the weakest sort of compost upon his land, using only the dung of his working animals, and the refuse of his fields for manure; but the experience of the last thirty years has shown him that all this was wrong, and that to keep pace with the competitive progress of free trade, he must fertilise his land with the richest manures. Guano was imported in 1835, and superphosphate, at the suggestion of Liebig, was manufactured in 1841. These, with other forms of rich portable manures, have for twenty years been growing more and more into favour on account of their profitable results; and now, instead of using the old fashioned stable dung of his working animals, he manufactures manures of the richest quality by feeding stock under cover on cake, pulse, and cereals—showing that there is direct relation between the food of the cattle and their ordure. Here is a Table constructed by Mr. Lawes, of Rothhampstead, which shows the estimated value of the manure from a ton of different kinds of fodder.

VALUE OF THE MANURE FROM A TON OF THE FOOD.

Description of Food.	£	s.	d.	Description of Food.	£	s.	d.
Decorticated cotton seed-cake	6	10	0	Indian corn	1	11	6
Rape cake	4	18	0	Malt	1	11	6
Linseed cake	4	12	0	Barley	1	9	6
Malt dust	4	5	0	Clover hay	2	5	0
Lentils	3	17	0	Meadow hay	1	10	0
Linseed	3	13	0	Oat straw	0	13	6
Tares	3	13	6	Barley straw	0	12	6
Beans	3	13	6	Wheat straw	0	10	6
Peas	3	2	6	Potatoes	0	7	0
Locust beans	1	2	6	Mangolds	0	5	0
Oats	1	14	6	Swedish turnips	0	4	3
Wheat	1	13	0	Common do.	0	4	0
				Carrots	0	4	0

The richer descriptions of farm-yard manure obtained by feeding horned stock under cover on chaff, roots, corn, oil-cake, pulse, &c., mixed with the manure of the corn and bean-fed horses and well-fatted pigs, constitute, with such portable manures as guano, superphosphate, and the salts of ammonia and potash, the fertilising agents which have revolutionized the practice of British farmers; and it is hardly likely that, with such experience of the value of rich composts they will adopt the suggestion of flooding their lands with the miserably weak sewage of towns.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 3, 1871.

MEDICAL REFORMS.

IT seems to be universally assumed that the present session of Parliament will not bring forth anything in the way of even a serious attempt at Medical Legislation. The *Lancet* Medical Bill, which Dr. Lush has in charge, is plainly an impossibility, either now or ever, and is valuable only as a curiosity of the impracticability of amateur legislators and the vagueness of their ideas of Parliamentary sentiment. Dr. Brady's Bill, or the Bill of the Irish College of Surgeons, is certainly the only measure which has any element of success in it, and it derives its chances from its sensible practicality. In the first place it is securely based on the recent Bill of the Lord President, and it may therefore be assumed to have some title to Liberal Government help. Moreover, it is known that the Duke of Richmond, and Lords Salisbury and Cairns, looked with favour upon most of the provisions of that measure, and if they should be called upon to act from the Treasury Benches, it is most probable that the information they have acquired, and the views they have already expressed, will bias any Bill they may produce in the direction of the late Bill. Then, again, the Bill of the Irish College adopts the triune examination scheme, which has already become almost a *fait accompli* in London, and when it comes to be considered, it will probably have the important claim to adoption that it represents the *status quo*, and that its working has been already tried. Lastly, it embodies the views which the Reform Committee of the British Medical Association have set their seal upon. It enacts direct representation in the Medical Council, though not exactly by the Association method, and it adheres to the principle of absolute freedom of competition in medical education.

When the two Bills now before the House come up for second reading on the 14th of June, it is likely that a motion will be made by their promoters to lay them before a Select Committee, and, if this be done, we may see Medical Reform in 1872, but not otherwise.

LEGISLATIVE VICTIMISATION.

WE learn with a great deal of satisfaction that the amendments to Lord O'Hagan's Lunacy Bill, which Sir Dominic Corrigan had given notice to move in Committee, have been accepted by the noble lord, and the clauses to which Sir Dominic Corrigan on the part of the Profession took so just an exception, have been modified accordingly.

The fact that the intervention of Sir Dominic Corrigan has become necessary to prevent, at the eleventh hour, the perpetration of a bungle or an injustice to the Profession, forcibly illustrates the necessity for untiring vigilance as regards any legislation which may possibly involve the interests of the Profession. Anyone who knows Lord O'Hagan's character will find it hard to charge him with spite to medical men; but Bill-framers are wont to be rough and ready in the drafting of the detail clauses of their measures, and to think or care very little whether individual injustice is done so long as the mischief is not detected too soon, and so long as the Bill can be squeezed through the House without serious opposition. In this measure Lord O'Hagan would have confided the authority to give certificates of Lunacy on any one calling himself a doctor, and the gist of Sir Dominic Corrigan's amendment is to ensure that none but the registered practitioner's certificate shall be legal.

Is it not incredible that the power of incarceration in the worst sort of prison should have been thoughtlessly proposed to be given to persons from whom the State has no guarantee whatever?

But we can hardly look so calmly or put so lenient an interpretation either upon the existing law as regards medical certificates, or that which Lord O'Hagan had introduced into his Bill. Those of our readers who are connected with the Poor-law have a too frequent acquaintance with the 10th clause of the Act of 1867, which obliges them on the requisition of the nearest magistrates, to examine any lunatic brought before them and testify to his state without receiving a shilling for doing so. It can hardly be supposed that this atrocious imposition of unrequited labour could have escaped Lord O'Hagan's notice, and yet we find that not only did he permit it to remain—a disgrace to legislative justice—but he added to it a clause which we venture to say he would, had it been proposed in reference to practitioners in the law, have scouted with indignation.

He desired to compel the medical practitioners to transmit by post to the office of the Registrar, within one week of the examination and the signing of the certificate, a report setting forth in full the certificate so signed by him, his own name, profession, and residence, the name, residence, and profession of the alleged lunatic, the name, residence and description of the persons by whom he was employed or requested to make such certificate, the purpose for which it was given by him, the place of examination of the alleged lunatic, the nature of the alleged lunacy, the witnesses who supplied evidence as to the conduct, &c., of the alleged lunatic, and all other circumstances and particulars.

Not only was no payment provided for this labour, for the exercise of the necessary skill, or for the responsibility entailed, but the medical practitioners was made liable to a penalty on the one hand of £10 if he omitted to furnish the report, and, on the other, of a possible action for damages on the part of the alleged lunatic if he complied with the law.

Such an enactment can be designated by no other name than an impudent and insulting intrusion on the Profession, an attempt which our readers ought to carry in their recollections until the time for action comes. That the Profession is thus openly and unblushingly victimised, while the signature of a document, or the speaking of a word by a lawyer or attorney are exorbitantly overpaid, is proof positive, convincing, and unanswerable, that medicine has no *locus standi* in the minds of law-givers or governments. A word from a medical representative, a hint at serious opposition in the House, has sufficed to bring home to the comprehension of the Lord Councillor the faults in his Bill, which no other means would induce him to give a thought to.

We reiterate the oft-repeated moral of such facts. Let medical men rid themselves of the sneaking political policy which has always dictated silence and subservience in political matters. Let them make candidate members understand that their opinions are worth considering; let them give their representatives to know that their influence is worth having; let them make it "pay" members to watch for such treacherous attempts upon the Profession, and to counteract them. To do this they must make use of their political privileges with something more like unanimity and honest, outspoken independence than they have yet done, and ceasing to balance the present opinion against future benefits; must act with decision and energy, and create the feeling that they have a loud word to say when the Ayes and Noes come to be called for.

"THE OPPOSITION TO POISON PRECAUTIONS."

The Chemists and Druggists of England have succeeded, as our readers are aware, in defeating the intended adoption by the Council of the Pharmaceutical Society of regulations, for the protection of the public from poisoning. Many of the trade must have felt, that any rules which would compel them to transact their business regularly, carefully, and systematically, would make the cheap slipslop method of vending poisons impossible, and they devoted their energies to the defence of the existing abuses with a unanimity and perseverance which is seldom applied to a better object The *Chemist and Druggist* boasts that, up to the time when the Council of the Pharmaceutical Society decided on "eating the leek," it had received 5,040 protests against the proposed regulations, and only 319 votes in favour of them. *The Chemist and Druggist* no doubt considers these figures quite conclusive as to the inadvisability of poison protection. They appear to us to prove the exact contrary. They show clearly that the opposition of the druggists is not a matter of principle, or of unprejudiced opinion or of experience, but of self interest and affection for vested evils. It is quite evident that the regulations adopted by the Privy Council and the Pharmaceutical Society *cannot* be so bad as to deserve such unanimous condemnation, and we are forced to assume that it must be something very rotten in the drug trade which sets in motion such a chorus of defending voices.

The chemists are, it seems, in arms against Mr. Muntz's Bill for preventing the Adulteration of Drugs. We have already condemned this measure as a perpetuation of the present inert legislation because, amongst other things, it makes it necessary for a prosecutor to prove that the vendor of a fraudulent article knew it to be so. This *proviso* recognises the assumption that a druggist is not expected to take any means to see that his wares are pure, or even that they—pure or impure—are what they profess to be, and as it must be almost impossible to produce evidence of guilty knowledge, it is plain that the Bill, if it ever becomes law, will be as useless as previous attempts in the same direction.

But even with this saving clause the chemists will have none of the Bill and they attack it on the plea that protection against adulteration should begin with the importer and not with the retailer. One of the correspondents of the *Chemist and Druggist* says, "Mr. Muntz's Adulteration Bill, which has been twice read in the House of Commons, threatens us with dire pains and penalties if we should at any time have in our possession a drug otherwise than pure. What about bullets, shot, sand, &c., in opium-genuine, as imported? What about argol in senna leaves, sawdust in gum benzoin, dried blood in musk, and a thousand other *et ceteras.*"

The House of Commons will, no doubt, see that restrictions imposed alone on the importer would be useless and unfair. If the examination of drugs took place before they were sent out for sale what check would there be on the doctoring and diluting of them by retail chemists?

In our opinion the only remedy against adulteration is, while allowing the retailer to sell whatever he likes, to hold him alone responsible for selling articles which are not what they profess to be. If he is aggrieved he has a double remedy against the importer who could at once ensure purity in his goods if he knew that their adulteration would leave him open to actions at law and to the loss of his business.

When trades unionism operates to defeat movements of obvious public necessity and justice, its arguments ought to receive no consideration whatever, and we, therefore, deeply regret that the Council of the Pharmaceutical Society have sacrificed their good intentions to interested clamour.

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Notes on Current Topics.

An Epidemic of Kine-pox—The Age of Jenner Returning.

Our valued contemporary, the *Pacific Medical and Surgical Journal*, makes the following important announcement in its April number :—

"Quite a sensation has been produced very recently in professional circles in San Francisco, by the discovery that an epidemic of kine-pox has broken out among the cattle on the dairy ranches of Marin County, the disease extending to the hands of milkers, as in the days of Jenner. A portion of the virus in the form of crusts has been procured and used for vaccination, producing what is beyond a doubt the true vaccine disease. Several of our physicians, especially Drs. McMillan and Trask, have conducted these experiments. Perhaps it is too soon to make full report on the subject. In another month, however, we shall be prepared, from personal observation, and from the testimony of the gentlemen above named and other experimenters, to give our readers a complete account of the outbreak of the disease among the cattle, and its character when transferred to the human system. Although we are not among those who believe that vaccinia has lost anything of its virtue by transmission in the human subject, yet it would be highly satisfactory to have a renewal of the supply of virus from a spontaneous development of the disease in the rare form of an epidemic."

New Mode of Glass Cutting.

At a pharmaceutical meeting in Philadelphia (*Journal of Pharmacy*), Dr. Bridges exhibited a specimen of marked glass, cut by a new process, in which sand is blown with great force against the glass, certain portions of which are protected by wire of different shape, or by gauze or lace, the figure of which is left on the smooth glass surface, while the meshes are etched by the attrition of the sand. Wherever the sand strikes, the impression resembles ground glass. This process will probably supersede ground glass in many of its uses.

Phosphorus.

At a late meeting of the Clinical Society, Dr. Broadbent read a lengthy paper "On Phosphorus as a remedy in Skin Diseases," in which he suggested that if the action of remedies and poisons on the human organism is due to their chemical properties, substances allied chemically ought to have an analogous physiological and therapeutical influence, or the diversity in their action ought to be explicable on chemical grounds ; in other words, chemical groups should form therapeutical groups. The question, then, is—Given a distinct and well ascertained physiological or therapeutical effect, can results in any way similar be obtained from the chemical allies of the body producing it? The group of which phosphorus is the head chemically, and of which arsenic is the chief representative in therapeutics, affords an opportunity for the application of this test. Its four members, phosphorus, arsenic, antimony, and bismuth, stand in the order named in regard to equivalent numbers, physical properties, and chemical energy ; and their compounds with other elementary bodies form analogous series. Excluding bismuth, which, from its feeble affinities and tendency to form insoluble compounds, may be considered inert, there is in the mode of action of phosphorus, arsenic, and antimony, as poisons, and in the tissue changes they induce, a parallelism as remarkable as that of the chemical properties of these bodies, both in the energy and in the character of the physiological effects. The opportunity for bringing out further therapeutical parallelism is furnished by the well-known curative action of arsenic in certain classes of skin disease, such as some forms of eczema and psoriasis. Dr. Broadbent took cases of this kind, and instead of arsenic exhibited phosphorus. Two grains were dissolved in oil, and from three to seven drops of the solution given, usually in mucilage, three times a day after meals. Six cases of eczema were related, in all but one of which the phosphorus was decidedly beneficial. The object of Dr. Broadbent's communication was not to bring forward a new remedy for skin diseases, but to exhibit one more analogy between phosphorus and arsenic. If phosphorus were as manageable and as little disagreeable as arsenic, it would probably, according to his experience, be found superior in efficacy.

Mr. R. Gurney's bill for the appointment of public prosecutors passed the second reading on Whdnesday night.

A New Test for Hysteria.

A French work just issued by Dr. Chairon, Chief Medical Officer to the Vesinet Asylum, entitled "Clinical Studies on Hysteria," announces the discovery by him of a new pathognomonic sign of hysteria, which, should it be confirmed by experience, will prove to be a valuable contribution to medicine. Since Dr. Chairon has become connected with the Institution, he has passed under view 26,000 female patients, amongst whom were a great many cases of hysteria. He says that he has ascertained that in every one of them the commencement of the affection has been marked by a special sign—insensibility of the epiglottis.

The determination of this symptom, which is constantly present, is very simple. It is sufficient to introduce gently the finger into the mouth, so as not to frighten the patient, and place it on the base of the tongue. It will be found that the epiglottis may be touched, displaced and scratched with the nail without producing the least regurgitation. When this system exists there will be found invariably a congestion of one or both ovaries, usually of the left.

Singular as this proposition is, the author proceeds to prove its exactitude, and has, with that object, quoted a great number of cases collected at Vesinet.

Cholera in Russia.

The *Presse Medicale Belge* informs us that cholera has broken out again in St. Petersburg. The form of the epidemic has, as yet, been exceptionally virulent, and the victims have been chiefly in the upper classes. The deaths during March have been 42 per day.

Medical Centralisation.

Hot upon the heels of Lord O'Hagan's attempt to victimise the medical Profession we have another Government attempt to carry out the same policy, as regards Ireland, which will require energetic action on the part of medical men.

The Rating and Local Government Bill, which was set down for its second reading last Monday, is stated not to apply, except as to certain clauses, to Ireland.

Under its powers is provided a Central Management Board, with illimitable little places and jobs in which the proverbial "Dowb" can be "taken care of." This Board is appointed by the 31st Clause, which is one of those which *does* apply to Ireland, and consequently if the Bill should become law, the whole administration of public health in Ireland will be centralised in London.

The Bill does not provide any local machinery for carrying out its provisions in Ireland or Scotland, but gives the Central Board, established by the 31st and succeeding clauses, controlling power over the authorities in those parts of the United Kingdom. Neither of these countries were considered by the Sanitary Commission, although the Public Health Systems are most faulty, and it is therefore unwise to legislate for them without full information. If inquiries into the causes of any outbreak of disease were called for in Edinburgh, Glasgow, or Dublin, surely they would be more effectually conducted by Dr. Christison, Professor Gairdner, Professor Cameron, or Dr. Mapother, than by any assistant from the Local Govern-Board in London. No medical qualification whatever, much less a Diploma in State Medicine, is insisted on for any of the inspectorships, or other offices which it establishes.

When it is considered that the Commission, on whose report this Bill is founded, are utterly innocent of Irish sanitation—that it did not examine a single Irish witness, or receive a line of evidence respecting Ireland, and had, except that Dr. Stokes was the solitary Irish delegate, nothing whatever to say to Ireland or anything Irish, it appears to us to be a stretch even of the elasticity of governmental audacity to involve Irish interests and administration in its provision.

The Examinerships of the Irish College.

The election of Examiners in the Royal College of Surgeons in Ireland took place, as provided by the Charter, yester day, the first Tuesday in May. There was no contest against any of the out-going examiners, and the following gentlemen were consequently re-elected :—Dr. Fleming, Consulting Surgeon to Stevens's Hospital ; Mr. Stapleton, Surgeon to Jervis street Hospital ; Dr. Richardson, Surgeon to the Adelaide Hospital ; Dr. Tufnell, Surgeon to the City of Dublin Hospital ; Dr. O'Grady, Surgeon to Mercer's Hospital ; Dr. Stokes, and Dr. John Barker.

The method of election is peculiar : on the day specified the Councillors are required to attend, and in the presence of the Fellows, seven of them are chosen by lot, and sworn under a most stringent oath to elect the most suitable candidate. They then retire and confer together, and, on their return, their decision is announced by the President.

University College Hospital.

Last week the anniversary festival of this Institution took place. Professor Parkes, the chairman, gave a sketch of the history of the Institution. The annual expenditure averages about £9,000, while the reliable income does not exceed £5,000. By the sacrifice of investments, about £3,000 of debt has been paid off within the past year, leaving a mortgage on the building of £3,000, in addition to unsecured debts to the amount of about £4,000.

Indian Medical Service.

It is announced that no examination for appointment to the Indian Medical Service will be held in August, 1871.

Yellow fever has broken out in Buenos Ayres.

The Adulteration Bill is postponed to May 23rd.

Mr. Paget has resigned the surgeoncy to St. Bartholomew's Hospital.

There are several portraits of medical men in the exhibition of the Royal Academy this year.

It has been resolved to build a small infirmary in connection with Penzance Dispensary.

The Worcester guardians have forbidden the aged pauper, who has been in the habit of doing so, from giving medical orders.

We learn that Dr. Arthur Jacob has presented to the Royal College of Surgeons in Ireland, such portion of his library of Medicine, Surgery, and Anatomy as the Council may consider it desirable to add to their collection.

Three cases of trichinosis have occurred in England. Dr Cobbold found the pork full of trichiniæ. Dr. Dickinson, of Workington, Cumberland, suspected the origin of the symptoms, and submitted the pork to Dr. Cobbold.

A vacancy is about to occur in the office of Physician-Accoucheur at St. Mary's Hospital, Paddington. Candidates must be Fellows or Members of one of the Colleges of Physicians of the United Kingdom.

The experiment of using military tents for convalescent small-pox patients is about to be tried at Stockwell. There are now proposals before the committee of the hospital for taking fresh sites for the erection of larger tents.

An inquest has been held at Manchester upon the bodies of three children who were accidentally poisoned by the administration of carbolic acid for a cough mixture.

A select committee of the House of Commons has been nominated to inquire into the operation of the Poor-law in Scotland, and to report upon the amendments necessary for its better administration.

It is understood that the General Medical Council will not, in all probability, hold its annual meeting this year earlier than July. It follows, of course, if this report be true, that the Council does not propose to occupy itself with the Medical Reform measures which are before the House.

On reference to our advertising columns it will be seen that the authorities of the new St. Thomas's Hospital intend materially to enlarge the medical and surgical staff of that Institution. A physician, two assistant-physicians, one surgeon, and two assistant-surgeons are the appointments announced, for which there will doubtless be a keen competition. We hope the best men will win.

Dr. Rumsey has resigned his seat in the General Medical Council. The vacancy will have to be filled by the Privy Council. We hope that the seat will be offered to some able medical reformer. At such a time as this it is of the highest importance that some one who has studied the constitution of the Council should be called to take part in the proceedings. If this appointment be not well made the Privy Council will forfeit the confidence of the Profession.

The subject for 1872 of the Collegial Triennial prize of the Royal College of Surgeons will be "On the Structure and Functions of the Medulla Oblongata, including the Connexion with the Central Nerve Roots."

The subject for the Jacksonian prize for the same year will be "On the Diseasesof the Nose, including the Sinuses connected with it, and their Treatment."

Dr. Brushfield, medical superintendent to the Surrey County Asylum at Brookswood, in his report of last year remarks on the annoyance arising through the defective nature of the patient's certificates on admission. He says that the particulars ought to be properly supplied by the relieving officer, and urges a new form of certificate.

The keeper of the Surrey County Asylum at Wandsworth, William Cooper, has been commited for trial by Mr. Ingham on the following charge. He placed a lunatic, æt. sixty-five, into a bath, and turned the hot water tap on behind him. The result was extensive scalds on the back, left arm, and ankles, and finally death by bronchitis. His defence was that he acted thoughtlessly.

A **very** sensible precaution has been adopted by some owners of fishing smacks on the Eastern Coast, for the purpose of preventing the dissemination of small-pox. Each vessel, with its crew, is anchored off the coast for seven days; if sickness appears, the craft is put back to land, and medical treatment obtained; on the other hand, should no disease show itself, the crews are allowed to proceed on their voyage.

Dr. Thomas Carroll, of Cincinnatti, died in that city on the 13th of March, at the age of seventy-seven years, having practised medicine fifty years. He was a member of the Society of Friends, and a native of Ireland, but came to America when a child. His career in the profession as a scholar, a writer, and a practitioner, has been long and honourable, and his demise has called forth extraordinary encomiums on his character, both as a citizen and a physician.—*Pacific Medical and Surgical Journal.*

Mr. Joshua Fielden, one of the members for the Eastern division of the West Riding of Yorkshire, has given notice in the House of Commons that he intends to move for a return of the number of inquests held by coroners in England and Wales on the deaths of persons from the bites of mad dogs, in the five years ended the 18th of April, 1871; of the number of persons who have died from the bites of mad dogs on whose bodies no inquests have been held, so far as can be ascertained by the superintendents of police, for the same period; and, of the number of persons, horses, cattle, sheep, and other animals that have been bitten by mad dogs in the same period, so far as can be ascertained by the superintendents of police, the returns distinguishing counties and boroughs and the metropolis.

The Committee of the Society for the Suppression of Vice declare that the public are not aware of the extent to which the abominable trade in obscene prints, photographs, and licentious publications is carried on, principally through the post, payment being made in stamps. The evil (corrupting as it does, the youth of both sexes), but for the single-handed exertions of this Society would have spread to an alarming extent. It has only been by a series of successful, but very expensive prosecutions, such as neither Government, the local authorities, nor private individuals will undertake, that the Society has succeeded in keeping the trade within bounds, and maintained some degree of decency in the country. It is well-known to many that this trade in vicious literature is most profitable, and if only to render it less so the prosecutions undertaken may have somewhat lessened it. Glad should we be to see any abatement of the evil.

At a crowded meeting of the Royal Medical and Chirurgical Society of London, on April 25th, Mr. Jonathan Hutchinson brought forward a series of cases in which no less than ten adults out of twelve who had been re-vaccinated from a syphilitic infant had become affected in about three weeks after the vaccine vesicle came to its maturity, with indurated chancre.

Mr. Henry Lee observed that it was of great importance that the Profession should make up its mind that syphilis could be communicated by vaccination, if carelessly performed.

Mr. De Meric complained of the scepticism of the Profession with regard to the possibility of such contamination taking place.

Dr. C. R. Drysdale said he had published a case of similar history in 1858, and mentioned that in one case a syphilitic infant under his care was sent to be vaccinated, with written instructions that no matter was to be taken from it. The vaccinators at the hospital believed so little in the danger that they laughed at his writing and vaccinated some children from this infant.

Mr. Brudenell Carter complained of the lymph forwarded by the Privy Council.

Mr. Simon thought that ten days old lymph was dangerous.

The debate was adjourned.

OUT-PATIENT HOSPITAL REFORM.

A **meeting** took place on Thursday at the rooms of the Medico-Chirurgical Society, to consider the question of out-patient reform. The chair was taken by Sir. W. Fergusson, upwards of sixty gentlemen being present.

Sir W. Fergusson opened the proceedings by a short speech, in which he stated that the meeting was convened to receive the report of a Committee appointed at a similar meeting, held on the 24th March, 1870, to investigate the working of the out-patient departments as at present constituted, in order to draw up suggestions for reform. Four separate reports had been presented by subcommittees on general hospitals, dispensaries, and the Poor-law medical service, which contained a mass of interesting information and several useful suggestions. He said the subject was of deep importance to all classes, and went on to say that the Profession were ready to give time and skill, but that other resources were required, and that the rich were called upon to supply them; and he considered by stating that we should continue to sustain the Committee by affording them necessary pecuniary assistance.

The following resolutions were adopted—

1.—"That an improved administration of Poor-law medical relief, in accordance with the Metropolitan Poor Act of 1867, is essential to the reform of the out-patient administration of the metropolis."

2.—"That, in furtherance of the above resolution, and in order to limit the pauperising tendency of the present system of gratuitous relief at hospitals and dispensaries, all free dispensaries should be under the control of the Poor-law authorities, so that a proper system of inquiry may be instituted previous to the administration of gratuitous medical relief."

3.—"That, in order to encourage a feeling of self-respect among the working classes, and that they may secure for themselves during health the necessary medical attendance in sickness, it is desirable that the system of provident dispensaries should be largely extended, both by the conversion of the present free dispensaries, and by the foundation of others."

4.—"That, for the reasons given in the preceding resolution, and in order to improve the clinical teaching of the out-patient department of the general and special hospitals, it is very desirable that the present unrestricted system of gratuitous relief at those institutions be curtailed, partly by the selection of cases possessing special clinical interest, and partly by the exclusion of those who on social grounds are not entitled to gratuitous medical advice."

5.—"That the governors of hospitals ought in all cases to provide some honorarium for the staff of the out-patient department."

6.—"That a committee be appointed to memorialise the President of the Poor-law Board, the Governors of the various Metropolitan Medical Charities, and the Society for Organising Charitable Relief, to assist in carrying the foregoing resolutions into effect, and to take such other steps as they may think requisite."

The Committee was appointed with power to add to their number.

The thanks of the meeting were recorded to the Chairman for presiding, and to the Medico-Chirurgical Society for the use of their rooms.

It is rather surprising that a larger attendance was not secured as 700 or 800 invitations were sent out.

Literature.

GUY'S HOSPITAL REPORTS.*

The first article on which our eyes happen to light, on opening the "Guy's Hospital Reports" for the present year, is by Dr. Moxon, "On the Nature of Atheroma in the Arteries, with a Description of a Remarkable Case of Arteritis."

"Nothing," says the author, "is more common, and nothing of more serious importance, than arterial disease, but as yet the relation of inflammation to arteries is one of the least satisfactory chapters in our present pathology."

Atheroma is not to be viewed as merely a form of degeneration. "Atheroma is in continuity with arteritis, and graduates from a condition in which no inflammatory results can be found, into one in which inflammation is unmistakeably present."

It seems that while most English pathologists make a sharp distinction between arteritis and atheroma, on the Continent opposite views obtain. Thus, Niemeyer speaks of chronic inflammation of arteries resulting in atheroma of those vessels. Virchow, too, considers that atheromatous disease is an effect of chronic arteritis. Billroth, of Vienna, holds similar views.

The tendency of strain on the blood-vessels to induce arteritis, atheroma, and aneurism is very ably proved. Mr. Myers is quoted as having ascertained that while soldiers and sailors are in about equal numbers affected with syphilis, yet soldiers are far more often affected with aneurism, in consequence of strain on the vessels of the chest by tightness of dress. Atheroma is very rarely seen in the pulmonary artery; but when this vessel is subjected to strain from hypertrophy of the right heart in consequence of chronic bronchitis, then it is not uncommon, in Dr. Moxon's experience, to find atheroma in the coats of this artery. Further, it is noticed that the earliest appearances of atheroma occur at points where the strain upon the arterial coats is greatest.

The case on which Dr. Moxon's observations are mainly founded, and where the inflammatory nature of the arterial disease is conclusively shown in the aorta from which the drawings are taken, was a man under the care of Dr. Habershon, having an aortic aneurism simulating spinal disease. Dr. Habershon gives a full account of the case at page 389 of the Reports, where it forms the first in his series of cases illustrating some obscure forms of abdominal disease.

The paper by Dr. Wilks, "On some Cases of General Paralysis," calls attention, among other things, to the cause of the atrophy and wasting observed in some paralysed limbs. It is well-known that, in one case, a limb may remain perfectly flaccid and preserve its plumpness, whereas in another case it becomes contracted and prone to wither. The late Dr. Todd sought to explain this by certain changes going on in the brain itself, but lately the true cause of these atrophic changes has been found by Charcot to be due to a chronic inflammation and induration going on in the nerves themselves. Paralysis of the mind and body is usually found by Dr. Wilks to be associated with alteration of structure in the brain, often a manifest wasting; and it was also observed that when the brain was shrivelled and wasted after death, there had been symptoms of diminished nerve power, both bodily and mentally during life; the cause of the symptoms being sometimes a blow or shock, as, for example, in a railway collision; at other times excesses in the use of alcohol, or slow poisoning by lead or mercury, would lead to the development of these symptoms of general paralysis.

These cases of general paralysis, if associated with delusions, and a "monomanie des grandeurs," are of the kind so often seen in asylums, and then classified as cases of general paralysis of the insane. But that this "*dementia paralytica*" will come on without any delusions, and in various degrees, as a disease not rare in the practice of general physicians, is a point to which Dr. Wilks draws attention, and which he illustrates by some well-selected cases. Space forbids us to do more than simply notice the short articles on "Adherent Pericardium," and on "Valvular Diseases of the Heart," by Dr. Wilks, and we pass to Dr. Hilton Fagge's article on the "Murmurs Attendant upon Mitral Contraction."

Here we have records of a large number of cases of cardiac disease, in which the pre-systolic, or "auricular systolic murmur," described by Dr. Gairdner, in 1861, was heard. Dr. Fagge says, what we suspect others may have felt, though they may not have said it, that in many cases where a pre-systolic murmur is present, the first sound of the heart may often be mistaken for the second sound, since it is very clear, sharp, and ringing. To guard against this error, the finger must be applied to the carotid artery, and the pulse felt there; to feel the radial at the wrist is fallacious. The cases appended to the paper show that the pre-systolic murmur was of value as a diagnostic sign of contracted mitral orifice in six cases, though a large number of (forty) cases are noted where the mitral orifice was found constricted after death, and yet no pre-systolic murmur was remarked during life.

The summary of questions in reference to the clinical history of contraction of the mitral orifice towards the close of Dr. Fagge's elaborate paper are worthy of careful perusal. With respect to causation, it seems rare in the experience of Dr. Fagge and Dr. Moxon to find history of antecedent rheumatic fever.

The symptoms usually come on slowly, as if the mitral orifice was gradually narrowed by some chronic inflammatory process. The pulse in most of the cases observed presented small variation from what was normal, and is, therefore, of no value diagnostically. The bearing of the facts detailed on that physiological theory which ascribes the first sound of the heart entirely to the tension of the auriculo-ventricular valves is not forgotten by Dr. Fagge. He observes that while on the one hand we find, in cases of extreme mitral contraction, in which the valve is thick, hard, and almost immovable, the first sound to be peculiarly short, sharp, and clear; on the other hand, we observe the auricular systole, when no valve is stretched, to give rise to a sound scarcely differing at all from the natural first sound (see Case II., p. 273). "Are not these facts almost conclusive in favour of the view that the tension of the ventricular wall is at least as much concerned as the tension of the valve in the formation of the first sound?"

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* "Guy's Hospital Reports." Edited by C. Hilton Fagge, M.D., and Arthur E. Durham. Third Series. Vol. XVI. 1871. J. and A. Churchill, New Burlington street.

Dr. J. J. Phillips gives a list of cases of puerperal convulsions, treated without bleeding; and gives, as the result of no inconsiderable experience, a preference to chloroform over bleeding, only drawing blood when the lungs are congested as a preparatory step to the administration of chloroform. Just now, when the tendency in some quarters of the Profession appears to be reverting back to the, as we had thought obsolete, practice of free bleeding, this paper, from so good an observer and practical physician as Dr. Phillips, is very opportune. The tendency of free blood-letting, in puerperal convulsions, appears to be the same as in acute diseases—that is, to predispose to complications and to retard convalescence.

The "Reports" are rich in valuable surgical experience. The clinical records of Mr. Cooper Foster are models of conciseness, and the variety of the cases recorded makes them interesting to all surgeons. A similar group of miscellaneous surgical cases is also contributed by Mr. Poland, while Mr. Birkett and Mr. Durham select one remarkable case each for an ample report. Mr. Birkett, giving an account of a case of exostosis of the frontal bone growing into the cranial cavity, and Mr. Durham a case of deformity of the lower jaw, resulting from sloughing of the cheek after fever, remedied by operation. Both of these cases are illustrated by excellent plates.

Among other matters, new in a measure, and ably treated, may be named the article "On Retro-Peritoneal Hernia," by Dr. Pye Smith. In a remarkable case of this form of hernia, met with by Dr. Ridge, in 1854, Mr. Hilton operated, and on opening the abdomen, a coil of intestine was found to have slipped through an aperture in the mesentery, at the point where the jejunum becomes comparatively free from the spine. Relief followed the operation, but the patient died of exhaustion.

Mr. Poland's ample paper "On the Treatment of Subclavian Aneurism," occupies several pages at the commencement of the "Reports;" a large number of cases under the hands of various operators are recorded, and the report will be concluded in the next volume of the "Guy's Reports."

Other papers by Dr. Braxton Hicks, Dr. J. C. Steele, and Mr. Bader, will be read with interest, and are in every respect, worthy of their well-known talented authors. Dr. Steele tells us, at the commencement of his statistical account of patients treated in Guy's Hospital, that this charity treated last year 80,838 patients, of whom 5,164 were resident in the Hospital.

Thus we see that while the opportunities of observation at Guy's are immense, they are, as the volume of the "Reports" amply testifies, turned to excellent account by the members of the Hospital Staff in promoting and stimulating the growth of medical knowledge.

GOUT AND RHEUMATISM.*

Dr. Hood offers us the fruits of long experience in practice, in contradistinction to the discussion of the theories that have long clustered round his subject. There is a great difference between treating diseases and treating patients, and Dr. Hood remarks at the outset, that the sick man is a most important factor in the problems we have to deal with. A book thus brought forward deserves attention in these days, when empirical therapeutics is once again taught in high places, and, although we are not prepared to endorse the experience of the author, on many points, we are glad for the subject to be freely discussed.

Dr. Hood condemns colchicum, and attributes to it grave evils—the chief being, that though it may relieve pain at the time, it assuredly debilitates the patient afterwards, so that the remedy is worse than the disease. In defence of this doctrine, he appeals to those who have attended patients for years—not to those who see them once or twice occasionally. We have known medical men who had taken a frequent dose of colchicum during several years, and who had never suffered from it. We are, therefore, not quite ready to join in Dr. Hood's denunciation. As to its employment in rheumatism, that is altogether another affair. We do not prescribe it in that disease, nor do we know any leading physicians who do. The confusion of gout and rheumatism is to be deprecated, if it leads to such practice.

Although he deprecates the use of colchicum, the author says, "there can be no question that the more quickly we are able to stamp out a gouty paryoxysm, the better it will be in every respect for the patient."

To do this, Dr. Hood trusts to a free action of the bowels, by medicines that stimulate the liver, followed by salines for the fevers, and anodynes if needed.

The liver indeed, seems with Dr. Hood, to play a very important part in gout, and though he has carefully pondered the recent experiments on mercury, he is evidently not convinced, and therefore he will not dispense with mercurials, as specifics for hepatic torpidity, &c. In fact, Dr. Hood's experience is emphatically in favour of mercury, and of the old notions about it.

Among external applications, he has found whiskey very effective for reducing the swelling, as well as relieving the pain. As we have not had much benefit from other topical remedies, we shall, some day try, at Dr. Hood's recommendation, the effect of whiskey.

Gout in people who have had several attacks, is to be treated in the same way, but care is to be taken against debilitating. Common salines may do this, so our author gives liq. ammon. acet., with hyoscy., and spir. ether, nitr. with excess of ammonia, by addition of sp. am. arom. or with chloric ether.

After the fever has subsided, iodide or bromide of potassium with ammonia, will be useful. Even then the bowels must be attended to, and cholagogue purgatives preferred. In fact, our author does not deny that colchium is efficacious, but he seems to think that all its benefit is due to its effect on the bowels and the liver. The latter organ he maintains is more easily affected by other medicines—notably by mercurials. We very much doubt whether the idea that the liver is mostly at fault, will obtain general acceptance. The theory, however, may be unsatisfactory, and yet the practice founded on it, or rather that of which it is proposed as an explanation may yield very excellent results, and such seems to be the case from what we read in the book under notice.

ATLAS OF PORTRAITS OF SKIN DISEASES,
10TH FASCICULUS.*

The plates that constitute this Fasciculus of the Sydenham Atlas are instructive and highly creditable to the Society under whose charge they are issued. They form with the preceding plates of the series valuable aid to the practitioner and the student of dermatology.

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* "A Treatise on Gout, Rheumatism, the Allied Affections." By Peter Hood, M.D. London: J. & A. Churchill.

* "Atlas of Portraits of Skin Diseases; 10th Fasciculus, published by the Sydenham Society.

Plate 27 presents two fair illustrations of scabies, one a child's hand attacked with ordinary pustular itch, a disease that is common enough, and yet singular to say, often mistaken, and as might be expected erroneously treated. The other, the hand and forearm of an adult in which acute inflammatory œdema has supervened on neglected itch, these are well drawn and characteristic, though like all coloured plates, perhaps rather over-charged with colouring. The third hand is an example of "scabies Norvegica," an affection of some interest, as it has been proposed to give it the rank of a peculiar specific disease; in the present state of our knowledge it is better to consider it an extreme instance of aggravated neglected ordinary scabies until additional proof is given of its claims to special recognition. We are fortunate that examples of such exceptional severity are seldom if ever met in this country.

Plate 28 affords a drawing of "gyrate syphilitic psoriasis" on the face of a child. This eruption it would be difficult to recognise unless the patient presented some more characteristic features than are depicted by the artist, or unless the diagnosis were assisted by a correct history of his antecedents. Nothing is easier for a trained observer than to recognise scaly syphilitic eruption on the adult; it is not always such a simple matter on the skin of a child, thus, though psoriasis is rare in young children, an example recently occurred to the Reviewer when a little girl, aged about eight years, became covered with small spots of disseminated psoriasis over the entire body of such colour and aspect that the suspicion of its specific nature was at once excited, yet the most thorough investigation failed to establish the slightest grounds for such an imputation, and the child recovered under simple ferro-arsenical treatment. The second illustration on the plate termed "Contagious porrigo after Vaccination" would open up a wide field for criticism and remark, but, perhaps, it will be preferable to recommend the student of cutaneous disease to consider it in the light of one of these questions in dermatology that require further investigation. The name "porrigo," however, is objectionable, being so loosely applied by the earlier writers on skin diseases to different eruptions, especially of the scalp.

Plate 29 affords drawings of the appearances presented in "tubercular and anæsthetic leprosy, the true elephantiasis Græcorum." The horrid aspect of a sufferer from this disease is sufficient to explain the repugnance with which it is regarded, and we earnestly hope that "lepers' hospitals" in our land may, in all future time, remain traditions of the past.

In conclusion, we repeat our gratification in recording the success with which these illustrations of skin disease continue to be published by the Sydenham Society, they are a boon to the Profession, affording, at a cheap rate, good and reliable plates of cutaneous disease to all who value them.

REPORTS ON THE PROGRESS OF PRACTICAL AND SCIENTIFIC MEDICINE IN DIFFERFNT PARTS OF THE WORLD.—VOL. II.*

Last year we had much pleasure in introducing the first volume of Dr. Dobell's "Reports" to our readers, and now we are happy to tell them that the scheme is so far successful, that the second volume, in our judgment, fully equals the first. Indeed, in some points it has been to us, personally, more interesting. We recognised at first that the editor had undertaken a task of the most difficult kind, and we almost fancied he was scarcely aware of some of the rocks a-head. However, we congratulate him on what he has accomplished, and are quite ready to recognise the propriety of some of the modes he has adopted to overcome them. For instance, in the matter of arrangement nothing could be more difficult than methodizing a series of independent contributions from all parts of the world, some of which might be very late in reaching the editor. Accordingly, we are not surprised to find Dr. Dobell has been driven to print the several contributions to some extent in the order in which he received them.

In these days it is an advantage to find a series of well-digested "Reports on the Progress of Scientific Medicine in Different Parts of the World." Our own pages, and those of our weekly contemporaries, furnish plenty of hebdomadal pabulum, and when bound into volumes are useful for reference; but something more than this is required as an annual compendium, and that something is supplied by Dr. Dobell's valuable "Reports." We think he deserves the cordial thanks of reading men for adding to their libraries these volumes.

They are infinitely superior to half-yearly selected reprints, although no doubt these last have their uses; but Dr. Dobell has secured a number of able collaborators in different parts of the world, and each gives a report of the progress of medicine in his own country. Thus we get a series of first-rate essays from men of high standing and literary ability, who review what passes in their own literature during the year. This is naturally of more value than such an account as could be given by the pen of any single man, or the united pens of several of one country. In the present volume, for instance, China, Turkey, Java, Australia, New Zealand, California, India, and other distant parts, are each represented by a report. Not only distant parts, but other countries close at home lend their aid, and Great Britain naturally enough has a large space allotted to it.

It is very interesting to read the Report from France, contributed by M. Villemin, who amidst the din of war and the horrors of famine, redeemed his promise to send a Report, and shows that if French generals are not what they were, the soldiers of science are in France as energetic, as capable, and as undaunted as ever. Italian medical science is reported by Dr. Sammut, in a very interesting paper, and Portugal is represented by Dr. Brandt; Macnamara, of Calcutta, reports on India. Dr. Hjaltalin contributes one of the most interesting papers of all, that on Iceland. Dr. Carroll, of New York, sends much good material, with an apology for its imperfection, on account of his having been laid aside by illness. We are very glad to hear that our learned *confrère* is recovered, and to assure him that his Report, though it may not satisfy him, will be accepted with thanks by the British public, and that we shall look with pleasure for his next year's Report, knowing well that he has the ability and the opportunity to furnish an invaluable *précis* of a year's medical work in the United States.

We cannot now specify more, but in future numbers may have the opportunity of referring to some of the individual essays. We have only to repeat our opinion that Dr. Dobell deserves the thanks of the Profession for such a splendid and original Year-book of Medicine.

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Correspondence.

THE CONTAGIOUS DISEASES' ACTS CONSIDERED IN THEIR MEDICAL AND GENERAL ASPECTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—When I enrolled myself as a student at the Ecole de Médécine, in Paris, some years ago, I was struck—1st, by the abject subjection of all classes of women; 2ndly, by the remarkable impulse given to fornication by the pretended protection afforded by the periodical examination of supposed prostitutes; and, thirdly, by the great prevalence and exceptional severity of venereal diseases. To a Medical audience I perhaps need not say much about the subjection of women—they call that sentimental—but it is very real for all that; in fact, prostitutes, in order to avoid the disgusting surgical introspections to which they are subjected, become clandestine prostitutes, pretend to be engaged in industrial occupations, and disguise themselves so like respectable women that it is almost impossible to distinguish them. The result is that no woman or lady is safe from the perquisitions, insults, and extortions of spies and informers, none dare move out without protectors, and a system of espionage and terrorism is established disgraceful to any civilized or uncivilized community. The result is the same in this country. A warm favourer of the Acts resident in a subjected district remarked a short time ago that the system had its inconveniences, for when his children used to go to a party he could send his maid-servant for them, now he has to go himself. I need not say much as to the increase of fornication under the regulation system; it is simply a matter of common sense, if you make it apparently safe as a matter of course you increase its prevalence. Mr. Acton tells us that the French brothels are crowded on examination days from presumed extra security, and my own experience entirely confirms this observation. The great argument amongst the students was that you were quite safe in indulgence in Paris. These notions were freely canvassed by men whom I had previously known in Edinburgh and London, some of whom, to my knowledge, after escaping disease in these cities, contracted it on the strength of a false security in Paris. One of these gentlemen who, so far as I know, escaped during my time, has since practised in that city. I saw him during a short visit a year ago, and found he was suffering from syphilis. I said, "How is it you contract disease under the regulation system?" He replied, "Oh, that's no good; you can get syphilis as readily in Paris as in any place in the world." Leon Lefort, the well-known physician to the Midi Hospital, says that, "Foreigners are accused of bringing disease into Paris, but whatever they bring they take away with them more. Paris is sufficiently rich in syphilitic virus not to need to borrow elsewhere;" and the same eminent authority remarks (speaking of venereal disease generally as affecting the Parisian population after a century's trial of our Contagious Diseases' Acts), in reference to these affections, we may fairly quote Voltaire's inscription on the pedestal of a statue of Cupid, "Qui que tu sois voici ton maitre, il l'est, le fut ou le doit etre," that is to say, every male contracts disease under the protective influence of the French Contagious Diseases' Acts. When I was a student Frenchmen used to say a man is not a man until he has had syphilis. That was one of their axioms. Puche and Fournier's tables, published in Lancereaux's work, show that, in 873 cases of syphilis carefully traced to its source, 625 owed their misfortunes to a false security and intercourse with registered and regularly inspected women. Dr. Vintras, in his evidence before the Venereal Commission, also remarked that two-thirds of the cases of true chancre were derived from the licensed prostitutes of Paris. Lecour's tables show that there were 49,500 cases under treatment in that city in a population half that of London. Nor is Paris, any more than our own subjected districts, any exception to the general rule. I am prepared to maintain that these filthy laws always increase every evil, both physical and moral. The foreign correspondent of the *Medical Times and Gazette* remarks, "You ask me, Do the laws against prostitution and syphilis work well or ill for morality? Do they really diminish venereal diseases? My opinion is no! no! no!" There is no general law, but there are many cities which have made ordinances on prostitution. Here, in Rotterdam, there is a so-called excellent ordinance. Every woman who will prostitute herself must be inscribed by the police, and gets a book (livrette); when the police find a woman out who prostitutes herself, and has no book, she is taken to the police station to be examined by the doctor of the police. All the prostitutes who are inscribed are *twice weekly examined*—the lower class in the hospital for syphilis by the doctor of the hospital, the more elegant class in their own homes. All who are found to be syphilitic are sent to the hospitals; the elegant prostitutes can be cured at home, but under surveillance. In the published reports on prostitution and on the prostitutes and syphilis, you find everywhere spoken of a diminution of both; but how is it with clandestine prostitution, and the syphilis treated not by the doctors of the police, but private doctors? Almost fatal to the scheme! One benefit there certainly is—the man who will resort to prostitutes and is prudent is better off now than before, for in the public houses of vice there is less danger. (*Note the temptation.*) An example of these reports is one published this summer by Dr. Ponskoolhaas, member of a commission of our Medical Society for the investigation of this subject. He inserted in our Medical Journal an article on prostitution in the Hague. The public houses diminished between the years 1857 and 1869 from 15 to 9; the surveyed rendezvous (*maisons de passe*) from 9 to 8; the yearly number of women inscribed from 130 to 82—all you see was diminishing. How beautiful! how heavenly! the moralists will say. But what says the Prefect of Police of the Hague on the question? At what figure do you estimate the number of clandestine prostitutes? He answers, "They are not to be estimated; they are *continually increasing*." Further, in conclusion, let me direct attention to an article which appeared in 1868 in our Medical Journal from the pen of Dr. Huet, now first physician to the Hospital (*buitengasthuis*) in Amsterdam. He made an inquiry upon prostitution in the army, because it was here more exactly known than amongst civilians.

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* "Reports on the Progress of Practical and Scientific Medicine in Different Parts of the World." Vol. II. By Dr. Dobell. London: Longmans, Green, and Co., Paternoster row.

He got his information from the War Ministry. He gives a quantity of tables; but the most conclusive, I find, is that where he exhibits twenty-four cities, and gives the number of the venereal cases some years before, and some years after, the introduction of laws on prostitution. Now, in some cities there is an amelioration, but the total number is—before the introduction of ordinances, 1,786 cases amongst 15,913 soldiers yearly; after the introduction, 2,241 in 16,810—*i.e.*, before, 11·2 per cent. after, 13·3 per cent. And these are official figures. *Things have no better aspect when they are ordinances: it seems there is less fear of infection and therefore greater incontinence;* and moreover, while the number of public brothels and public women diminishes through fear of the police, it seems that the number of clandestine women is doubled.

From the returns of the venereal disease in the French army it appears that since the introduction of the Acts among the Arab population, for the alleged benefit of French soldiers, disease among these men increased, until in a comparatively short space it had actually doubled. More than one-sixth of the men were non-effective from these diseases. The Editor of the *Medical Times and Gazette*, who quotes the report, remarks: "We recognise in the spread of disease, in spite of preventive measures, one of the strongest proofs of the inefficiency of measures of repression." The same report shows, that the *smallest amount* of disease among the men was among those French troops who were quartered *in Rome*, and it is a remarkable fact, that here the *French Contagious Diseases Act was not allowed to be put in operation*, all such measures being very properly denounced by the Papal See.

The following is extracted from the last "Report on the Sanitary Administration of the Panjaub," furnished to the government by A. C. C. de Renzy, Esq., B.A., Surgeon and Sanitary Commissioner:—"The results of the measures that have been taken for the last four or five years for the prevention of venereal diseases in this country, afford us no ground for congratulation. Half a lac of rupees at least was spent in 1868, in this Presidency with this result, that the admissions were twenty-nine per 1,000 men *more numerous than in* 1867. In the last five years, a sum probably little short of five lacs has been spent on the prevention of venereal, and after all, there is nowhere any substantial signs of improvement in the condition of the troops as regards venereal diseases, for twenty years ago, these maladies were not more prevalent than they are now. It is also a noteworthy circumstance, that Landour, Dastrai, and Nonshera, places where *the preventitive measures have not yet been established, show the smallest rates of venereal admissions.*

In Bengal, in 1687, the number of admissions per 1,000 was 166; in 1868, under the operation of this law, it rose to 199; thus in 1867, out of 38,784 soldiers, 5,764 were admitted for venereal disease, whereas in 1868, out of a strength of only 31,590 the admissions were not less than 6,282. The same observation is true of the other Presidencies, and the Editor of the *Indian Public Opinion*, November 15th, 1870, says:—The plea for saddling the ratepayers with any expense for this fancy scientific purpose, was based on the assumption, that the measure would be at least effectual in checking disease, whereas it has, in fact, proved a most notorious failure."

M. Lecour, Commissaire Interrogateur, and Chef de Bureau à la Prefecture de Police, whose duty it is to superintend the administration of these Acts in Paris, and to note specially their effect in the limitation of disease, says:—"All these results prove that prostitution is increasing, and that it is now *more dangerous than ever* to the public health. Has the action of the police then relaxed? No, on the contrary, it has more powerfully organised its means of repression, of surveillance and of sanitary control. It has never been more active than now. This is proved by the fact, that the number of daily arrests of unsubmitted girls is on the increase. *The evil is a* *moral and social one, and cannot be controlled by the police, who can neither restrain or destroy it.* The number of 'permitted houses' (brothels), is diminishing. This sounds well; but now let us see. The fact is this—women leave the permitted houses and swell the list of 'filles isolées (solitary prostitutes), [whom it is much more difficult to bring under police control.]

These 'filles isolées' under control, are again, year by year diminishing, by going over to, and augmenting, the ranks of the unregistered women, clandestine prostitutes. The numbers of these latter increase continually, and the difficulties encountered by the police are insuperable. The evil must be *overcome by moral* not by legislative means." The same authority makes the frank and honest avowal contained in the following words.—"Therefore, we see that by science we have increased and not diminished the evil." At the last annual meeting of governors and subscribers of the Royal Albert Hospital, Devonport, an Institution that nets £2,000 a year profit of the public money for government lock wards, Dr. Row, physician to the hospital, remarked, that the amount of disease among the forces had considerably increased and not diminished, in fact nearly doubled. Three girls threw themselves from the windows and one was killed. These facts were mentioned at the Social Science Congress, by Dr. Hooppell.

I am, Sir, your obedient servant,

CHARLES BELL TAYLOR, M.D, F.R.C.S.

Nottingham.

P. S.—I showed from Dr. Balfour's tables in the *Medical Journal* last week, that there had been an increase of disease under these operations in our subjected districts.

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Medical News.

University of Aberdeen.—At the late Medical Graduation term, the following candidates, after the usual examinations, received degrees in Medicine and Surgery :—

DEGREE OF M.D.

Dutt, Russick Laul, Calcutta.
Ghose, Kristo Dhan Calcutta.

At the same time the following gentlemen received promotion to the degree of M.D. :—

Arbuckle, H. W., Doncaster,
Coutts, J. A., Bancory-Ternan.
Crowther, E. L., Alford, Lincolnshire.
Cullen J., Chumparum, Bengal
Dyer, T. B., Bethlem Royal Hospital, London.
Wood, A., Edwardesabad, Bengal.
Woodford, E. R., Ventnor, Isle of Wight.

DEGREE OF M.B.

Benham, W. T., Bristol.
Brotchie, T.R., Aberdeen.
Carmichael, A., Maryculter.
Cobban, A. R., Whitfield, Berkeley.
Creighton, C., Peterhead.
Crombie, C. M., Aberdeen.
Davidson, C., Aberdeen.
Davidson, G. F., Aberdeen.
Edwards, W. H., Antigua.
Fasken, W. A., Durnford, London.
Goodhart, J. F., Brighton.
Gordon, J. E.
Jotham, G. W., Kidderminster.
Knaggs, S. T., Newcastle, New South Wales.
Lawrence, N.
Lowson, D., Aberdeen.
Maclean, J. C. B., Kiltearn, Ross-shire.
M'Calman, H.
Marshall, L. W., Bristol.
Milne, T. E.
Raitt, T., Aberdeen.
Shepherd, J., Aberdeen.
Simpson, J., Aberdeen.
Waldo, H., Clifton.
Walsham, W. J., London.
Williams, A. H., London.
Wilson, A. R.

DEGREE OF C.M.

Benham, William Thomas.
Brotchie, Theodore Rainey.
Carmichael, Archibald.
Cobban, Alexander Richard.
Creighton, Charles.
Crombie, Charles Mann.
Davidson, Charles.
Davidson, George Farquhar.
Edwards, William Henry.
Fraser, George Innes.
Goodhart, James Frederic.
Gordon, John.
Jotham, George William.
Knaggs, Samuel Thomas.
Lawrence, Nathaniel.
Lowson, David.
Maclean, John Cassilis Birkmyre.
M'Calman, Hugh.
Marshall, Lewis Walter.
Milne, Thomas.
Raitt, Thomas.
Shepherd, James.
Simpson, James.
Waldo, Henry.
Walsham, William Johnson.
Williams, Alfred Henry.
Wilson Alexander.

University of St. Andrews.—The following gentlemen, having passed the required examination, obtained the degree of Doctor of Medicine on April 22nd last :—

Brown, George, F.R.C.S, M.R.C.S., and L.S.A., Kensal Green, London.
Carlaw, John, L R.C.S., Edin. Assistant-Surgeon Army, Glasgow.
Crawford, Cooper Hayes, M.R.C.S., L.S.A., L.M., Stafford.
Harris, Henry, F.R.C.S., M R.C.S., L.S.A., Redruth, Cornwall.
Harvey, John, M.R.C.S., Eng., L.S.A., Lond., Birmingham.
Muscroft, Henry, L.R.C.P., Lond., M.R.C.S., Eng., Pontefract.
Underhill, Thomas, L.R.C.P., Edin., M.R.C.S., Lond., L.S.A., Tipton.

University College Hospital.—On Wednesday evening, the anniversary festival of this institution took place at Willis's rooms, and was attended by about 100 gentleman. Professor Edmund A. Parkes, M.D., F.R.S., presided, and was supported by Sir F. Goldsmid, M.P., the Hon. George Denman, Sir R. Alcock, G.C.B., Sir W. Jenner, Sir Louis Mallet, Mr. Quain, and many other leading friends and members of the hospital staff. After the usual loyal and national toasts, the chairman proposed "Success to the Hospital." In doing so he gave a sketch of the history of the institution. Having existed about thirty years, it has, he remarked, during that period relieved 45,000 in-patients, and 450,000 out-patients; while the numbers benefited in the last year are 1,689 and 28,786 respectively. The annual expenditure averages about £9,000, while the reliable income does not exceed £5,000. By the sacrifice of investments, about £3,000 of debt has been paid off within the past year, leaving a mortgage on the building of £3,000 in addition to unsecured debts to the amount of about £4,000. The hospital includes a department called the Samaritan Fund, which is devoted to the benefit of convalescent patients. During the year 6,000 dinners have been given to poor adult patients, and 1,600 gallons of milk to poor children. In enforcing the claims of the hospital to public support, and alluding to the probability of its enlargement, the chairman said he should be glad to see some well-devised scheme for increasing the funds, both temporary and permanent—a remark which was responded to by loud sympathetic cheers. The Secretary, Mr. H. J. Kelly, announced subscriptions ammounting in the aggregate to nearly £1,000.

Dr. Croft and the Naples Exhibition of 1871.—Their Royal Highnesses the Prince Humbert, and Princess Margherita, and members of the Royal Commission, have directed their congratulation to be given to Dr. J. McGrigor Croft, M.R.C.P., for his valuable and scientific discovery of the fish tail rudder, exhibited by models at the Neapolitan Exhibition.

University of London.—At a meeting of the Senate of the University of London, on Wednesday, the 26th ult., the following gentlemen were elected examiners for the medical degrees during the ensuing year :—In Medicine : Dr. Bristowe and Dr. Russell Reynolds. In Surgery : Profs. John Birkett and John Marshall. In Anatomy : Profs. John Wood and G. V. Ellis. In Physiology : Prof. Michael Foster and Mr. Henry Power. In Obstetric Medicine : Dr. Barnes and Prof. Graily Hewitt. In Materia Medica : Dr. Fraser and Prof. Garrod. In Forensic Medicine : Dr. Headlam Greenhow and Dr. Thomas Stevenson.

Our Beef Steaks in Danger.—In corroboration of Dr. Cobbold's new and striking views about the dangers arising from irrigation sewage, a report has been received from Dr. Hewlett, of Bombay, stating that he had ordered fourteen cows to be destroyed on account of their flesh being infected with the measle, or, more scientifically, a parasite called *cysticercus*, which unfortunately has a *penchant* for inhabiting that portion of the animal which produces our favourite rump steaks. Nearly all the cattle were in excellent condition, and showed no signs of disease. We trust that no time will be lost or pains spared by our scientific men in exploring this subject to its uttermost, for it is one of the greatest importance to mankind, and ought to be most fully investigated before the vexed sewage question is decisively settled.—*Food Journal.*

Poisoned Bread.—Out of twenty samples examined, only three were positively genuine, while sixteen were contaminated with an actual poison; and this is what is everywhere called the staff of life. It is true that no man could eat at one meal a dose of bread which would really poison him out of hand, but we would like to see the courageous person who would deliberately consume half a grain of sulphate of copper every day of his life; and yet this is what thousands seem to do in the South of London, without being aware of it.—*Food Journal.*

The Metropolitan Asylums Board and the Small-pox Epidemic.—On Saturday there was a full attendance of the members of the Metropolitan District Asylums Board at the fortnightly meeting of that body held in the court room of the Metropolitan Board of Works at Spring gardens. A communication was read from Dr. Bridges, Medical Inspector of the Poor-law Board, showing the vast increase that has taken place in the epidemic during the latter periods. During the week ending April 22nd, the number of new cases reported had been 515, and in the week ending that day, 29th of April, the number of new cases reported were 588. Dr. Bridges added that from the information which he had been able to derive upon the subject he regretted he was led to express a belief that they had not yet seen the worst of the epidemic. A communication was also received from the Lords of the Admiralty, officially stating, that they had been pleased to grant the use of another ship of war in the Thames, to be fitted up as a convalescent hospital for small-pox patients.

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Cantharidinate of Potassa.

In a recent number of the *Journal de Chimie Médicale*, M. Delpeche calls attention to the defects of the ordinary preparations of cantharides; the proportion of the active agent, or cantharidin, varying, the presence of fatty or oily substances sometimes causing the absorption of a dangerous poison, and the rosin or turpentine employed in the composition of the plaster being an unnecessary irritant. In place of this he recommends the *cantharidinate of potash*, which is of very stable composition—has no odour, and possesses a vesicant action in a high degree. He recommends, as the best formula for the plaster, gelatine, 2·09 parts; water, ten parts; alcohol, ten parts; cantharidinate of potash, 0·20 parts; glycerine, 9·05 parts. The mass should be equally spread on thin gutta-percha, a definite quantity being present in each square inch.—*New York Medical Record.*

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

"MEDICAL PRESS AND CIRCULAR," IRISH DEPARTMENT.

Subscribers and Advertisers are respectfully informed that the Irish Offices of the Journal, removed from 6 D'Olier street in consequence of the disconnection of Moffat and Co. from the Journal, have been opened at the Molesworth Hall, Molesworth street, Dublin. Remittances and communications addressed to Mr. W. A. Clare at this address, will receive immediate attention. Editorial communications should be directed to Dr. A. H. Jacob, Ely Place, to whom Cheques and Post-office Orders are to be made payable.

Dr. Hugh Carmichael.—Chloral hydrate can be obtained from any respectable house in a condition of purity. We believe, having examined many samples, that there is very little adulterated chloral in the market.

American Editors.—The following clipping from an American contemporary may be taken as a fair specimen of the compliments indulged in. Replying to adverse criticism in a New York opponent the editor breaks out thus:—"Neighbour! you are a very good paper so far as you go, and we gladly recommend you to those readers whose mental stomachs cannot yet digest strong food, or which have become dyspeptic from injudicious aliment; but your limits are by far too contracted by bigotry, intolerance, prejudice, and pharisaical godliness to suit minds which have burst the bonds of custom and practice, and boldly struck out for truth, and which accord to everybody what they claim for themselves. It may also do you a service to remind you that everybody does not believe your simple assertions, unsupported by any fact. Ponder this well, and do not die unrepentant."

A NEW TUBE CLEANER.

Our attention has been drawn to a very simple contrivance for cleaning out the glass and India-rubber tubes of feeding-bottles, microscopical tubes, catheters, &c. It consists of a long piece of flexible wove wire, at the end of which is fastened about an inch length of India-rubber, so that when the wire end is drawn through the two ends of the India-rubber curl closely to the interior of the tube, effectually removing dust, curds, or other opposing objects. For infant's bottles, or those used for patients in hospital it will be particularly useful, as curds soon lodge in the tubes, and quickly turn food subsequently passed through sour and unpalatable. We are happy to draw the attention of our readers to this contrivance, as it might otherwise remain to them unknown, for the simple reason, that its introducers, Messrs. Maw, Son, and Thompson, of Aldersgate, London, are unable to make it known to the profession by the ordinary method of advertising, on account of its ridiculously low price of one penny retail, or about eight shillings per gross.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Infantile Water on the Brain. By Hugh Carmichael, A.M., F.R.C.S. Dublin: McGlashan and Gill.

Parisiana. By Cameron Stuart Macdonald, M.R.C.S. London: Provost and Co.

The Materia Medica and Natural History of China. By F. Porter Smith, M.D., Medical Missionary in China.

Annual Report of the Society for the Suppression of Vice.

Boston Medical Journal; Science Gossip; Pharmaceutical Journal; Nature.

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MEETINGS OF THE LONDON SOCIETIES.

Obstetrical.—This Evening 8 p.m. Dr. Wiltshire, "On Tetanus after Abortion." Dr. Meadows, "On Hæmatocele." Dr. Playfair, "On a case of Sudden Death after Delivery."

Royal Microscopical.—8 p.m. Dr. Maddox, "On the Structure of Lepidopterous Scales as bearing on the Structure of Lepidocyrtus curvicollis. Mr. B. T. Lowne, "On the Foot of Dityscus marginalis."

Harveian.—Thursday, May 4th, 7½ p.m. Special Council Meeting. 8 p.m. Mr. Berkeley Hill. "On the Treatment of Surgical Inflammation by Counter-irritation."

Royal Institution.—Saturday, May 6th, 3 p.m. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

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VACANCIES.

St. Thomas's Hospital, London.—Physician and two Assistant Physicians. A Surgeon and two Assistant Surgeons. (See Advt.)

St. Mary's Hospital, London.—Physician Accoucheur. Honorary.

Gosport Hospital.—House-Surgeon. Salary £100, with board.

Ripon Dispensary.—House-Surgeon. Salary £60, with residence.

Littlemore Lunatic Asylum.—Assistant Medical Officer. Salary £60, with board and residence.

Narberth Union.—Medical Officer. Salary £35, with extra fees.

Royal Kent Dispensary.—Medical Officer. Salary £150.

Huddersfield Infirmary.—Assistant House-Surgeon. Salary £35, with board.

Liverpool Royal Infirmary.—Demonstrator of Physiology in the School.

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APPOINTMENTS.

Buncle, Mr. A., Medical Officer and Public Vaccinator for District No. 6 of the Pontefract Union, Yorkshire.

Edwards, W. H., M.B., Resident Midwifery Assistant at St. Bartholomew's Hospital.

Griffin, L. T., Ext L.R.C.P.I., has been elected Visiting Physician to the Kerry District Lunatic Asylum, Killarney.

Johnston, A. C., R.N., M.R.C.S.E., L.K.Q.C.P.I., &c., Medical Officer for the Shap District of the West Ward Union, Westmoreland.

Kennefick, J. S., L.K.Q.C.P.I., L.R.C.S.I., Medical Attendant to the Royal Irish Constabulary, Clonmel.

Kippling, W., House-Surgeon to the Metropolitan Free Hospital.

Littlejohn, S., M.B., Assistant Medical Officer, to be Resident Medical Officer to the Central London District Schools, Hanwell.

Lloyd, J., L.R.C.P.L., Resident Medical to the Swansea Hospital.

Millson, G. M.R.C.S.E., L.R.C.P.L., Assistant Medical Officer, Female Department, Middlesex County Lunatic Asylum.

Pooley, R. C. M., L.K.Q.C.P.I., L.R.C.S.I., Resident Medical Officer to the Rochdale Infirmary and Dispensary.

Strathy, F. R. L., M.D., Assistant to the Extra Physicians of the Royal Hospital for Sick Children, Edinburgh.

Thomas, O. D., M.R.C.S.E., Assistant Surgeon in the 2nd Battalion of Monmouth Rifles.

Tosswell, L. H., M.B., House-Surgeon to the Devon Hospital.

Wharry, C. J., M.R.C.S., House-Physician to St. Bartholomew's Hospital.

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Birth.

Leary.—On April 16th, at Southport, the wife of Thomas Leary, Esq., L.R.C.S.I., and L.K.Q.C.P.I., and L.M., Castlederry, of a son.

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Marriages.

Hunter—Chalk.—On the 20th ult., at St. Luke's Church, Westbourne park, W., Frith Hunter, of Margate, to Emma Mary, youngest daughter of the late Frederic Augustus Chalk, of Eythorne, Kent.

Knight—Ward.—On the 25th ult., at the Parish Church, Clapham, Alexander A. H. Knight, M.D., of Keswick, to Sidney Eliza, eldest daughter of James Ward, Esq., Clapham Common.

Leckie—Cooke.—On the 20th ult., at Glyntaff Church, Pontypridd, John Lindsay Leckie, L.R.C.P.Ed., &c., late of H.M.'s Indian Navy, to Sara, only daughter of Dr. Wm. Cooke, of Pontypridd.

Woodman—Lloyd.—On the 25th ult., at St. Jude's, Mildmay park, London W., Bathurst Woodman, M.D., to Elizabeth Mary, daughter of the late T. Lloyd, Esq., of Tranmere, Cheshire.

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Deaths.

Bourne.—On the 12th ult., R. C. Bourne, L.R.C.S.I., of Nottingham, formerly Surgeon 3rd Dragoon Guards, aged 48.

Garrett.—On the 23rd ult., Richard Garrett, M.R.C.S.E., of Hemingborough, Howden, Yorkshire, aged 75.

Henry.—On toe 24th ult., James Henry, M.D., of Bury St. Edmunds, Physician to the Suffolk General Hospital.

Advertisements.

APOTHECARIES' HALL, BLACKFRIARS.—The next EXAMINATION in ARTS will be held at the HALL on FRIDAY and SATURDAY, SEPT. 29th and 30th. A Syllabus of the Subjects for Examination may be had on application.

An Examination in ARTS will again be held in the month of JANUARY, 1872.

R. H. ROBERTSON, Secretary to the Board.

PRIZES IN BOTANY.

THE Next EXAMINATION for the SOCIETY OF APOTHECARIES' ANNUAL PRIZES IN BOTANY will be held at the Hall of the Society on Wednesday, the 21st of June next, at 10 a.m. The Prizes consist of a Gold Medal, and a Silver Medal, and a Book. Gentlemen will be eligible as candidates for competition who are in attendance on the Second Summer Session of their Medical Studies. Candidates must send a written notice to the office of the Beadle on or before the 1st of June.

By order of the Court of Assistants,

R. B. UPTON, Clerk to the Society.

Apothecaries' Hall, London, 1871.

ST. THOMAS'S HOSPITAL.

—It being intended to increase the Staff of the Hospital by the appointment of a PHYSICIAN, TWO ASSISTANT-PHYSICIANS, a SURGEON, and TWO ASSISTANT-SURGEONS, the Grand Committee will be prepared to receive applications for such appointments.

All applications to be addressed to this Office under cover to FRANCIS HICKS, Esq., the Treasurer, from whom all information respecting the appointments may be obtained.

By Order, ALFRED TRITTON,
Treasurer's Clerk.

13 St. Thomas's street, S.E., 25th April, 1871.

INDIAN MEDICAL SERVICE.

NOTICE is hereby given, that no examination for appointment to the Indian Medical Service will be held in August, 1871.

T. T. PEARS, Major General,
Military Secretary.

India Office, 17th April, 1871.

ROYAL ORTHOPÆDIC HOSPITAL FOR FOOT, SPINAL, and other DEFORMITIES, 315 Oxford street, W.

Mr. Tamplin will deliver a Course of Lectures on "The Nature and Treatment of Deformities," at this Hospital, commencing Tuesday, May 9th, at Half-past Two o'Clock, and continuing every succeeding Tuesday at the same hour, until completed. Legally qualified practitioners are invited to attend. Tickets may be obtained from the Secretary at the Hospital.

Pupils are admitted to witness the Practice of the Hospital on the following terms: For six months, £3 3s., for twelve months, £5 5s., perpetual, £10 10s.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

NOTICE IS HEREBY GIVEN, that on TUESDAY, the 2nd of MAY next, at the hour of THREE o'clock, p.m., the President and Council will proceed, according to the provisions of the Supplemental Charter, to Elect from among the Fellows of the College

Seven Examiners to Examine Candidates for Fellowship and Letters Testimonial,

Three Examiners to Examine Candidates for the Diploma in Midwifery,

And Three Examiners to Examine Students as to their proficiency in General Education.

Candidates are requested to lodge their Applications with the Registrar of the College on or before FRIDAY, the 28th of APRIL.

By Order.

JOHN BRENNEN, Registrar.

ROYAL COLLEGE OF SURGEONS
SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:—

Botany	Dr. Minchin.
Practical Chemistry	Dr. W. Barker.
Medical Jurisprudence	Dr. Davy.
Materia Medica	Mr. Macnamara.
Midwifery	Dr. Sawyer.

Premiums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.

DR. STEVENS' HOSPITAL AND MEDICAL COLLEGE.

The SUMMER SESSION, 1871, will commence on MONDAY, April 17th, and will include the following courses:—

Clinical Medicine, Clinical Surgery, Midwifery, Materia Medica, Botany, Jurisprudence, Practical Chemistry, Pathology, and Operative Surgery.

E. HAMILTON, Hon. Sec.
120 Stephen's green.

ROTUNDA LYING-IN HOSPITAL, DUBLIN

Consulting-Physician—Alfred Hudson, M.D., F.K. and Q.C.P.I
Consulting-Surgeon—Robert Adams, M.D., F.R.C.S.I.
Master—George Johnston, M.D., F.K. and Q.C.P., &c.
Assistant-Physicians—T. More Madden, L.K. and Q.C.P., &c Alexander Taylor, L.K. and Q.C.P., &c.
Secretary—J. G. Strickland, Esq.

This Hospital, the largest Chartered Clinical School of Midwifery in the British dominions, contains one hundred and thirty Beds, twenty-five of which are appropriated to the Diseases of Females.

An Obstetrical Museum, containing upwards of five hundred Preparations, and a Library, are attached to the Hospital.

Clinical Instruction in Midwifery, and the Diseases of Women and Infants, is given daily.

The Pupils are Privileged to attend the Cow-Pock Institution, Sackville street, and York street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians; the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all the other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting-room.

Two Courses of Lectures are given yearly—the first commencing early in November, the second early in May.

Applications to be made to the Master, Dr. Johnston, at the Hospital, Rutland square.

CARMICHAEL SCHOOL OF MEDICINE,
NORTH BRUNSWICK STREET.

THE SUMMER SESSION
Will commence on WEDNESDAY, APRIL 19, 1871.

Practical Chemistry—Dr. Campbell—Tuesday, Thursday, and Saturday, Twelve to One o'clock.
Materia Medica—Dr. Frazer—Monday, Wednesday, and Friday, Twelve to One o'clock.
Medical Jurisprudence—Dr. O'Reilly—Monday, Wednesday, and Friday, One to Two o'clock.
Botany—Dr. Blakeley—Tuesday, Thursday, and Saturday, One to Two o'clock.

Fee for each of the above Courses, £3 3s.
CARMICHAEL MEDALS AND PRIZES
Will be awarded in each of the SUMMER CLASSES.

For particulars apply to Dr. Corley, Registrar, 30 Lower Baggot street, or at the School.

THE LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN,
2 OSNABURGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq. Resident House Surgeon.

PRIVATE RETREAT
FOR
THE UPPER AND MIDDLE CLASSES
OF BOTH SEXES, MENTALLY AFFLICTED,
TUE BROOK VILLA,
NEAR LIVERPOOL.

Further information may be obtained on application to Dr. H. OWEN.
Vide page 1075, "Medical Directory," 1869.

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Vide page 1016 in the Medical Directories for 1867.

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Will not be disappointed in sending their Orders to the above Store.
IRISH, FRENCH, AND SPANISH FLOURS,
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PURE WHITE WHEATMEAL, AND SCOTCH GROUND OATMEAL.
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PURE BISCUIT POWDER FOR INFANTS' FOOD,
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PRIME LOT OF FEEDING.
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WHITE'S MOC-MAIN LEVER TRUSS

Is allowed by upwards of 500 Medical gentlemen to be the most effective invention in the curative treatment of Hernia.

The use of a steel spring, so often hurtful in its effects, is here avoided; a soft bandage being worn round the body, while the requisite resisting power is supplied by the MOC-MAIN PAD and PATENT LEVER, fitting with so much ease and closeness that it cannot be detected, and may be worn during sleep. A descriptive circular may be had and the Truss (which cannot fail to fit) forwarded by post, on the circumference of the body two inches below the hips being sent to the Manufacturer,

JOHN WHITE, 228 Piccadilly, London.

Single Truss, 16s., 21s., 26s. 6d., and 31s. 6d. Postage, 1s.
Double Truss, 31s. 6d., 42s., and 52s. 6d. Postage, 1s. 8d.
Umbilical Truss, 42s. and 52s. 6d. Postage, 1s. 10d.

NEW PATENT
ELASTIC STOCKINGS, KNEE-CAPS, &c
for Varicose Veins, Weakness, and Swelling of the Legs, &c.
Prices 4s. 6d., 7s. 6d., 10s. and 16s. each. Postage, 6d.
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The usual discount to the Profession.

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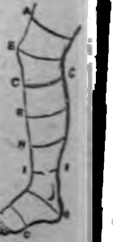

and KNEE-CAPS, pervious, light in texture, and inexpensive, yielding an efficient and unvarying support, under any temperature, without the trouble of Lacing or Bandaging. Likewise, a strong low-priced article for Hospitals and the Working Classes.

ABDOMINAL SUPPORTING BELTS, those for Ladies' use, before and after accouchment, are admirably adapted for giving adequate support with extreme lightness—a point hitherto little attended to

Instructions for measurement and prices on application, and the articles sent by post from the Manufacturers,

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 10, 1871.

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Original Communications.

TWO CASES OF AMPUTATION OF THE THIGH AT PUBNA STATION, IN BENGAL.

By WILLIAM COLLES, M.D., F.R.C.S.I., &c., Bath.

THEY were both, with large water-colour drawings of the diseases for which I operated, fully entered in my Dispensary Half-Yearly Reports for 1858-9, and sent to the Director-General of the Medical Department at Calcutta, in whose office, I have no doubt, they are still preserved. I should not have deemed them worthy of appearing in print, had not my commentary on them included remarks of importance to entitle them to that distinction.

The subject of amputation in the first example was a native female, who had elephantiasis of the leg and malignant ulceration of the greater portion of the corresponding foot, which made me dread its recurrence. I ventured, however, to remove the limb, and the stump healed without a single bad symptom. Case No. 1 requires but this brief record.

The disease in Case No. 2 was senile gangrene. A man, aged about sixty, came to me at the dispensary. On examination I found the great toe of his left foot had, in the course of eighteen months, been destroyed. He had not had any treatment, and the gangrene, at the close of that period, spontaneously healed. He then enjoyed six months' immunity from disease, when it attacked the great toe of the right foot which he entrusted to the care of native quack doctors, who I believe to be the very worst practitioners in the universe. (The number of eyes they destroy by putting powdered sulphate of copper into them is amazing.) In the hands of these rascals the progress of the gangrene was accelerated to such a degree that, in fourteen months, it had carried away the entire foot, together with the flesh of the lower half of the leg, leaving the tibia and fibula projecting in a blackened state. Where the bones projected the gangrene had been arrested, but on the external aspect of the limb and extending to the knee-joint, there existed a rough scab so loosely attached, that it came off entirely when I attempted gently to remove a portion of it. Underneath there appeared a rough, gelatinous, and amorphous surface of a dirty grey colour, evidently the disease in question. It gave rise to considerable pain, preventing sleep at night to such a degree as induced the applicant to request me, as a favour, to cut off his leg. I was quite aware that the profession were nearly unanimous in condemning amputation in such cases; a consideration which, under any other circumstances, would have at once led me to a decided and peremptory refusal. However, living as I did in the jungle of Bengal, and remote from all sources of blame, I determined on following out my own judgment. I had long acquired a habit of estimating the "stamina" of individuals, and looking at my patient I thought that he had strength sufficient to bear him safely through the operation, so having ascertained by pressure in Scarpa's space that the femoral artery was quite soft, I desired my interpreter to tell the man I would amputate his thigh on the next morning, and I did so. I never saw a case of amputation get well more rapidly, although I had to deal with as disobedient a patient as was ever attended by a surgeon. Your readers may not be inclined to dispute this assertion when I inform them that, on the third day after the operation, the man got unaided out of bed, and continued this practice the remainder of the time he was under my care. The dietary of the Dispensary Hospital included little more than rice, milk and fish; but when suppuration from the stump was fairly established, I allowed him *ad libitum* to eat of chicken. How this individual passed his time I never cared to enquire, but believe that he had a couple of pillows carried for him to the verandah where, being comfortably seated, he enjoyed the smoke from his "hubble-bubble," and the "gup" (gossip) of his neighbours. However, the stump healed favourably, but (although I had left an unusual amount of skin and soft parts to cover the bone) the constant action of the muscles rendered its form slightly conical. In short, at the close of six weeks, I dismissed him perfectly cured. He had had sound sleep while he was in hospital, and went home looking remarkably well. He had no recurrence of the gangrene during two years which elapsed previous to my departure from India.

And now comes the serious enquiry; how did it occur that I had so easily succeeded where better surgeons had failed? I never could "lay the flattering unction to my soul" that it was owing to any merit of mine. I had performed the operation with but a moderate amount of skill. Was it owing to the flesh of the natives healing more easily than that of Europeans? Certainly not, as will be amply shown by the following example: Soon after my arrival at Pubna, I attended a European gentleman who had been seized by a tiger at the outer portion of the right thigh and endeavoured to carry him away, but the gentleman proved too heavy, and he let go his hold, leaving his victim to friends who had him borne by natives to the hospitable house of a wealthy indigo-planter, where I attended him. The bite of the tiger was fortunately resisted by the fascia lata, otherwise the other textures would have given way and the morsel been fairly bitten off. However, a fearfully lacerated wound had been inflicted on one side only by two fangs, but both fangs and teeth had fairly torn through the skin and sunk deep into the muscles on the other side, producing a gash nearly large enough to admit my clenched hand, yet this severe wound in a man of advanced age healed with a rapidity that astonished me. Like difficulties presented themselves to every theory I formed for the solution of my enquiry, when I read in Mr. Gay's Presidential Address, which appeared in your Journal, a statement which I believe has fairly explained it. He condemns the practice of urging patients after severe surgical operations, often without reference to special circumstances, to swallow as much beef-tea, generally with brandy or port wine, or as many eggs in their unwholesome and unnatural affiliation with the same liquids, as they can be got to take.

"The condition of the system usually resulting from this practice as indicated by a dry, black tongue, a brick dust and sallow countenance, a feeble and oft-faltering or intermittent heart, and a drain from the bowels which quarts of chalk mixture are ineffectual to relieve, is of all conditions most unfavourable to the successful issue of such like cases."

As a plain-spoken man of a practical turn of mind, I may be permitted to add a few remarks to the eloquent appeal of Mr. Gay. It appears evident to me that a man who has had his thigh amputated in consequence of a severe injury, when suppuration is satisfactorily established in the stump, may be regarded as a person in health; with a healthy stomach, and a healthy wound discharging healthy pus, and constitutes a case which should as little as possible be interfered with by the surgeon. "Meddlesome" surgery must, under such circumstances, be mischievous. Lady Bountifuls, and injudicious friends, who assumed they knew "better than the doctor," were constantly "urging" patients to neglect or set aside the restrictions recommended by their medical attendants, and to "keep up their strength" by copious potations of vinous and spirituous liquors; but it seems at the present time that qualified practitioners add the weight of their authority to the nuisances who preceded them, and this combination must give rise in many instances to effects most deleterious to persons afflicted with disease.

In a case of amputation for injury such as I have described, I feel perfectly assured that by far the greater portion of the surgeon's duties should be limited to recommending his patient, while confined to his bedroom, to abstain from consuming the "comforting and invigorating" drinks his friends would be sure to offer him; and for regimen, to let him eat roast beef, but avoid plum-pudding; to prefer digestible mutton to indigestible pork; to allow himself jellies, but prohibit pastry and preserves; to eat cooked, but not uncooked vegetables, pickles inclusive; in short, to eat small quantities, at brief intervals, of just so much food as Nature and his stomach required, but no more. This treatment aided occasionally by visits from his associates would conduce more to the successful issue of the operation than any "stimulating treatment" the brain of man could devise. Had I the certainty that the regimen advocated with such distinguished ability by Mr. Gay were strictly adhered to, I would not hesitate to give my assent to the removal of a limb affected with senile gangrene, provided that its upper portion were healthy and its main artery free from ossification. I would do so because not only the immediate spreading of the disease would be thereby arrested, but a possibility may exist of its future recurrence being prevented by the use of "the knife." My idea on the subject is of such a *fanciful* nature that I shall only venture to enunciate it interrogatively. "May not the circulatory organs which are inadequate to fulfil their functions in a man unmaimed, suffice to do so in what 'Dick the Apprentice' calls a 'remnant of mortality?'" For my own part I believe it. It is an opinion which, truth to say, I am ashamed of, but it is the best my poor brain can fabricate, and I shall be glad to give it up when any better may be suggested.

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DARWIN'S "STRUGGLE FOR EXISTENCE," SEEN IN THE PHENOMENA OF DISEASE AND DEATH.

By Charles R. Drysdale, M.D., M.R.C.P.L., &c.
Physician to the North London Hospital for Consumption, &c.

The favourite writer on "Logic and Metaphysics" of this country at present, Mr. Alexander Bain, in an essay on "Happiness" says truly "that prime requisite of happiness, health, is very imperfectly secured in the lowest grades, even of respectable citizenship. The public registers have demonstrated that mortality and disease diminish at every rise in the scale of wealth." And the voluminous author of the treatise on "Hygiene," M. Lévy, only re-echoes this sentiment, when he says, "it is too true that the duration of life is by no means equal in the different classes of society. Some there are which attain, on an average, seventy years of age; and others which do not go beyond forty-five." Lombard, of Geneva, asserts that easy circumstances add 7·5 years; and poverty subtracts 7·5 years from the mean length of life; and M. D'Espine, in the *Annales D'Hygiene*, 1830, showed that tubercular diseases occasioned sixty-eight deaths per 1,000 among the rich, and more than 230 in 1,000 among the poor. The writer of these lines is fully pursuaded of the truth of this latter statement from his long experience as physician to a Metropolitan Hospital for Consumption and Diseases of the Chest. Villermé, the great writer on "Hygiene," of Paris, showed long ago, in one of his essays that, in the second quarter of Paris, where non-taxed lodgings formed only 0·07 of the whole number, the mortality was 1 in 62 inhabitants; whilst, in the 12th quarter, where 0·38 of the apartments were untaxed, *i.e.*, where the people were the poorest, the deaths were 1 in 43. The infantile mortality of our large towns, too, is one of the forms in which the *struggle for existence* of Darwin, shows itself. Thus, 132 children out of 1,000 under the age of five, die annually in Liverpool; 66·9 in Islington, London, and only 33 in 1,000 in healthy country districts. Nor do we wonder at this, when we hear that, even in Marylebone parish, London, there were recently nineteen houses in one court, in which eighty-nine families crowded together, comprising 300 persons, and where "a man, his wife and five children are found in this court in a room eight feet square, with a small opening for a window, but no glass." Dr. Tripe, of Hackney, mentioned one evening that, if the New Act against over-crowding were carried out, 10,000 persons would be forced to sleep in the streets of Whitechapel, London.

A few years ago, there was perhaps some difficulty in understanding how it was that such things could exist in the "wealthiest country in the world;" but the writings of Mr. Malthus and his followers, especially James, and J. S. Mill, followed by the lucid description of the law of natural selection by Mr. C. Darwin, have made all well-read persons familiar with the idea that there has always existed a terrible *struggle for existence*, even among the members of our own race, to which the most unlucky have ever succumbed in countless numbers. To say that Ricardo, Whateley, Chalmers, J. B. Say, Villermé, Traill, Huxley, Cairnes, A. Bain, and Joseph Garnier all take the Malthusian law as an axiom, and as an explanation of the above phenomena, is to say that no scientific physician has a right to remain ignorant of the importance of the question any longer. For, to try to prevent rickets, tubercles, scrofula, and typhus, without lessening overcrowding and poverty, is the part of an empiric, not of a scientific practitioner of the art of Hygiene. Future ages, doubtless, will be astounded at the crude philosophy which passes current, even in 1871, among the medical profession in such questions; and this renders it necessary to explain *usque ad nauseam* the first principles of the *law of population* once more, since it is yet contested. Mr. Malthus, then a Fellow of Oriel College, Oxford, and Professor of Political Economy, resting on the most recent censuses of the United States of America, made at the time he first wrote (at the very end of the last century), thought that no one would long contest the point, that, when human beings are not prevented from increasing in number by any obstacle, they have a tendency to go on doubling in number in less than a generation, or about twenty-five years. Chalmers, indeed, and others believed that this *tendency* would double the race in less than fifteen years, if food were abundant. In our time, the various censuses of the United States have abundantly illustrated this *Law of Population*, the discovery of the immortal discoverer, Malthus. Statistics now give us nine official decennial censuses of the States, including much more than twice the Malthusian period of twenty-five years, between 1790 and 1870. In 1790, the States were free and constituted, and, according to these official documents, the progress has been as follows. In round numbers, the population of the United States was, in 1782, 2,389,000; in 1790, 3,929,000; in 1800, 5,305,000; in 1810, 7,239,000; in 1820, 9,638,000; in 1830, 12,866,000; in 1840, 17,062,000; in 1850, 22,806,000. Now, if we divide the cypher of 1840, by that of 1790, we find that the population is more than quadrupled in fifty years, and the same thing occurs, if we take the cyphers of 1850 and 1800. If we compare periods of twenty years only, the populations nearly doubled between 1800 and 1820; and Mr. Place, in a work entitled "Illustrations and Proofs," London, 1822, has shown that up to 1784, war and different circumstance were obstacles to immigration into the States, and took from them more than Europe sent. The French Revolution sent some emigrants to America, but this movement was soon interrupted by the war of 1793, and since that date, up till the peace in 1825, Europe sent but few emigrants to the States. In 1794, Mr. Cooper estimated the immigrants into the United States, as 10,000; and, in 1806, Mr. Blodget said that, according to the registers, the number of immigrants had not averaged 4,000 for ten years. And Dr. Seybert (*vide Article on Population*, "Encyclop. Britt."), arrives at the conclusion, that the number of 6,000 immigrants annually into the United States from 1790 to 1810, is the highest figure that can be admitted. Hence, by comparing the figures of 1790 and 1815, we can understand that the population of the States more than doubled in twenty-five years, without counting immigrants and their families; but merely through the innate power of fecundity of the race, when food is easily obtained.

It is quite evident that, if the inhabitants of, say, Great Britain were as favourably situated as to the means of obtaining food, as the population of the United States, from 1790 to 1815, this country might see its population of, say, 30,000,000 doubled in the next twenty-five years; and then again doubled over and over again. Did we live in California, or the Western States of the Union, it would, therefore, be perfectly irrational for healthy parents to trouble themselves about the difficulties of obtaining food, &c., for a large family; but, for all that, it is none the less true, that the *classes* which habitually produce large families in Europe, usually are apt to fall down to the lowest stratum of society, and their average lifetime is, as we have seen above, lowered by all kinds of privations, causing infantile deaths, typhus, consumption, &c. And, yet, some thoughtless persons raise an outcry against the provident habits of the French peasantry, who (according to M. Maurice Block, as quoted by Mrs. Grote in her "Collected Papers"), in many parts of France, "habitually limit their families to two children," because they will not consent to breed down to the level of the English farm labourer, or Irish cottier. As if it were not far more noble and more highly moral to prevent death and human misery by proportioning the size of the family to the means the parents have of finding clothing, and éducating them, than to trust, as it is said, "to Providence," or to chance expatriation from home and country, as a last refuge against starvation, as is still done to such an extent in this country. The writer elects to take the *dictum* of Mr. J. S. Mill, in his "Principles of Political Economy," that, "little advance can be expected in morality, until the producing of large families is regarded in the same light as drunkenness or any other physical excess," as a rule of faith, rather than the dogma of the Church of Rome, which enjoins on its priesthood (according to J. Garnier), to represent to all penitents, before giving them absolution, that taking any such care as to the number of children they may have is, "le plus damnable dé pechés mortels." Fortunately, common sense in France closes the ears of these penitents to such silly teaching; for the rate of increase of the French population is the slowest in Europe. Thus, at the census of 1851, the rate of annual increase shown was only 1·08 per cent. in five years, or 0·21 annually; and in the census of 1856, 0·14 annually; so that, as M. Lavergne says, "population has almost ceased to increase in France." Even this slow increase was wholly the effect of a diminution of deaths; the number of births not increasing at all, while the proportion of births to the population is constantly diminishing. This slow rate of increase had produced, before the detestable Franco-German war, a noticeable improvement in the general condition of the French labouring class, whereas, in England, we are all in chronic low spirits on account of the increase of pauperism everywhere remarked. It is, indeed, quite fashionable at present to deplore the position of our pauperised classes, at the same time, however, that many denounce all hard-hearted Malthusians, "as if," to use the words of Mr. J. S. Mill. ("Pol. Econ.," Book ii, Chap. xi), "it were not a thousand times more hard-hearted to tell human beings that they may not call into existence swarms of creatures, who are sure to be miserable, and most likely to be depraved."

Mr. F. W. Newman, a distinguished writer, may be said to be in England the Coryphæus of the opponents to Mr. Mill's views. That gentleman, in a curious pamphlet lately put forth "On the Relation of Physiology to Sexual Morals," is indignant with Mr. Mill, because *he* denounces, as we have seen, the production of large families as highly "immoral." Mr. Newman, who has a "Political Economy" of his own, just as the Roman Catholic Church had an astronomy of *its* own, thinks that "the larger the family, if its quality is good, the greater the parents' merit." This, of course, is rank heresy in economical science; but we are accustomed to this from Mr. Newman, who is also an anti-vaccinator, and seems, in general, to have a love for his own unaided opinions after the manner of many founders of new faiths.

It is unfortunate enough that, in the United States of America, at present, the praiseworthy dislike to over-production of large families should have produced the dangerous practices (spoken of by M. Tardieu, of Paris, and others), among so many of native American Ladies. The French are, however, said to have far less infanticide, or abortion, than exists either in England or the States, so that we may congratulate that able nation on having solved the difficulty of equalling *mouths to meat*, in a far more innocent manner, than the Americans of New York or Boston; and our late baby-farming atrocities, with our 150,000 paupers in London, alone may make us all, ere long, fain to regard the prudent habits of our French neighbours with approval, instead of with ignorant aversion and superstitious disgust.

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MAMMARY NEURALGIA.

By J. Waring-Curran, L.R.C.S.I., L.K.Q.C.P.I., &c.

Of all forms of neuralgia, I believe one of the least frequent is that invading the nerves of the mamma. So rare in fact that I have only met three such cases, two of which were symptomatic of uterine derangement as well, and did not yield to treatment until that organ's healthy functions were restored, so that it would be difficult to pronounce them two cases of mammary neuralgia; but that whose history I shall presently narrate was, in my opinion, essentially a true case.

Miss R., æt. thirty-two years, of delicate appearance, sought my advice on the 25th of August for a violent pain situated in the left breast. Upon entering into a history of her case I found all the functions of the body in a normal state—uterine secretions healthy and most regular—but discovered that she had frequently suffered from facial neuralgia, and on one occasion from a severe attack of lumbago. My attention was concentrated upon the mammary gland. No amount of handling could detect a tender spot, as she was upon her first visit free from pain. She told me the paroxysms of pain began at eleven o'clock in the forenoon, and continued unremittingly until four in the evening, when the pain left quite suddenly as it had invaded her. I tried to attribute some functional causes for this pain, but was unsuccessful in discovering any. I placed her on a simple saline mixture with a full dose of quinine every morning at nine o'clock; ordered extract of belladonna to be smeared over the most painful part of breast, a warm poultice outside all with a piece of silk paper intervening. She returned to me after a few days' perseverance, with the remedies, unrelieved. The woman appeared really ill. The pulse was quick and weak, and the tongue coated with that characteristic white fur of anxiety and sleeplessness. The pain now sprung from between her shoulders, distributed itself through the breast, and remained for five hours—so severe and constant that she could only sit pressing the breast to her side. There was nothing of the hysterical temperament about my patient, who, on the other hand, appeared a most sensible and intelligent woman. Making no headway, I prescribed a mixture, from which I had previously obtained good results in neuralgic affections, composed of the tincture of the perchloride of iron, strychnine, liquid morphia, and spirits of chloroform, but it availed nothing. The catamenia set in during the illness, but, contrary to my expectations, they produced no influence either in controlling or subduing the seizures. There was nothing to be seen wrong about the breast, nothing unusual to be felt, when free from pain the woman was well. I still continued the anodyne applications, and went so far as to inject morphia under the skin which certainly afforded temporary relief, but when its effects passed off the woman was worse than before. Nine days had thus passed. No advance was being made. On the other hand the poor sufferer was becoming weaker, thereupon, acting on the recommendation of Dr. Chapman's teachings, I applied ice to the spine by means of a pig's bladder. It produced a most tranquillising effect at once, and the third day after its persistent use, the neuralgia was fairly overcome, and but for the weakness consequent upon so much suffering the woman was comparatively well. The same patient has since been under my care for facial neuralgia.

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HINTS HOW TO MAKE VACCINATION MORE EFFICACIOUS.

By Robert Hanslip Sers, M.R.C.S.E.

The vaccinator is bound to provide, to the best of his knowledge, pure and fresh lymph; to ascertain that his patient's health, constitution considered, is good; age suitable, &c.; and on the eighth day he requires ocular demonstration of the full success of the operation—viz, a typical vesicle. As to the changes occurring on the second or fifth or intervening days, he is entirely ignorant of them, so he can only certify as to the successful issue of his vaccination by the result as seen on the eighth day. How important then that he should witness the fruit of such changes, uninfluenced by adverse circumstances.

The difficulty lies in this—the parent has to guard against friction or injury for several days, otherwise the inflammatory action must be considerably modified, the quality of the matter altered, the vesicle unduly hastened, and the supply of store lymph interrupted. Indeed, until all possible causes of friction are removed, one cannot expect that the vesicle should truly reach perfection, and that the pain attendant on vaccination should be reduced to a minimum. To take adverse incidents against the formation of "well characterised uninjured vesicles" in their order—

1.—The seams and the irregularities of the arrangements of an infant's dress.
2.—The restlessness produced by the fever and itching, the topping from side to side, jerking the arm about, &c.
3.—Various accidental occurrences.
4.—In many cases a child is expected! to be carried above a mile on one arm!!

With these evils at work, no wonder we occasionally have an excavation where a vesicle should exist, swelling of the axillary glands, and constitutional disturbances with an ugly arm. The age that I have found most favourable for vaccination is between the second and third months. Does puncturing the vesicle tend to increase inflammation? When the areola shows early an inclination to become inflamed the passage of an irritant matter proves a further source of irritation. In these cases, before puncturing the vesicles, it may be advisable to paint the parts just below with flexible collodion, and to order the mother to occasionally apply cotton wool to any superfluous matter.

Again, too close proximity of the punctures in extensive vaccination sores may prove a source of unnecessary aggravation. Regarding capillary tubes, I should wish to remark that those hermetically sealed at the extremities by heat, are not altogether without danger to the operator, as in blowing through them cracks or abrasions of the mouth may become infected thereby. I have known an abscess produced from such cause, but as the patient had been several times re-vaccinated, could not prove any specific vesicle resulting therefrom. I prefer to seal the tube, one then knows at which end the tube has been charged. In secondary vaccination we are familiar with the intolerable titillation produced by the slightest friction of the clothes. Could not this, and the causes above enumerated, be relieved, and in some instances obviated, by wearing a light and porous shield, or temporary sleeve, over the affected arm? Without doubt, a suitable vaccination shield, or temporary vaccination sleeve, would prove alike a boon to vaccinator and to vaccinated.

ON THE ELIMINATION OF NITROGEN FROM THE HUMAN BODY.

AN ABSTRACT OF THE CROONIAN LECTURES

Delivered before the College of Physicians in March, 1871.

BY E. A. PARKES, M.D., F.R.S.,
Professor of Hygiene in the Army Medical School, Netley.

HAVING considered the question of withholding nitrogen in certain diseases, Professor Parkes next proceeded to show that the articles of a healthy diet, when taken in usual quantity, do not interfere with the action of nitrogenous aliment, but rather that nitrogenous food, by influencing especially the absorption of oxygen, has a greater effect upon them than they have upon it.

Then, again, the alterations in meteorological conditions, such as the temperature and weight of the air, the amount of moisture, &c., appear to me to have no appreciable effect in such a climate as this, where the changes are moderate.

In health the constancy of the outflow of nitrogen in relation to its inflow is, under all common conditions, quite marvellous, when periods of six or eight days are taken. This being the case, it is certainly very surprising, when we pass from health to disease, to find ourselves in the presence of an order of facts entirely different. In many diseases the regularity between entrance and exit is lost; there is, so to speak, a complete dislocation, and the exit can no longer be predicted from the entrance. This is especially the case with the febrile affections.

The increased excretion of urea and uric acid in pyrexia, and the occasional retention of these excretory products apparently from insufficient transformation, and their subsequent elimination, have now become familiar facts in pathology, and have been illustrated by analysis in almost all febrile affections.

During all fevers there is progressive emaciation and loss of weight, which affects all parts, but especially the muscles and nerves. The extent and rapidity with which this may occur are well illustrated in one of Huppert's cases. In a severe case of pneumonia the amounts of nitrogen going in and passing out were determined, and the degree of pneumonic consolidation estimated closely. From these data it was calculated that in five days 21 per cent. of the muscular tissue was destroyed; and as this is supposed to constitute usually 45 per cent. of the whole body, it follows that more than 9 per cent., or one-eleventh part, of the whole body was destroyed and discharged in five days.

Feeding largely with fat and starch will sometimes hinder the disappearance of fat; but feeding with nitrogen does not prevent, or only to a slight extent, the diminution of the nitrogenous tissues. That the voluntary muscular system is early affected is shown by the very great weakness which is so marked a feature in the first stage of all severe fevers, by the indisposition to move, and by the way in which the muscles soon lose consistence and become flaccid. These familiar facts are explained by the discovery of Zenker that in enteric fever the muscles undergo a sort of granular and waxy transformation which destroys their structure for the time; and that this condition is not peculiar to this fever has been proved by the discovery of Buchanan, who found the muscles of cattle-plague stricken animals similarly affected, and also by the observations of Waldeyer on the inflammation of muscles, although his interpretation of the process is in one or two points somewhat different. That the involuntary muscles are also affected in the same way may be concluded from the weak action of the heart which so soon occurs, and from the constipation which is so common, and which implies loss of contractive power of the muscular fibres of the intestines. That the nutrition of the nervous system must be influenced in a way somewhat similar is proved by the marked nervous symptoms which indicate a sort of paralytic condition of almost all nerves, and by the way in which not only the special senses but the powers of the mind are weakened at the close of all severe fevers. And that an analogous condition affects other parts can be witnessed in the skin, where we see the nutrition of the hair, the epidermis, and the nails damaged; and that this is connected especially with the state of fever, and not with the mere weakness left after it, is evidenced by the way in which, in relapsing or recurrent fever for example, the white marks on the nails coincide with the attacks of pyrexia, and not with the almost apyrectic periods between them.

We have thus clear evidence of profound alteration in nutrition of these nitrogenous parts, which is widely different from the state produced in them by mere starvation or disuse; for then they slowly waste, but do not rapidly disintegrate. The general result is a continued loss of weight of all these parts until the abnormal temperature begins to fall.

Dr. Parkes then turned to the *post-mortem* appearances, to show that while in the course of pyrexia the muscular and nervous tissues are not fed, but are disintegrating, the spleen, liver, and often other glands are even over-fed.

He then passed to another order of facts. During the course of the various fevers there is, as a rule, an increased elimination of nitrogen by the urine, without, as far as is known, any diminution in the exit by the bowels. This increased nitrogen does not come from the food as it would in health, for it is out of all proportion to it. The exit is far greater than the entrance.

Whence, then, does the urea come, for it must have some source? Evidently chiefly from the muscles and nerves, which are known to be wasting. And that this is so is shown by a remarkable fact. In persons who have been very badly nourished for some time beforehand, and who have therefore very small and flaccid muscles, and no doubt have also an ill-nourished nervous system, and who become attacked with a fever, the increase in the urea is inconsiderable, and sometimes does not occur. But why in such a person is febrile heat unattended as ordinarily by increased nitrogenous elimination? Clearly because no food is taken, and there is little supply to be obtained from the already wasted muscles and nerves.

It is to be gathered from this that in health the urea does not come from the muscles and nerves, except indirectly and in an inconsiderable degree. The greater part of the urea comes directly from the conversion of the albumen of the blood in the glandular organs. In febrile diseases, when food is not taken, the urea must still be made from the albumen of the blood; but this albumen itself must come from the nitrogenous structures of the body; and it seems quite obvious that the muscles and nerves furnish the greater part. We may, therefore, conclude that in disease, as in health, the urea is formed by the liver, spleen, &c., from materials furnished by disintegrating muscles and nerves. Here we have an explanation of the excess of urea in pyrexia, and of the fact that that excess is most marked in the early days, when the muscles are least wasted, and in persons with largely developed muscles. This explanation throws light also on the condition of the liver and spleen as contrasted with the muscles, and it enables us to connect the healthy and diseased processes together in a way impossible before. We are also able to explain, perhaps, why in the same fever one person's spleen and liver suffer more than others. The prior condition of the muscular system and the rapidity of the fever, throwing a greater quantity of the organ-albumen into the circulation in a given time, may explain it, as the glands would therefore be called on to do more work. Then, perhaps, we see in this way how some of the dangers of fevers arise. We are accustomed to think favourably of a case in which the eliminating organs are acting freely. But suppose that a liver or spleen gets overtasked, that the cells begin to disintegrate, and the conversion of disintegrated albumen into urea can no longer occur. Why then half-changed albuminoid matters are retained in the blood and get deposited in organs, giving rise to secondary disorders, and producing those various complications which are known to be so dangerous. May not even the common albuminuria of fevers arise in this way? When the great glands have more work thrown on them than they can do, albumen may begin to emerge from the kidneys, just as the excess of the albumen of the egg will.

It seems clear that the repair and decay of the voluntary muscles is regulated (under certain nervous control) by the will. That is to say, if we voluntary exercise a muscle, it grows, is nourished, and is fit for its work; if we do not exercise it, it becomes flaccid and soft, ill-fed, and eventually disappears. These are facts, whatever may be the exact mode and time when nitrogenous addition or substraction is made. Now, in pyrexia the volitional power over the muscles is lessened. The muscular incapacity is one of the earliest signs, so early that it can hardly depend on nutritional damage to the muscle; it must be owing to some paralytic condition of the nerves. This, then, may be one cause of wasting of the muscles; but it cannot be the only one. In pyrexia the muscles waste much more rapidly, much more thoroughly, and probably in a different manner from what occurs in mere disuse. There must be some second condition still more potent than the first. It seems probable that this also is to be found in some condition of the nerves. The physiologist must investigate by electricity and the microscope the exact conditions which underlie this rapid disintegration; whether it is simple paralysis of the inhibitory nerves, or some special irritation leading to dissolution of the fibres. In addition, however, to wasting of the muscles and nerves, which produces most of the urea and uric acid in pyrexia, we must admit that there is wasting of other albuminous substances. The serum of the blood is poorer in albumen at the end of fevers; membranous structures are thinner, and some glands are smaller. Whether this is simply from deficiency of supply of food —*i.e.*, is merely from inanition—or whether there is active wasting from greater demands being made by organs on the store of albumen, is not certain. Then, again, more red globules are destroyed than in health, and there is some evidence of change in their composition. So that the explanation now given of the nitrogenous elimination, though it explains much, does not include all the conditions which make up this complex state of fever.

It is difficult to avoid connecting the increased uric acid in pyrexia with the frequent tendency to enlarged and congested spleen; and, if so, it may turn out that, while in health the liver produces relatively more urea than uric acid, the reverse is the case with the spleen.

Increased tissue change is the most obvious process, or, so to speak, parent of febrile heat. And in these rapid molecular changes in the muscles, in the splitting up of albumen, and probably growth of cells which occur in the liver, we have, it seems to me, a readier means of accounting for febrile heat than in other ways.

The lecturer then proceeded to ask—Can we fortell, from our present knowlege of the chemistry of fever, what would be the treatment by diet? I do not think our knowledge is sufficiently precise for this, and practice alone can rightly guide us. Still some suggestions present themselves. There is in fever a waste of albuminous tissues; it would, therefore, at first sight appear an indication to feed those tissues with nitrogenous food. But it may be questioned whether they can be fed. Can disintegrating nervous tissue or voluntary muscle which is in a state of forced rest make any use of the albumen brought to it? Some of Huppert's observations indicate that it cannot be, and that the nitrogen is eliminated without being used by the wasting parts. And if so, what becomes of that albuminous food? It must be disposed of by the glandular elements, and add to the work already thrown on those organs. May it not be that, in the height of pyrexia, partial abstinence from nitrogen should be the rule, while the succeeding period of apyrexia is that in which it should be given, when the body retains it, and thus makes up the standard it had lost? It was with great reserve that Dr. Parkes stated this, but he believed from experience, that the almost exclusively animal diet sometimes given in fevers is not so useful in sustaining strength as is supposed, and that if it were not for the loss of appetite, which limits the supply, we should perceive more clearly the bad effects. He thought that the vast deposits of urates which in some cases mark the end of fevers might be really caused by excessive animal food, and he had actually seen gouty attacks brought on by that system of feeding.

On the other hand, in fevers the fat of the body disappears. A supply of fat to meet this is seldom attempted in practice, and yet there is no doubt that if digestible fats are given to fever patients the degree of emaciation is much less, and at the end of the fever the body seems more speedily to recover itself. Yet fats are often considered hurtful, and are sometimes excluded from fever diet, so that, with the large supply of animal food, the patients are brought almost into a state of Bantingism. Why should not cod-liver oil, which is so useful in subacute and even in acute febrile phthisis, or other fats, as butter, be used in all febrile cases when the stomach can bear them? And another argument for the use of fat with nitrogenous food is given by the experiments of Voit, which indicate that fat aids the formation of the organ-albumen—*i.e.*, assists in the construction of the tissues. The starches and sugars are generally given in fevers, and it cannot be doubted that this is right, though probably the amount usually given is far too small. We know that febrile heat will not be increased by any aliments of this class; and it seems probable that the carbo-hydrates furnish force for the heart and other muscles to convert. The excellent effect of milk and whey, when taken largely, in preventing emaciation is an argument for this practice. In convalescence, the addition of fats and carbo-hydrates to the albuminous food is even more necessary; for a man may be even starved on a highly nitrogenous diet without them. The albumen is converted into urea without nourishing the muscular and nervous tissues.

An eminent physician desired for his epitaph the words, "He fed fevers." His pride in his treatment was legitimate; but it may be still a question with what they should be fed.

It is next shown that in diabetes the nitrogenous tissues are broken down, and the albumen passing into the circulation and into the liver is, like the food coming from the alimentary canal, transformed into urea. Pettenkofer and Voit, consider the essence of diabetes to be, not the sugar making, but the peculiar condition of the albumen of the organs which tends to disintegration. And they even suppose there may be a disease rightly called diabetes, but without any excess of sugar. And in this they, curiously enough, approach to the idea of Prout, who thought a ureal might precede a saccharine diabetes.

The implication of the albuminous structures in diabetes is clinically shown by the very early and great muscular and nervous languor. These conditions are probably of nervous origin, and lead to that peculiar tendency to disintegration which is one part of the disease, though not, probably, as Pettenkofer and Voit suppose, the only one. In this influence of the nerves, and the consequent increased destruction and nitrogenous elimination, there is a curious parallel between pyrexia and diabetes, though in many other respects they are so dissimilar.

If we admit, then, that in saccharine diabetes there is increased destruction of tissues without abnormal heat, is there not a doubt thrown on the statement that the increased metamorphosis and the abnormal heat of fever stand in a near relation to each other? In reply, it must be remembered that in diabetes conditions are present which are absent in fever, and which may tend to reduce temperature. There is a much less absorption of oxygen as proved by Pettenkofer and Voit, a complete want, or nearly so, of oxidation of sugar, and an immense outflow of warm urine, which may also compensate for the dry skin. There are heat-reducing causes in operation which must mask the effect of the increased metamorphosis, and may even slightly reduce the temperature below the normal standard. Besides, metamorphosis is very slow and very slight compared to fever, and a great part of the marasmus of diabetes is merely wasting from inanition; the body cannot be nourished, and is always in a state of starvation. After all, the increased elimination of nitrogen, independent of food, appears to be only about thirty grains a day, which is infinitely below the enormous elimination of fevers. A curious fact is, that if, in diabetes, fever from any cause supervenes, as from the introduction of the specific poison of enteric fever, or sometimes of erysipelas, the sugar disappears from the urine; its oxidation is then again possible, and in some way the condition is removed which in diabetes prevented the destruction of the sugar. Here, then, instead of an analogy, there would seem to be an essential difference between diabetes and pyrexia.

It has long been an opinion, drawn from physiological doctrines, that in diseases attended with great muscular exertion there must be an increase of muscular tissue change, and consequent nitrogenous elimination. But late experiments on exercise, showing little change when the muscles are acting, and, according to some, an increased efflux afterwards, have certainly shaken our belief that in diseases with muscular contractions there must be an increase of urea.

Tetanus and chorea were considered by the lecturer in reference to this point, and this valuable course of lectures was brought to a conclusion in the following words:—

It has been possible, by a consideration of the respective amounts of entrance and exit of nitrogen, and of the clinical phenomena which accompany variations in exit in disease, to answer to some slight extent the question where the nitrogenous substances which pass in as animal or vegetable albumen take on the forms under which they appear when they emerge from the body. How imperfect the answer is I need not say. But I think we have reason to hope that up to this point we have planted our steps pretty surely. We can assert with some confidence that it is not the great nitrogenous structure of the muscles and nerves, and perhaps not the nitrogenous framework of membranes and cells, which at once produce by their action urea and uric acid. These nitrogenous structures, when they are growing in youth, or when they are repairing during or after action in maturity, are able to attract albumen from the store in the blood, and to thus increase in bulk, or to replace what had become effete. And in this way we can account for the fact that the composition of muscles, and no doubt also of nerves, is greatly influenced by the nature of the nitrogenous substance brought to them in the food, and that their composition, in fact, is, within certain limits, that of the albuminoid substance they attract. Then, when, during or after use, a portion of the stable albumen of these organs loses its stability, and passes, we may suppose, into some different physical state, like that described by Hermann, in the muscles, it becomes unfit for the functions of the muscles or nerves; it can no longer contrast or feel or transmit nervous currents. It is detached and passes into the blood, and becomes then the food of other parts. Then it is appropriated by the cellular organs—perhaps in part nourishes their framework or furnishes their peculiar secretion, and in part also splits up into urea, uric acid, and probably carbo-hydrates. The former are eliminated by the kidneys; the latter are then oxydised in the organs or blood, and appear as carbonic acid.

In youth, when the various tissues are growing, the power of attraction of the organs for albumen is greater than that of separation; when that mysterious power of growth, which is so wonderfully allied to time, comes to an end, and the comparative stability of completed growth ensues, the powers of attraction and separation balance; and when old age begins, the power of attraction—*i.e.*, of repair—is gradually lost. But it seems evident that though the whole body is subject to this change, some parts undergo it earlier than others. The organs which are at all times more independent of the nerves—such as the isolated or aggregated cells—retain their powers of action longest; and we find in many old people, whose mode of life has not damaged their nutrition, that the liver, the spleen, or other glands retain size and action when muscles, nerves, and membranes, it may be, have largely wasted. This would seem to imply that the first failure of nutrition—viz., the loss of the power of attraction—is owing to commencing lessening of action on the part of the nerves; and we dimly discern that it may in future be possible to trace back the nutritive decline of many parts to gradual change in nervous supply.

The theory that the disintegrated albuminous products carried by the blood from the muscles and nerves, and the nitrogenous framework of organs generally, serve as food for other parts—viz., the glands—explains some of the phenomena of starvation. The flow of urine to the last, the formation of urea, and even of uric acid, and the formation of bile, often of good quality and quantity, till near the end, are explicable because food is still furnished, by the decay of other parts, for the ureal and bile making parts of the body. And these parts, retaining their structure and powers, are capable of proper action when food is again given, and thus, as it were, retain the power of vitality longer than the more highly formed nervous and muscular parts.

In many of these matters we see a great parallelism between the phenomena of healthy nutrition and the nutrition of disease, and can better appreciate by what close links physiology and pathology are bound. And, seeing this, it certainly ought to encourage us to hope that before long we shall comprehend much better the intricacies of healthy and diseased nutrition, and shall know how to apportion the supply of food to the various necessities. And in this way, though we may be as little able to explain the intimate nature of the process as the electrician can understand the subtle power he can evoke and can so wonderfully control, we shall yet know sufficient to become still more practically useful to our fellow men, and to make still better application of our knowledge to one of the highest uses to which knowledge can be put—viz., the mitigation of suffering and the relief of man's estate.

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Hospital Reports.

LONDON HOSPITAL.

(Under the care of Mr. Rivington.)

Case 3.—*Depressed fracture of the Skull; Concussion; Bleeding from the Ear; Recovery.*—Alfred W., æt. twelve, was admitted into the London Hospital on Saturday, March 18th, 1871. He fell from a pile of wood about eight feet high and struck his head behind and above his left ear. When brought to the hospital the boy was insensible, and blood flowed from the left ear. As he was coming he was sick, and he vomited in the receiving room. The pupils were contracted, the surface cold, and the pulse 38. An hour afterwards he was still bleeding from the ear, his pupils were dilated, and he was quite sensible. There was no paralysis, but there was much pain in the head and ear.

March 19th.—His ear bled up to 5 a.m. this morning. He had only half-an-hour's sleep in the night. His pulse has risen to 64; temperature, 99·8.

March 20th.—Since last night he has had a buzzing noise in the left ear. His headache has left him.

He was seen by Mr. Rivington who, on examining his head, found a considerable depression of bone above and behind his ear. When his hair was removed, the depression was seen to be about two and a half inches in diameter and a quarter of an inch in depth, and to occupy a situation corresponding to the lower part and posterior inferior angle of the parietal bone, and part of the squamous portion of the temporal bone. There was no wound, and the depression had not existed before the accident. His ear was syringed out and subsequently examined; no perforation of the membrane could be detected nor any breach of surface in the meatus. The air entered the tympanum with a thud on using Politzer's method of inflation. Pulse, 112; temperature, 100·4.

The patient was kept in the hospital till Monday, April 3rd, when he was discharged. He was entirely free from headache, but the hearing on the left side was not so good as on the other.

Remarks.—As there were no symptoms of compression, it was considered unjustifiable to elevate the depressed portion of bone. The exact source of the bleeding from the ear which had been tolerably profuse could not be ascertained; as the membrane was entire it must have come from the meatus, and it is not improbable that a very small fissure existed communicating with the lateral sinus.

Several cases of bleeding from the ear after falls and blows on the head have been recently in the hospital, and illustrate the fact that little reliance can be placed on this symptom as a sign of fractured base of the skull unless it be contended that fractures of a limited nature take place implicating little more than the petrous portion of the temporal bone. The bleeding in these cases is sometimes profuse, and great difficulty exists in ascertaining its exact source. In the two following cases this symptom was present.

Case 4.—Thomas F., twenty-three, was admitted into the London Hospital on June 11, 1870. He had been out to a Music Hall with some friends, and after being there some time expressed himself as being drunk, and was very quarrelsome. He left his friends on bad terms, proceeded twenty yards, and then fell backwards on the pavement. The friends picked him up, and he fell again. Blood in large quantities came from his left ear. At the time of admission he was conscious, drunk, and quarrelsome. He was sick on being raised. Blood was issuing from the left ear, and he spat up a small quantity. There were contusions over the left malar bone, the left mastoid process, and the right parietal eminence. The pupils were normal. During the following night blood in large quantities came from the ear, but whether arterial or venous was not observed.

On the morning of the 12th he was sick, and vomited a thick fluid like bile, mixed with clots of blood. He had pain in the forehead, a flushed face, full and strong pulse, irregular and sighing respiration, and a temperature of 100·3. He answered questions rationally. The bleeding ceased during the day. The next morning he was again sick, and continued in a drowsy state. There was no paralysis. The patient did well, and was discharged in a few days.

Remarks.—As the bleeding was so profuse it was considered inexpedient to attempt to ascertain the presence or absence of a rent in the membrana tympani by washing out the meatus while the bleeding continued, or to disturb the clots afterwards. When the ear was washed out at a later period, it was too late to determine the point, as wounds of the membrane heal readily and quickly. In the next case the ear was examined as soon as the patient could bear it.

Case 5.—J. A., thirty-one, was at work on a barge and fell down into the hold. He was admitted the same day, March 15th, 1871. He was very cold, with dilated pupils, and he vomited very soon after he came in, the vomit consisting of the contents of the stomach, which were mixed with blood. There was slight bleeding from the nose, and considerable bleeding from the ear. The left side of the skull was much contused, and a watch could not be heard on that side. When the ear was syringed out, a few days afterwards, a large quantity of mingled blood and wax came from the meatus. Air could not be made to pass through the Eustachian tube, and the membrane appeared to be opaque. No perforation could be effected. It was thought by Mr. Rivington that the blood had come from the tympanum (the membrane of course having been ruptured), and that the Eustachian tube had been occluded by blood coagulating in it. Subsequently a discharge of pus took place and continued for some days. This was treated by syringing and mild astringent lotions, combined with an effort to clear the Eustachian tube, which seemed completely occluded. Under this treatment the hearing has improved, but the case is still under observation in the aural department.

In the following case the symptoms were partly those of "encephalitis," as it is called, and partly those of irritation of the brain.

Case 6.—Osborn B., thirty-two, was admitted on March 16th, 1871. He was on a ladder, and suddenly turning giddy fell a distance of ten or twelve feet to the ground. He had been drinking previously to the accident. On admission he was quite insensible, and struggled violently, requiring two or three persons to hold him. His face was flushed, his skin hot, his pulse, though slow, was full and strong. The eyes were suffused, and the pupils were closely contracted.

At five p.m., when seen by Mr. Rivington, the patient was throwing himself about and making loud indefinite noises. He rolled his head from side to side, shut his eyes, and showed his teeth. He kept lifting up his head and letting it fall again. He was obliged to be held by an attendant, and to have his arms confined to the bed. If left at liberty he precipitated himself, head forwards, on to the floor. At this time he was in a profuse perspiration and raving like a maniac. He was ordered to be bled, and ℥xvj. of blood were taken by the house-surgeon, and he had an injection of chloral hydrate into the rectum. He was quieter after the bleeding.

At twelve, being still very restless, he had an enema of tinct. digitalis (ʒij.), and ice was applied to the head. Temperature, 98·4; respiration, 30; pulse, 112; pupils equal.

On the 17th, at two p.m., he was much quieter, and to the surgeon's question, "Are you better?" replied, "Not much." He was not throwing himself about.

At nine p.m. he recognised his wife and spoke to her.

At ten p.m. the patient was again very violent, struggling and shouting. An enema of hydrate of chloral was administered, a drachm and a half in six ounces of water. Ten minutes afterwards he fell asleep, and slept for two hours. Throughout the night he slept on and off, waking occasionally and swearing.

On the 18th, although restless, he was quieter and rational, but suffered from an exacerbation in the evening.

At a quarter to eleven p.m. he was shouting out, swearing, and did not recognise those around him. Temperature, 99·6; respiration, 22; pulse, 94. Chloral repeated. Passed a restless night.

On the 19th the patient was more rational, but occasionally became partially unconscious, and shouted out "Oh! oh!" On being asked by the surgeon if he was in pain said he was not, and could not say why he shouted out.

From this time he continued to improve. He had hitherto been kept very quiet with ice to the head, a diet of milk and beef-tea, occasional doses of chloral diet, and purgatives. He was now anxious for solid food, and no further symptom of interest occurred, except that he passed during convalescence some blood with his water.

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There is no abatement in the epidemic of small-pox in London. About 700 fresh cases occurred last week. Another ship has been placed at the disposal of the Metropolitan Asylums Board. At Southampton the epidemic is severe, and Dr. Hearne has issued a circular to the inhabitants respecting it.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 10, 1871.

VACCINATION AND RE-VACCINATION.

THE unabated confidence of the Profession in vaccination has been well illustrated in every discussion that has taken place, and in spite of the fanatical opponents of protection the general public accepts without hesitation the principles so well laid down in the article in the *Times* last week.

Professional confidence has been now amply shown. The Surgical Society of Ireland in its proceedings has confirmed all that we and others had stated, and the recent London meeting to hear Dr, Seaton's paper on the lessons to be learned from the present epidemic, was the occasion of forcible argument and the statement of some new facts.

For instance, Dr. Seaton was able to produce statistics from Holland—supplied to him by Dr. Ballot, of Rotterdam, and obtained from official sources. These show that in Holland, where compulsion is not the practice, vaccination is neglected until the school age, with the results exhibited in the following table :—

Week ending.		Rotterdam (pop. 121,027).	The Hague (pop. 92,021).	Utrecht (pop. 60,428).	Amsterdam (pop. 274,931).
January	7	30	40	27	5
„	14	37	95	26	5
„	21	55	121	33	10
„	27	54	97	58	12
February	4	62	118	45	22
„	11	63	98	54	19
„	18	72	85	46	29
„	25	98	64	46	38
March	4	88	58	36	35
„	11	98	57	54	31
„	18	116	45	35	25
„	25	96	48	33	54
April	1	116	26	36	47
		985	952	529	332

The mortality from small-pox in London (pop. considerably above 3,200,000) for the same period was 2,710.

It is admitted that the Act of 1853 practically failed, and that of 1867 has not yet been in operation long enough to enable us to ascertain how many children, whose births have been registered, have not been vaccinated. We know, however, that there has been neglect, for in London, between October 1st, 1870, and April 8th, 1871, no less than 1,344 children under five years of age have died of small-pox. This fact becomes the more convincing of the conclusion named if we bear in mind these other facts. At Highgate Small-pox Hospital only 7 per cent. of the vaccinated cases die, but 35 per cent. of the unvaccinated. During the present epidemic, Dr. Seaton calculates the mortality in those attacked at 7 to 9 per cent. of the vaccinated, and from 35 to 49 per cent. of the unvaccinated.

At the Hampstead Asylum the mortality of the vaccinated has been 7 per cent., while of the unvaccinated it has reached 40 per cent. With regard to re-vaccination, Dr. Seaton urged it as the best way of repairing any deficiency in primary vaccination, and at the same time of extinguishing the susceptibility to small-pox that may arise in an uncertain portion of the well vaccinated. The sheet anchor is good infantile results, and after puberty careful re-vaccination so as to obtain evidence that the lymph is absorbed. In the debate on Dr. Seaton's paper it was generally admitted that re-vaccination was desirable, although it was stated that "sore arms" were more common than after primary vaccination. Dr. Williams mentioned a circumstance worth recording here. He had seen an epidemic in a village. On vaccinating all the children the disease attacked persons who had passed the age of puberty. These were re-vaccinated, and then the epidemic was extinguished. This shows some foundation for a very common belief. That the imperfectly vaccinated, or those in whom time may be supposed to have diminished the effect, are susceptible to small-pox, but only in a minor degree. The way to get rid of that remnant of susceptibility is, undoubtedly, careful re-vaccination. The family attendant should bring the question before all his patients at all times, and not wait till an outbreak of small-pox produces a panic.

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VACCINO-SYPHILIS.

WE earnestly invite attention to the important debate at the Royal Medical and Chirurgical Society on Mr. Hutchinson's cases. It is of the first importance that such cases should be thoroughly sifted, and we think that Mr. Hutchinson was right to bring them forward before such a society. Of all the terrors that have been held over the heads of a credulous public by the vaccino-phobiacs, this is the most telling, and it is but right that it should be thoroughly investigated.

The discussion at the Paris Academy of Medicine seems to have produced little effect in England, although in France it may very well have operated to discourage vaccination, and so contributed to increase the mortality in the present epidemic of small-pox. We are not among those who have hastily given credence to the alleged dangers of vaccination, and in this scepticism are glad to have found ourselves at one with our leading contemporary. We waded most carefully through the French debates, and were by no means convinced of any danger.

It is, however, coming close home when a syphilographer of Mr. Hutchinson's standing vouches for a series of cases such as those he related, and the Society will fail in its duty to the Profession and the public if it fails to set in operation an exhaustive inquiry.

We go a long way with the writer of the leading article in the *Lancet* last Saturday. Still we cannot but feel that on a question like this the experience of practical surgeons who have attained the highest position in the Profession cannot be set aside by an unknown critic. It is certainly within the province of the journalist to sift as much as possible the evidence in such cases, but our contemporary will no doubt admit that such evidence cannot be ignored, and whenever it comes to a question of opinion greater weight will be attached to the statements of eminent men whose names are everywhere honourably known, than to the most able but anonymous criticism. When Mr. Hutchinson and Mr. Henry Lee assure us of the existence of vaccino-syphilis, there is certainly a case for inquiry, and that in the most public manner.

Of course, it was right that the name of the practitioner should not be made public, but perhaps he himself would not object to two other Fellows of the Society investigating with Mr. Hutchinson and himself the cases related. Here, however, we may be met with the remark, too late—and it does seem somewhat strange that as soon as the conclusion was arrived at respecting their origin they were not exhibited to other authorities. We note, too, the absence of constitutional symptoms, and we are not prepared—we believe the generality of authorities are not prepared—to admit as certainly syphilitic any local sore that is not followed by distinct constitutional signs. Should the cases pass on to this stage there will be much more to be said; should they not exhibit any such symptoms, we think a most important link in the chain will be wanting. But even in the worst event it would appear that the danger is of the slightest; that with a clean lancet, and using only lymph, carefully avoiding the admixture of blood, then danger is removed. We are glad to know that English practitioners not only adopt these precautions but are very careful not to take lymph at all from suspected sources.

It is no doubt a wholesome prejudice of the public to object to lymph from unknown persons. The only legitimate way of meeting the objection is to multiply, not diminish, the number of vaccinators. Each practitioner knows the medical history of his own patients, and can avoid any danger. This shows that the centralising policy as to vaccination is not a wise one, and assuredly it is the most certain way of diminishing public faith in Jenner's great discovery.

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Notes on Current Topics.

Medical Society of London.

The annual oration was delivered before this Society by Dr. Cholmeley, at the Hanover-square Rooms, on the evening of Monday, May 1st, this constituting the last meeting of the Society for the present Session.

The orator gave an interesting review of the early labours of the Medical Society of London after its first establishment by Dr. Lettsom in 1773. Dr. Edward Jenner was among the first enrolled into its Fellowship, and, when speaking of Jenner and his communications to the Fellows on the subject of vaccination, the orator observed how the very same questions were raised then as are at present occupying the minds of those who are engaged in matters connected with vaccination. Thus, the old minute books of the Medical Society tell how much was said for or against re-vaccination, how it was questioned as to whether vaccine lymph might be diluted or not, whether it was possible for certain constitutional diseases to be conveyed from individual to individual in the vaccine lymph.

Passing to other matters, Dr. Cholmeley quoted a paper read by one of the Fellows of the Society, many years ago, on the curative powers of carbonate of ammonia in scarlet fever. Soon after a Fellow was found to have read a paper on the valuable effects of blood-letting in this disease. A paper on diseases met with in prisons, by Dr. Lettsom, was read early in the present century, and was composed by the author after attending Lord George Gordon when he died of fever in Newgate prison.

In concluding, the author remarked on the ups and downs of life that the Society had encountered during the ninety-eight years of its existence, and he warmly congratulated the Fellows on its present prosperous and healthy condition now that it was approaching its centenary. "Floreat semper," said the orator, as he concluded his excellent oration amid the hearty applause of the numerous Fellows and visitors, who listened throughout with marked attention.

The President, on this occasion, presented the silver medal of the Society to Mr. J. Wickham Barnes, who, for two years, had filled the office of Secretary, and hardly once been absent from his seat of office during the whole period. A well-attended *conversazione* followed the oration. A new double ophthalmoscope was shown by Mr. Brudenell Carter, as well as some very valuable specimens of Japanese enamel work. Dr. Brunton showed a beautifully-made coloured cast of vaccine vesicles on the arm. Dr. Crisp had some models and drawings illustrating the anatomy and some of the diseases of the lower animals. A very perfect exercising couch was shown by Mr. Gustav Ernst, and the large variety of surgical and other instruments shown by Messrs. Krohne and Leseman, Arnold, Matthews Brothers, Hawksley, Pratt, &c., received well-marked attention.

Mr. Squire exhibited some of Dr. Richardson's new organic bromides, and Messrs. Young and Postans had some novel preparations of pepsina porci in a granular effervescent form with bismuth.

Dr. Haden kindly lent one of Mrs. Seymour Haden's celebrated etchings, and there was also a fine collection of photographs of Medical men and others by Mr. Swacker and Messrs. Barraud and Jerrard.

The microscopes of Mr. Ross were not wanting, and seemed to have lost nothing of their attractiveness.

The Increase of Small-pox in London.

On Saturday week a meeting of the Metropolitan Asylums' managers was held. Dr. Brewer, M.P., in the chair.

Dr. Bridges, the Poor-law Board Inspector, submitted his report on the small-pox in London, on returns for the two weeks ending the 22nd of April. Both weeks, he observed, showed a great increase on the numbers a month ago. During the week ending the 1st of April, the number of new cases was 515; during the week ending the 22nd of April, it was 686. He regretted to say that his information during the current week led him to the belief that we had not yet seen the worst. He included a return from the parishes showing the numbers of cases in the two weeks, that ending the 15th and 22nd of April respectively.

Mr. Charrington presented a report of the Homerton committee. During the past fortnight 219 fresh cases had been received. Of these, 193 had died, 683 had been discharged cured, and 385 remained under treatment. The mortality had been 13·94 on the whole number.

Mr. Shaw Stewart presented the report of the Stockwell Hospitals. During the past fortnight 335 fresh cases had been received into the two hospitals. The mortality had been 13·87 per cent.

Sir James Hamilton then reported that the fittings of the *Dreadnought* had been carried out, and that the ship would be ready at once for patients. The Admiralty had been solicited to lend another ship; and the Chairman stated that the application would be complied with.

Dr. Bridges said it was clearly proved that the necessity for providing additional accommodation had already arisen, for there was no doubt about there being 2,500 cases of small-pox among the cases that came under the Poor-law. There was, therefore, the greatest necessity for providing more accommodation, and he did not go beyond his duty when he said that in thus expressing himself he was expressing the views of the President of the Poor-law Board.

The Hampstead Committee stated that the pressure during the last fortnight had been so great that it had been necessary to refuse male patients. The hospitals at Hampstead and Islington now held 784 patients, and the Committee called attention to the medical officer's report, showing that 85 cases were children under ten years of age, 46 of whom were unvaccinated. This pointed, the Committee said, to the necessity for some more stringent measures to enforce vaccination.

A College of Science for Yorkshire.

At the annual meeting of the Yorkshire Board of Education, held at Leeds, Lord F. Cavendish, M.P., advocated the necessity of establishing a college of science, to which both manufacturers and artizans could send their sons to learn the laws which regulated the materials it would be their future business to deal with.

A New Medical School in Manchester.

Miss Brackenbury, of Manchester, has signified her intention to give £10,000 for the establishment of a medical school in connection with the Owens College, being £5,000 for the erection of suitable buildings, and £5,000 by way of endowment for the support of the department. It is suggested that, as the father of Miss Brackenbury was in the Medical profession, it would be a graceful recognition for the governors to endow a Brackenbury professorship.

Medical Greenwich Hospital Pensions.

The Greenwich Hospital pension for Inspector-General of Hospitals and Fleets, of £100 a year, created by an Order in Council, of March 24th last, has been awarded to Dr. Peter Leonard, Inspector of Hospitals and Fleets; and the two Greenwich Hospital pensions for retired staff-surgeons and surgeons, of £50 a year each, created by an Order in Council of March 24 last, have been awarded respectively to Drs. John Dunlop, and A. C. Macleroy, Deputy-Inspectors of Hospitals and Fleets. Mr. John Tarn, surgeon, R.N. has been awarded the pension of £50 per annum vacated by the late Dr. John Sloan, R.N,

Louise Lateau.

The paper by Dr. G. E. Day, formerly professor at the University of St. Andrews, in the April number of *Macmillan's Magazine* has given rise to some discussion, and many popular but erroneous impressions. As to the explanations current we may remark that the most natural is that suggested by the case that occurred in St. George's Hospital in 1868, and has since been frequently talked over among London medical men.

The young woman declared that there had been oozing of blood at intervals for a couple of years. The surface where this was alleged to take place, on careful examination, seemed to be covered with minute perforation. Mr. Henry Lee, under whose care she came, quietly orders the part to be covered with sheet lead, secured by starch bandage. His shrewd suspicion was verified at next visit, for, on removing the lead, it was seen to be perforated with holes, just such as a needle would produce. Asked how this happened, the girl had no reply to give, and was discharged from the hospital as an impostor. Dr. Lefebone who has been fixing a leather glove on Louise Lateau, and still finds blood under it, should try Mr. Lee's plan. Leather may be pricked through and the hole closes up, but, if lead be employed, the hole remains as a witnes.

The Election of Examiners at the Royal College of Surgeons of Ireland.

We reported briefly last week the re-election of the Courts of Examiners which had held office in the College during the preceding year. Only two new candidates offered themselves for the Surgical Court, Dr. Gogarty and Dr. Walsh of Jervis street Hospital, neither of whom were elected.

A change was effected in the Midwifery Court by the retirement of Dr. G. H. Kidd, President of the Dublin Obstetrical Society, whose place was taken by Dr. William Roe, Assistant-Physician to the Coombe Hospital.

For the Examinership on General Education there was greater competition. Dr. Thomas Byrne, ex-Surgeon of the Lock Hospital, Dr. Murray, and Dr. Edmund Nugent, the out-going Examiners, asked for re-election; and their seats were contested by Dr. Isaac Ashe, Dr. Charles Moore, and Mr. Trail, F.T.C.D.

The previous Examiners were, however, retained in office.

In our note of last week the name of Mr. Edward Stoker was inadvertently printed Stokes.

Deputy Inspector-General J. G. Inglis, M.D., C.B., has, we understand, received notice to hold himself in readiness to proceed to India. It is likely that he will be relieved as principal medical officer of Woolwich by Deputy Inspector-General C. A. Gordon, M.D., C.B., from Portsmouth.

Vaccination in St. Pancras.

One of the many consequences naturally following the absurd appointment of a "model vaccinator" for the entire extent of the vast parish of St. Pancras, has just arisen. The medical officers who, until recently, performed vaccine duties, have applied to the executive guardians for an equivalent proportionate to the sums the "model" plan has nipped from their niggardly stipends. Surely the taxpayers of the parish have good reason to be dissatisfied, and why they have not ere now arisen *en masse* to protest against a scheme, which not only increases their burthens, but is sure to work ineffectually, to load the parish with unvaccinated poor, and, as a consequence, continue to be a fruitful plague-spot, really seems incomprehensible.

Small-pox in India.

MR. DE RENZY, sanitary commissioner in the Punjab, writing to *The Times*, some time since, makes the following statements, which seem to us so forcible as to be worth reproducing at the present time.

"As many persons in England have doubts as to the value of vaccination, it may be useful to bring to notice the loss of life by small-pox which occurs annually in the Punjab, a country which is as yet practically unprotected by vaccination. In that province, with a population of 18,000,000, the deaths from small-pox are never less than 20,000 a year. In 1869 they numbered 53,195. Contrast these terrible totals with the small-pox mortality of England, in which, with its population of 21,000,000, the average of small-pox deaths does not now exceed 5,000 a year, though previous to the introduction of vaccination it was quite as high as it is now in the Punjab.

"But it is not merely in the saving of life that the benefits of vaccination consist. The amount of physical disfigurement caused by small-pox in the Punjab is enormous. Any person walking through the streets of a Punjab city is struck by the immense proportion of persons blind of one or both eyes—a calamity caused in 99 cases out of 100 by small-pox.

"Europeans who, as a rule, are tolerably well protected by vaccination, suffer very little though they live in the midst of never-ending epidemic, and natives have everywhere remarked the immunity of Europeans from the injuries to the eyes and other disfigurements to which they are themselves so subject.

"In the Punjab few persons reach adult life without having had an attack of small-pox, and become disfigured or disabled by it in some way. Here, thanks to vaccination, imperfectly administered as it is, small-pox epidemics have become so rare that a few hundred deaths from the disease make a great sensation through the length and breadth of the land, and even unvaccinated persons have a good chance of getting through life without being exposed to the risk of infection."

Tests for Blood Stains.

THE *Journal of Applied Chemistry* says that Mr. Gunning has discovered that acetate of zinc will completely precipitate the colouring matter of blood from solutions. The flocculent precipitate must be washed by decantation, left to evaporate and dry on a watch glass, and if blood was present the microscope will reveal delicate and beautiful hæmin crystals. The test has been tried by different persons and always with entire success. The blood stains can be dissolved in a variety of agents; for example, ether, oxalic acid, alcohol, gallic acid and potash, and the acetate of zinc produces precipitates even in extremely dilute solutions, as, for example, when a person has washed his bloody hands in a pail of water, as the solution is perfectly colourless.

Prizes in Botany.

THE next examination for the London Society of Apothecaries' annual prizes in Botany will be held on the 21st of June. The prizes consist of a gold medal and a silver medal and a book.

The Vaccination Committee.

AT the meeting of the Select Committee on vaccination, Dr. Marson, surgeon to the Small-pox Hospital, and Dr. Wood, member of the Royal College of Physicians, Edinburgh, having given evidence in favour of vaccination, Sir William Jenner was called. He stated that in the course of his professional career he had had very large opportunities of obtaining information respecting small-pox and vaccination. No evil effects from vaccination had ever come under his notice, nor had he known any serious illness to result from it, either in his public or private practice. In early life the protection afforded was nearly complete. He was himself the father of six children, and should consider himself wanting in his duty had he neglected to have them vaccinated. He had had the responsibility, as medical attendant to the Queen, of advising Her Majesty and the Prince of Wales to be vaccinated. Compulsory vaccination was, in his opinion, most desirable.

Memorial of the Late Sir James Y. Simpson, Bart.

A MEETING of the London committee was held recently for the purpose of conferring with members of the Edinburgh committee regarding the progress of this movement. In the course of the proceedings it was stated that through the exertions of Dr. Storer, of Boston, an influential organisation had been formed in America, and that the movement had been so favourably received that the friends in that country anticipate they will be able materially to aid the committees in London and Edinburgh.

GUY'S HOSPITAL *conversazione* is announced for May 31.

MR. JOHN LAMBERT, Poor-law Inspector, has been gazetted Civil Companion of the Order of the Bath.

IT is stated that Ceylon gives promise of becoming a great quinine producing country.

SEVERAL candidates have already been announced for the new appointments at St. Thomas's Hospital.

DR. PARKES has been very largely supported for the Senate of London University, and we hope to see him in that position.

THE attendant who caused the death of a lunatic by turning on the hot water in his bath, has been condemned to one month's imprisonment!

Inspector-General Lawson will, this evening (Wednesday), read a paper at the Epidemiological Society on "Cholera in Ships at Sea."

Three Greenwich Hospital pensions have been granted. The recipients are—Inspector-General Leonard and Surgeons Dunlop and Macleroy.

At St. Mary's Hospital a vacancy is declared by the retirement of Dr. Tyler Smith, and several other vacancies will shortly occur.

The annual dinner of Officers in Her Majesty's Army, Navy, and Indian Medical Services, will take place in London at Willis's Rooms, on the 26th inst.

In an able letter to the *Times* the Treasurer of Guy's Hospital argues that Governors are only trustees of a fund, and that the patients belong to the class that is exempt from income-tax, so that the funds ought to be exempt.

The annual dinner of the officers of Her Majesty's Army and Navy and Indian Medical services will take place on Friday, 26th inst., at Willis's Rooms. The Director-General of the Medical Department of the Navy will preside.

The annual general meeting of the members of the London Pharmaceutical Society will be held on the 17th day of May.

The annual conversazione of the society will be held at the South Kensington Museum, on the evening of the same day.

The Council of the Odontological Society of Great Britain offers for competition a gold medal of twenty guineas for the best original essay "On the Histological Structure of the Human Teeth." The conditions of competition and date of receiving essays will be found on reference to our advertising column.

The series of entertainments which usually precede the expiration of the term of office of the Council of the Royal College of Surgeons in Ireland, and the election of their successors, have commenced.

The President of the College, Dr. Albert Walsh, entertained the Examiners and Professors last week. The "College Club," which is comprised of those who hold, or have held, office either as Councillors, Professors, or Examiners, dined in the Albert Hall of the College on Saturday last, the chair being occupied by the President. The attendance was so large that some difficulty was experienced in providing accommodation.

The President entertained the Council at dinner on yesterday evening, and the banquet given by the outgoing members to their Chairman will shortly take place. The President of the Irish Medical Association has applied to the Council for leave to hold the annual dinner on the first Monday in June in the College.

SCOTLAND.

Summer Session in Edinburgh.—The summer session was opened on the 3rd. Professor Wyville Thomson delivered his introductory lecture to his course on Natural History in the chemistry class-room. At the College of Surgeons, Dr. Keiller, in the opening lecture to his course on midwifery, discussed at considerable length the question of female medical education, treating the subject with the characteristic practical sense for which he is distinguished.

Edinburgh Infirmary.—There are at present a few cases of enteric fever in hospital, but since the 25th of March no case of typhus has been admitted. Small-pox does not seem to be on the increase. There have been in all eight cases admitted, five of which were imported, and the remaining three were infected in the hospital from those first admitted. The almost perfect system of vaccination in Edinburgh renders an epidemic of the disease highly improbable.

Lady Students in Edinburgh.—The female students have been disappointed in their application to the directors of the Leith Hospital for admission to pursue their clinical studies in that institution. The directors have unanimously adopted the report of the medical committee, "That it is inexpedient to alter the present arrangement of the hospital, or to convert it into a medical and surgical hospital for the clinical instruction of ladies." In order to adapt the hospital for the purpose, thirty additional beds would have been necessary, an arrangement which circumstances rendered inexpedient.

Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

April 3rd, 1871.

Dr. Andrew Clark, President, in the Chair.

ANOMALOUS CASES OF SMALL-POX, MEASLES, ETC.

Dr. Brunton narrated anomalous cases occurring in his practice,—small-pox following measles, small-pox following scarlatina, and scarlatina following varicella. The first case was that of a woman in the sixth month of her second pregnancy. On the 15th of March she experienced a rigor, became feverish, and out of sorts. Two days after the author saw her; a reddish rash had appeared on the forehead, limbs, and abdomen, where the rash was confluent, punctuated, and slightly papular. The eruption of measles then became distinct; but in the course of three days became fainter, and, in addition, the eruption of small-pox in the papular stage succeeded, became vesicular, the vesicles changing into pustules, and the eruption was disappearing fast on the 31st, when the patient was doing well. He thought that in this case the symptoms were quite distinct, firstly, as regards the measles, and secondly, as regards modified small-pox. The next case was from the notes of Dr. Hay. S. H., aged forty-one, in the fifth month of her seventh pregnancy, was seized with rigors, followed by headache and pains in the limbs on the 18th of August last. The next day had sore throat, and was covered with a profuse scarlatiniform eruption. On the 20th, labour set in, and abortion followed; 21st. In the evening vomiting came on, and lasted until the morning of the 22nd. The rash disappeared, and an exaggerated form of measles was apparent, but of a darker colour, on the 23rd. Was completely covered with small-pox pustules, and death ensued on the 24th. In this case the abortion followed the onset of the scarlet fever. The patient did well until the vomiting set in —the forerunner of the small-pox. The scarlet eruption faded on the fourth day; then followed the roseolous rash; next, the eruption of small-pox; and on the sixth day of illness death occurred. Abortion in small-pox is usually met with in severe cases, isochronous with the eruption, on the following day, and, in milder cases, later on in the disease. In this case, abortion took place three full days before the eruption of small-pox; and on the second after the onset of scarlatina. Third case: P. P., aged four. The eruption of varicella came out on the 22nd March, and four days after, when the author saw him, the skin was covered from head to foot with scarlatinal eruption, very distinct, co-existent with the varillous eruption. April 3rd: Eruption of scarlatina gone; desquamation has commenced; varicellous scales still on parts of the body; doing well. The author thought that John Hunter's statement, "that two eruptive diseases cannot co-exist," had been disproved by Mr. Marson, and the above strengthened his position.

In the discussion that followed, Dr. Edwards Crisp, Dr. Ross, Dr. Broadbent, Dr. Tilbury Fox, and Mr. Rogers-Harrison took part, the President remarking at the conclusion that it was reasonable to suppose that two acute diseases could be co-existent; further facts must be sought, and the procession and order of the events occurring in a case carefully tabulated.

PERI-BRONCHIAL FIBROSIS.

The PRESIDENT, in introducing this case, said,—We hear much said in praise of modern medicine and surgery, and of their triumphs; but we are not perfect in consequence of the presence of vagueness and strong dislike to precision. Phthisis, up to a recent time, was thought to be ulcerative destruction of deposits in the lung. There were different kinds of phthisis, viz., that due to the presence of tubercles, giving rise to tuberculous phthisis; ulceration may take place; pneumonic exudation may happen (pneumonic form of phthisis); also a fibroid exudation, giving rise to fibroid phthisis. The symptoms are so much alike, that it has been difficult to recognise and define a case in life; but they are as distinct clinically as pathologically. The cases are at times complex, there being pneumonic inflammation present with the different kinds of deposit. The young patient shown, aged nineteen years, suffered fourteen months ago from an attack of pleuro-pneumonia; he was very ill, had cough, fever pain in the side, a high temperature, and expectoration. He never fully recovered, but for a month or two seemed well, and suffered from an attack of bronchitis, which, on admission, was found to be general; there was wheezing all over the chest, muco-purulent expectoration, and some fever. On percussion, there was solidification of the left lung in front; the dulness increased, and there was considerable bronchophony. The bronchitis disappeared, but the consolidation remained, and the left side, which before was full, began to contract, the vocal thrill and bronchophony decreased, all fever disappeared, and the respiration and pulse became normal, the physical signs alone being present. On examination under the microscope of small pellets of mucus expectorated, small quantities of lung areolar tissue were found, showing the presence of a small cavity, which is quiescent and gives no trouble. The consolidation and cavity have followed the pleuro-pneumonia, the corpuscular stuff, after the subsidence of the bronchitis, has been converted into a fibroid mass, and the patient has returned to health. There is now no evidence of a change going on, but consolidation and contraction. The prognosis in these cases was favourable. Cases under advantageous circumstances went on for eighteen or twenty years or more. The left lung of this boy was solid as regards its middle two-thirds, and a small excavation was present; that side of the chest was contracting, the vocal thrill and the bronchophony were diminishing, and the boy *appeared* in perfect health.

An interesting discussion followed.

THE ESTIMATION AND DETECTION OF SUGAR IN DIABETIC URINE.

DR. MEYMOTT TIDY observed,—The first circumstance that attracts notice is the ordinarily high specific gravity of diabetic urine; yet some specimens loaded with sugar have almost a normal specific gravity. This was difficult of explanation, unless solids may be present in liquids in different molecular states. Ordinary urinometers are not to be trusted, some being correct within ten or fifteen degrees. The presence of torula cerevisiæ is not to be regarded as any proof of the existence of sugar. No less than three kinds of fungi are to be found in diabetic urine, and all three without a trace of sugar. With reference to the different kinds of sugar found in diabetic urine, there was—1st, the ordinary grape sugar; 2nd, a variety resembling Mositæ; 3rd, one differing from both these, and remarkable in several particulars. Passing to the chemical tests, the author remarked that if carbonic acid was to be collected for the purpose of estimating the quantity of sugar, it was better collected over olive oil than any other way; and if great accuracy is required, he suggested allowing the carbonic acid to pass into Baryta's water, the precipitate being weighed as a sulphate. I.—Dr. Roberts, of Manchester, had suggested taking the specific gravity both before and after fermentation, and from this estimating the amount of sugar present. The test gave very variable results; at one time very accurate, at another very inaccurate results had been obtained. II.—The copper test was valuable, although there were several bodies that interfered with its action; and as a quantitative test Dr. Tidy had very little opinion of it, as it was impossible to mark the exact point where the blue colour had disappeared. III.—Moore's test. The dark colour due to malassic acid, produced when diabetic urine was boiled with potash solution. A series of solutions were placed on the table containing different but known quantities of sugar, but in each the same quantity of alkali. They ranged from 0·25 gr. of sugar to 2·0 gr., and the difference of tint was perfectly marked. Dr. Tidy proposed this, an adaptation of Vogel's, method for estimating sugar. The method of working was as follows:—A potash solution, containing 1 gr. of potash to every septem (7 gr) of water, having been made, take 10 septems of the urine, add 10 septems of the solution; boil for one minute, dilute with distilled water in a 4 oz. vial, similar to those used for the test solutions, and then compare with the test solutions labelled as containing known quantities, until the exact tint is found. The small quantity of urine employed does not colour the water so as to interfere with the test. If any precipitate is produced by boiling, it must be filtered. If the tint was more than that indicated by 2 gr. standard bottle, it must be halved and diluted. The experiment made gave—

1·25 gr. in 10 septems 12·5 ,, 100 ,, 12·5 ,, 700 ,,	17·86 per 1,000 gr. of urine, about 8·3 per oz.

Dr. Tidy proposes to get rid of the trouble of the standard solutions by using gelatine coloured of different tints as standards for comparison.

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ROYAL MEDICAL AND CHIRURGICAL SOCIETY

TUESDAY, APRIL 11TH, 1871.

MR. CURLING, F.R.S., President, in the Chair.

DR. HYDE SALTER communicated a

CASE OF RETROGRESSIVE LABIO-GLOSSO-LARYNGEAL PARALYSIS.

By ALEXANDER SILVER, M.D.,
Senior Assistant-Physician to Charing-Cross Hospital.

The patient, W. G., was a man aged fifty-three, by trade a carriage smith, twice married, and temperate. He had been generally healthy, but in his history there were certain facts pointing to syphilitic infection. He had previously been an in-patient at the Middlesex Hospital for incomplete right hemiplegia and left facial palsy, with difficulty and indistinctness of speech. He was gradually recovering, when he was again seized and brought to Charing-cross Hospital, where he was seen by Dr. Silver. On the morning of Jan. 5th he was able to swallow his breakfast and to speak indistinctly. By noon on the same day he could neither speak nor swallow; the right corner of his mouth was drawn downwards, and an abundant tenacious saliva flowed from it.

When admitted, his right eyelid drooped, and his mouth was dragged over to the right side; his lips were thick and blubber-like; and from the depressed corner of his mouth flowed an abundance of thick viscid saliva. He could not close his mouth, even imperfectly; he could not protrude his tongue beyond his teeth. There was some degree of paralysis of the soft palate, for his respiration was snorting; but food or drink did not regurgitate through his nose. His intelligence was perfect, but when asked to speak only the rush of air through the open powerless larynx could be heard. He had complete command over his limbs; he could lift both legs off the bed, and smartly withdrew either when its sole was tickled. His senses were perfect, but dull. His bowels were obstinately confined. His breathing was very imperfect and shallow; respirations, 36 a minute; pulse, 120, and very feeble. His appetite was unimpaired and his power of taste uninjured; for a time he was fed solely by the stomach-pump. Notwithstanding the quick pulse and rapid respiration, his temperature for long remained at 97° in the axilla. The breathing was mostly abdominal, but there was slight action of the intercostal muscles. Expiratory power was most deficient.

From the period of his admission up to the present time the patient has continued to improve in every respect. As to treatment, iodide of potassium was given in scruple doses three times a day. Occasional blisters were also applied to the back of his neck; and latterly localised electrisation was employed to exercise the paralysed muscles, which responded to the stimulus with unusual facility.

The case was called *retrogressive* to contra-distinguish it from the *progressive* form of the malady, to which alone Duchenne would limit the name of *true* labio-glosso-laryngeal paralysis. This form tends to get well, whilst that referred to by Duchenne ends invariably in death.* The name is the more appropriate as this case in many respects closely resembles one of the progressive variety read backwards. The state of this patient seemed, when first seen, identical with that of one suffering from the progressive form of the disease just before its fatal termination. At any moment the patient might be carried off, as if the case were progressive; but the tide once fairly turned, there was a chance of recovery, however gradual.

These different morbid conditions evidently depended on lesions of certain nerve trunks or roots. Thus the paralysis of the lips would imply paralysis of a portion of the facial on both sides, but this nerve was apparently more affected on the left side than on the right, since the mouth was drawn to the latter. Again, the paralysis of the muscles of mastication implied loss of power in the motor branch of the trigeminus. The paralysis of the tongue—that is to say, his inability to protrude it beyond his lips—would imply paralysis of the hypoglossal. The inability to swallow, and the respiratory and cardiac complications, pointed to the implication of the vagus; whilst the loss of voice was due to paralysis of the cerebral portion of the spinal accessory. It so happens that one section of the medulla oblongata made and figured by Dr. Lockhart Clarke illustrates this to a nicety. In it are displayed the hypoglossal and spinal accessory springing from their nuclei, and lying between those and the central canal, the cut band of fibres constituting the long root of the facial. Injury to the medullary substance at this level would inevitably occasion more or less loss of voice, both as regards articulation and phonation, with paralysis of the orbicularis oris. Higher up, where the hypoglossal nucleus has almost disappeared, there is to be seen another descending band, closely connected with the descending band of the facial, at this level greatly increased in bulk. This new band constitutes the descending, or motor, root of the trigeminus, which, speaking broadly, presides over the muscles of mastication, and which (for it has been traced downwards to the level of the lower portion of the olivary body) is thus brought into exact accord with the facial and hypoglossal. At first the most dangerous symptoms were cardiac and respiratory, and this imperfect action of the heart and lungs is exactly what follows section of the pneumogastrics in one of the lower animals. Their inhibitory action on the heart is thus removed. Here, therefore, the nerve affected would seem to have been the vagus, and that, too, at its nucleus rather than in its course.

Finally, as to the saliva, a partial paralysis of the chorda tympani, and a withdrawal of its influence from the submaxillary gland, might, by overturning the normal balance between it and the sympathetic, produce a flow of thick and tenacious, instead of normal, saliva, and so relegate the phenomenon to the same site as the others—that is to say, a minute space on the floor of the fourth ventricle and upper portion of the medulla oblongata.

Dr. Drysdale, Mr. Barwell, Dr. Broadbent, and Dr. John Harley took part in the discussion.

ON AMPUTATION OF THE CANCEROUS BREAST.

By Robert Lee, M.D., F.R.S.

The object of this communication was twofold—first, to describe a case in which a woman, from whom both mammæ had been removed, was delivered of a child; and, secondly, to point out the different opinions of eminent surgeons and physicians as to the desirableness of amputating the breast in cancer, the danger of the operation, and the frequency with which it is needlessly performed.

The following gentlemen took part in a discussion on this paper:—Mr. Spencer Wells, Mr. George Cooper, Dr. John Harley, Mr. Barwell, Mr. Hulke, Mr. Birkett, and Mr. J. B. Hill.

THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, April 21st.

The President of the College, Dr. Albert J. Walsh, in the Chair.

CROUP.

Mr. H. G. Croly said the first specimen exhibited was the membrane cast off in croup during the life of the patient. The child was four years and two months old, and was admitted to hospital under his care on Tuesday last. It had been suffering from the previous Sunday night with all the symptoms of croup, and on admission the case was one of extreme urgency. The child was covered with a cold, clammy sweat, had stridulous breathing, rapid pulse, and was almost on the point of death. The treatment adopted was to restore her, and he gave her an emetic of eight grains of sulphate of zinc. It acted, but the child was apparently dying, and a second dose was given. The child pointed to her mouth, and the mother inserting her fingers, seized and pulled up the membrane, which they saw in the bottle. The child said, "Look at the maggot, I am quite well!" The false membrane when he (Dr. Croly) saw it, looked like the wetted finger of a glove. Knowing that exacerbation of the disease was likely to set in, he did not relax in his treatment of the case. That night the child got worse, and the next morning better, and so the symptoms went on till eight o'clock last evening, when she died, apparently of exhaustion. On making a *post-mortem* examination, assisted by his colleague, Dr. Hewitt, he found the lungs emphysematous, with considerable congestion of the back of the lung, partly no doubt due to gravitation. In the heart was a large clot, which was adherent, and which extended into the pulmonary artery. There was also a clot in the left auriculo-ventricular opening, and on opening the larynx he found the remains of the false membrane. It extended to the bifurcation of the trachea, and was more marked in the region of the larynx than in the trachea. As the specimen cast off during life was rare, he thought it well to lay it before the Society.

SYPHILITIC ULCERATON OF LARYNX AND TRACHEA.—LIVER.

Professor Morgan said the specimens which he now brought under the notice of the Society, presented two features, one was the deposition of gummatous material in the liver, and the other was the ulceration of the larynx. The patient was affected with syphilis about eighteen or twenty years ago. He suffered from some early constitutional symptoms at that time, but he had been before death from eight to ten years free from any symptoms of syphilis. He was at Bombay for a considerable number of years. His health broke down, and he came to this country about eighteen months ago. He suffered from extraordinary and excruciating pains in the back, became suddenly paralysed of one leg, and then of the other. Under large doses of iodide of potassium, along with counter irritation, he regained the use of his paralysed legs, and the power of controlling his urine and fæces, which he had previously lost. He went over to England, and about eight months afterwards symptoms of bronchitis, as they were then looked upon, made their appearance. He was examined by Mr. Paget, who reported he could find no organ in his body diseased. He suffered particularly from profuse expectoration without assignable cause, and finally a node formed on the clavicle, and another on the head, and he had constitutional symptoms. He was completely broken down, and superadded to the laryngeal symptoms, were spasmodic attacks, which became exceedingly alarming, so much so, that, in consultation with Mr. Richardson, it was determined to laryngotomise him. This was done with considerable relief. He sank, however, in twenty-four hours, and on a *post-mortem* examination the peculiar features of the disease were seen. The whole larynx was ulcerated from below the chordæ vocales, and what seemed to be a very peculiar feature in the case, they found in the gland just outside the recurrent laryngeal nerve, a yellowish material, of the same description as that which existed in the liver. The trachea was considerably narrowed, the constriction being caused by the pressure of enlarged glands above the bifurcation, and the cartilages here were entirely eroded, and it would appear that it was not until this erosion had taken place that the narrowing of the tube ensued. The ulceration extended into the bronchus. One kidney was congested. On the surface of the liver there were some slight elevations, and on cutting into the liver these were found to be small deposits of a yellowish friable material, apparently of a gummatous nature. The case was particularly interesting, from the fact that for ten years the patient did not exhibit any symptoms of the disease that was latent in the system. He got married, and his wife had two miscarriages, but there was no evidence of her having suffered from constitutional taint, and until his health broke down by intermittent fever, he had not the slightest symptom of syphilis.

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* For an analogous case of the latter, see the "Archives de Physiologie, Normale et Pathologique" for July and August, 1870.

DEATH FROM A LARGE PIECE OF MEAT IMPACTED IN PHARYNX.

Professor Morgan exhibited a piece of meat weighing over two ounces, which had been removed from the throat of a wretched man, who was brought to Mercer's Hospital that day. This, relatively speaking, enormous piece of meat was found firmly embedded in the man's throat, and had caused suffocation by its pressure on the larynx.

RUPTURE OF INTESTINE.

Mr. H. G. Croly exhibited an example of rupture of the intestine. The patient from whom it was removed had been the subject of double scrotal hernia for many years. He was in the habit of wearing a badly-fitting truss. At the left side the hernia came down, and the man was said to have received a kick on the left side of the scrotum, and immediately exclaimed that he was killed. He had all the symptoms of ruptured intestine when brought to hospital. He was collapsed, and the abdomen was distended. The hernia had been reduced at the right side before he came in, and there was a slight protrusion in the left groin, which he did not meddle with. The man died some hours after admission. On making a *post-mortem* examination he found the small intestine ruptured in a place corresponding exactly with the sac of the hernia. The opening, through which he now passed a pen, allowed a quantity of the contents to be extravasated into the peritoneum. There was a thickened condition of the omentum. Though but forty-eight hours had elapsed from his receiving the injury until he died, he had marked peritonitis.

TUBERCULAR MENINGITIS.

Dr. Hewitt said this morbid specimen is one of tubercular meningitis, which he would describe briefly in the order in which the *post-mortem* examination was made.

The calvarium was morbidly adherent along the back part of the longitudinal sinus.

The opposed surfaces of the arachnoid sac were covered with a viscid product, which could be removed with a scalpel.

The entire surface of the brain presented a rose-coloured appearance, from intense vascular injection of the pia mater, and a few spots of lymph were found on the summit of the cerebral hemispheres.

The arachnoid on opposite side of the longitudinal fissure was adherent immediately above the corpus callosum, and towards the posterior end of the fissure were a few tubercles, grey and miliary. The sides of the hemispheres presented at first sight nothing abnormal, but increased vascularity; however, on stripping down the pia mater from the brain, numerous tubercles were discovered which had been completely concealed between the convolutions of the temporo-sphenoidal lobe.

On puncturing the median sub-arachnoid spaces, about two ounces of a colourless transparent fluid escaped. This space, and also the sylvian fissures, were completely filled up with coagulated lymph, but no tubercles could be found in either situation.

The ventricles were dilated and full of serum; the brain substance was of normal consistence, it weighed forty-four and a-half ounces, being about four ounces above the average of a female child of nine years of age, and it looked abnormally large.

A number of scrofulous glands, and a piece of carious bone had been removed about eighteen months previously by Mr. Croly.

THE ADJOURNED DEBATE ON RE-VACCINATION will be reported in our next Number.

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A Modified Operation for Varicocele.

Dr. Dubrueil proposes (*Bull Gén. de Thérap.*) a modification of Vidal's operation of twisting the veins by means of silver wires in varicocele (*enroulement*), by which he thinks that clots are formed and danger of phlebitis avoided. He proceeds in the following manner. Instead of using two silver wires, as Vidal directs, he uses one of considerable strength, and another, much thinner, of platinum. These being passed so as to enclose the veins, he makes the usual twist; then he places the two ends of the platinum wire in the clamps of Gréne's pile, as near as possible to the integument, and the wire being heated, cauterizes the veins. Then he fixes the ends of the wires in the usual manner. M. Dubrueil uses one platinum wire in preference to silver, as the former requires less strength of the battery than the latter, and there is some difficulty in heating the wire, as it is bathed in blood. M. Dubrueil reports the case of a young man who was thus treated for a varicocele, and states that the pain was not greater than in the ordinary operation. At the end of eight days the wire was withdrawn, and the cure was effected in three weeks.—*American Medical Gazette.*

A Vehicle for the Internal Administration of Chloroform.

By G. W. Murdock, M.D., Cold Spring, N. Y.

The want has been felt by many physicians of a good vehicle for the internal administration of chloroform. Several formulæ have been devised to meet this, but none, that I have seen, do so perfectly. Some are of difficult preparation; others contain sulphuric ether, which is objectionable, and all contain too little chloroform for convenience.

I have lately been using a solution of chloroform in glycerine, which answers the purpose so completely as to leave little to be desired. By a little care in rubbing it up, one part of chloroform by bulk can be dissolved in three of glycerine. This solution is perfectly clear, is bland to the taste, and has but a slight odour of chloroform.

As glycerine is acceptable to almost every stomach, it admits of a wide range of application. It can be taken readily as it is, or can be diluted with water to any extent, without disturbing the solution. Curiously enough, the addition of water immediately increases the smell of chloroform without any precipitation of it. In preparing it, it is best to take one part of chloroform with two parts glycerine, add the chloroform very slowly, and rub up carefully. Then put it in a bottle, and let it stand twenty-four hours. A little chloroform will have deposited at the bottom. Separate this, and rub it up with the third part of glycerine, then mix it with the rest, and the solution is complete. No further separation will take place. Six ounces of glycerine with two of chloroform will give seven fluid ounces of the solution, so that each fluidrachm contains about seventeen M. of chloroform.

From the faint odour of the prepared solution I judge that the glycerine protects it almost entirely from evaporation, although some slight loss may occur while preparing it, which it is well to make allowance for.

I have used only Squibb's chloroform and pure article of glycerine, and cannot say how inferior grades may answer.

Having used it in a large variety of cases with entire satisfaction, I can confidently recommend it to others.—*American Journ. of Pharmacy.*

Fracture of Neck of Femur, with Inverted Foot.

By A. S. Hudson, M.D., Stockton, Cal.

Some years ago, while I was teaching medicine in the Iowa University, a man was brought to the infirmary of that institution, disabled. He was not fleshy, but compact and muscular. Over-burdened by intoxication, he had fallen down a flight of stairs.

On examination, the left foot was found lying across the right instep, the toe strongly inverted, knee slightly bent, and the leg immoveably fixed on the hip, with little or no shortening. The first diagnostic thought was a fracture of the neck of the femur; but the position and direction of the limb, and its immobility, led my colleagues and myself to the conclusion it was a dislocation. But, then, where was the head of the bone? None could tell. It could not be found. However, in profound uncertainty, we resolved to make an effort to reduce a suspected dislocation.

The patient under chloroform, and the pulleys well applied, firm traction was made; whereupon the limb straightened, with extra freedom of motion, and disclosed unmistakable crepitus, with a tendency to eversion of the toe. The difficulty was solved. It was now plainly a case of fracture of the neck of the femur, with impacted fragments. The impaction simulated certain features of dislocation, and concealed decisive evidence of fracture.

Literature.

THE FUNCTIONS AND DISORDERS OF THE REPRODUCTIVE ORGANS.*

There can be little doubt that the positive spirit of inquiry, which has proved so beneficial in the sciences of astronomy, mathematics, and chemistry, will, ere long, tend to prevail in the study of medicine and social science. The appearance of a number of works on the "Diseases of the Reproductive Organs of the Male, and also of the Female," is the best indication of the approaching divorce of physiology from metaphysics and theology. Not that we need, by any means, suppose that this wholesome disseverance has already arrived. The work of Mr. Acton, for instance, before us, full as it is of admirable remarks on the functional diseases of the male generative organs, yet bears unmistakeable evidence of the author being anything but emancipated from the *à priori* views of the mystics and theologians. It is, too, a somewhat curious fact that, whilst the diseases of women have long received most exhaustive discussion in the various obstetrical and gynæological societies of the old and new world, the functional diseases of males have hardly ever been discussed in any society of medicine out of France, or, perhaps we may add, Germany. If we might hazard a conjecture as to the cause of this reticence, we should be inclined to suppose that *men* are unable, in this question, to be sufficiently unbiased by emotions to discuss the subject objectively enough for the demands of science. To Mr. Acton is due the pre-eminent merit among all English authors, in this somewhat puritanical land, of having written openly and voluminously upon topics, which have so terrified the majority of his professional brethren as to make their opinions on such points next to valueless, in most cases, however able they may have been proved to be in matters requiring surgical operations, or knowledge of the natural history of non-sexual diseases. It is well known, to all who are aware of the changes which are going on in modern schools of thought, that there is silently growing up in our midst a class of men who acknowledge as the heads of their church such names as Bentham, James, and John Mill and Bain, and refuse to be guided by the dogmatic morality of the Churches of former ages. Mr. Acton, in the work before us, shows however that *he* had probably made up his mind upon many subjects in sexual morality before he was at all likely to have been influenced by the views of Mr. J. S. Mill, and others, as to the chief point in sexual morality being the non-production of large families. Mr. Mill, who deserves eternal honour for the stand he has taken on this unpopular question, asserts boldly that "little advance can be expected in morality until the production of a large family is looked upon in the same light as drunkenness, or any other physical excess," whereas Mr. Acton shows his theological tendencies by quoting, on several occasions, the dogmatic assertion that it is the chief aim of man to "increase and multiply and replenish the earth;" and also exhibits a like tendency to the worship of the ascetic theology of the Roman Catholic Church in his rather over-weening apparent respect for abstinence. In page 58, for instance, of the work before us, he thus speaks:—"Under the age of twenty-five I have no scruple in enjoining perfect continence. The sighing lackadaisical boy should be bidden to work, righteously and purely, and win his wife before he can hope to taste any of the happiness or benefits of married life."

Now, in these two quotations from Mr. Acton's work, we have the *resumé* of his philosophy in regard to the subject. Marriage, in his view of matters, is the European marriage of the day. Mr. Acton does not seem to understand that the physiologist has nothing whatever to do with questions of society, or economy. The *laws* of physiology (a most detestably ambiguous term) are quite heterogenous with those which govern the relations of human beings living in an industrial community, and Mr. Acton, in our opinion, gives up the high position of the medical man irretrievably, when he consents to be taught by the Catholic priest or the British Philistine what are the physiological requirements of the human body. It is plainly, for instance, most inconvenient for the present dogmatic moralists to be told that the amount of continence, which takes place in this country and elsewhere, among already peopled countries, is very much opposed to the health, and consequently to the true happiness of mankind. And it is also very uncomfortable for some of those in high places to be told, that the production of large families is not only not a meritorious action, but that it is one of the most immoral actions of which a citizen of a crowded European country can be guilty. But, then, science has nothing to do with the likings and dislikes of any class of persons; and occupies itself solely with tendencies and *laws* of Nature, and cannot demean itself so far as to endeavour to make Nature square with the dicta of *any* priesthood. We have made these preliminary remarks because, without these, we could not explain so well why it is that Mr. Acton's admirably constructed work is, to us, by far the least satisfactory of all of his interesting writings; and why we believe that his teachings in this work will fail to be followed by many of the rising positive schools of instructed medical men. For instance, among others, we would point to the views of Mr. W. Teevan as more theoretically in unison with science than those of Mr. Acton, because that author seems to us to understand that the main doctrines of morality in the male sex do not reside, as Mr. Acton would seem to think, so much in late unions and continence up to the age of twenty-five, as in attention to the laws of physiology and science. Physiology, beware of theology!

Mr. Acton divides his subject into four divisions:—childhood, youth, adult age, and advanced life. With regard to the remarks made on the functions in childhood, every medical man will derive the greatest benefit from studying this part of the work. Schools for boys seem to be most dangerous places, for, in a letter to Mr. Acton from a gentleman, the following passage occurs:—"I used to see it (masturbation) at a large private school I was at; and, alas, it was known and taught even at a little one, of boys all below ten years old, where I was before that." This is a most important revelation, and ought to be widely known by all masters of boys' schools, who should, in every way, endeavour to win the confidence of their scholars, and dissuade them from the practice of this most dangerous vice, by means of kindly warnings more than by threats.

In his chapter on *Continence in Youth*, Mr. Acton seems to lean to the asceticism which has been so much in vogue in the Christian Churches of Europe, especially since the date of the Marriage Code instituted by the Emperor Justinian. In the days of ancient Rome, marriage being dissolved with the greatest facility, we find, in the writings of Horace and others, a want of that idea of the supreme splendour of continence since so apparent in the lives and writings of the Saints in the Middle Ages. Those who desire to know to what an extent the ugly ideal of purity from the supposed contamination of sexual intercourse was carried by some of the martyrs of the Middle Ages, should consult the writings of Mr. Lecky, who, on his "History of European Morals," is very full on this most important topic. Mr. Alexander Bain, in his work on the "Emotions and the Will," has shown the meaning of this silly asceticism to consist in the *love of power*, one of the strongest passions in the breast of uncultivated human beings. Mr. Acton, being of this ascetic school of *late* years (for in the early edition of one of his works he used, if we remember aright, to admit that marriage was the natural cure of most of the common-place cases of spermatorrhœa), has naturally enough, stumbled on the pamphlet of the head of that dismal school of this day, Mr. F. W. Newman. This writer, whose pamphlet on the "Relation of Physiology to Sexual Morals," has been on more than one occasion held up as a "guide, philosopher, and friend" to medical men, by the able editor of one of our rather violent contemporaries, thinks that seminal emissions are quite "God's provision that the unmarried man should not be harmed by perfect chastity." Of course, when Mr. Acton quotes this passage, page 29, he does so with medical reservations; but we are sorry to see such a deeply-respected member of our Profession in any way endorsing the crude opinions of the anti-vaccinator and ascetic late Professor of Latin of University College, London. Surely, if he must have an authority, there were abundance of them in the ranks of the Profession, without having recourse to such as he. It seems that this gentleman, Mr. Newman, too, has "learned the advantages of vegetarianism only late in life," as a means, forsooth, of taking away the appetite of sex. Oh! Mr. Acton, why quote such trashy *moralists*, who know nothing of the body? It is you who should dictate to them, not they to you! Again, in page 38, Mr. Acton gives a long quotation from the works of a Catholic priest as to the extreme value of perfect life-long chastity. Does Mr. Acton not remember well how often Lallemand was consulted by Catholic priests for nocturnal emissions, which destroyed their bodily health and mental powers? Such are the results of celibacy in *very many* cases; and we have no hesitation in saying that the celibacy of the priesthood of the Church of Rome is entirely opposed to all *true morality*, which indeed *must* be based on physiology, psychology, and utility.

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* "The Functions and Disorders of the Reproductive Organs in Childhood, Youth, Adult Age, and Advanced Life, considered in their Physiological, Social, and Moral Relations." By Wm. Acton, M.R.C.S., &c. Fifth edition. London: Churchill, 1871. Pp. 262.

Mr. Acton, of course, is far too able a man to remain logical in this matter for more than a page or two at a time. Thus, in page 55, he says, "I am bound to admit that in practice, we meet with a large number of young men, of more than average abilities, but of delicate constitution, who cannot remain continent without being subject to frequent nocturnal emissions. When this is the case, the sufferer may be intellectually in a worse plight than if he were married, and so occasionally indulged in sexual intercourse. In these exceptional cases it is not true that celibacy is the state best adapted to intellectual excellence." And yet Mr. Acton recommends marriage at twenty-five, and complete chastity before this age. We have no hesitation in saying that a good number of men, if they took Mr. Acton's advice, and acted on it, would, in such cases, end in a lunatic asylum, solely by cause of those emissions, which Mr. Acton admits so frequently to exist. It is not fair in our learned author, either, to put his antagonist on the horns of the dilemma of prostitution, or the cohabitation with a woman of the lower classes. As before observed, there are questions relating to the modern European marriage-law, and therefore topics of social science, and not really of physiology. Mr. Acton's point is, whether perfect celibacy before twenty-five is safe for males in general? He answers, yes! We say no.

In page 61, indeed, Mr. Acton quotes with disapproval the following views of an able anonymous writer, the author of "The Elements of Social Science"—"To have offspring is not to be regarded as a luxury, but as a great primary necessary of health and happiness, of which every man and woman should have a fair share. The ignorance of the necesssity of sexual intercourse to the health and virtue of both man and woman is the most fundamental error in medical and moral philosophy." And yet in page 73, he shows from Ritchie, Esquirol, and other writers on insanity, how frequent a cause of mania and imbecility is the deprivation of these very pleasures he believes to be of such little account, which bring on the habits of masturbation so commonly met with in both sexes of lunatics, as to make Esquirol say—"La Masturbation, ce fléau de l'espèce humaine est, plus souvent qu'on ne pense, cause de folie, surtout chez les riches." All those who wish to understand the symptoms of this common cause of insanity should read Dr. Ritchie's treatise, "An Inquiry into a Frequent Cause of Insanity among Young Men;" and also Mr. Baker Brown's pamphlet on masturbation in women. Dr. Copland is well known, in company with Sir B. Brodie, Sir W. Jenner, and Mr. Holmes Coote, to have enlarged on this dangerous result of late marriages, or the celibacy up to the age of twenty-five, spoken of by our respected author in his work.

In page 86, Mr. Acton gives some advice to Cœlebs in search of a wife, most of which, we think, he might have left out, with the exception of that in which he speaks of the danger of marriage with a consumptive person. In Paris, where families are very small, and many persons have not more than one, or at most three children (because they think this plan most likely to conduce to the happiness of themselves and the children), delicate married persons are counselled easily to avoid having children, an advice which often saves the life of a consumptive woman. But in this country, theology and dogmatic prejudices are still too strong for such rational counsels, so that Mr. Acton's advice may sometimes prove useful. The most practical part of this work is that, in which he explains that persons married even with the sanction of the "Kirk and State" are not thereby enabled to commit excesses in intercourse with impunity. After mentioning that Solon required three payments in a month, without reference to the husband's avocations, Mr. Acton adds, "my own opinion is that, taking hard-worked intellectual married men residing in London as the type, sexual congress ought not to take place more frequently than once in seven days." This, in our opinion, is very sensible advice, and we believe that, if acted upon, there would be a far higher standard of health among townsmen than there is at present. Much dyspepsia and nervousness is entirely caused by sexual excesses in both sexes, especially *perhaps* in the male. Mr. Acton gives some interesting cases to show why men sometimes call out for divorce. In one instance, a pious lady denies congress to her spouse for forty days during Lent: in another, the lady was entirely without interest in such matters, and suspected to be a great masturbator. Mr. Acton, too, page 115, says, "I should say that the majority of women, happily for society, are not very much troubled with sexual feeling of any kind." This does not tally with the views of Copland, Brodie, and others, who consider that women are much addicted to self-abuse. Then, again, we suspect Mr. Acton to be too much influenced by the views which are supposed to conduce most to the happiness of "Society," by British *Philistines* and priests. If the appeal to the lower animals be demanded, those who have kept female cats know well that they are by no means without intense desires at particular epochs. It is the education of women, especially in England, which deceives the careless observer, and makes him take for granted that the organs are put to sleep entirely by the will; whereas *we* believe that there is an amount of misery caused by enforced celibacy among women, in *this* country above all, which it is quite frightful to contemplate, and which one day will be heard.

In a chapter on *Impotence*, Mr. Acton considers that non-descent of the testes often causes sterility and impotence; and that hernia and trusses are sometimes causes of these affections. Varicocele, he says, aggravates impotence, and stricture of the urethra often causes sterility and impotence. Obesity in males often is accompanied by impotence, and a non-developed state of the penis also may do so. Also tubercular disease of the testes. It is difficult to know, says Mr. Acton, and in this we agree with him, whether a man who is nearly impotent should be told that he will be potent in marriage. He points to the fact that impotence in presence of a woman, who is not esteemed in any way or loved, is not by any means a proof that there will be impotence when the patient is married to a person he has affection for.

Mr. Acton here quotes from the pamphlet of Professor Newman on this point, with approbation, the following—"An intimate friend of mine, who must be near fifty, now tells me that in his youth he consulted an eminent London physician, who, though the ailment had no relation to the sexual system, volunteered to say that it was bad for him to remain chaste; and in reply to some exclamation of surprise, explained 'that he must judge for himself how to act; the question of morality did not belong to the physician; but that a man must not expect to be in health, if he neglected to exercise a natural function.'" If Mr. Acton takes the side of the patient against the physician spoken of, we can only say, *tant pis* for Mr. Acton's philosophy and for the health of some of Mr. Acton's patients. As to *treatment* of impotence, among drugs, Mr. Acton speaks with some favour of cantharides and of phosphoric acid. Strychnine, also, he considers, to be a good tonic, and he much approves of electricity, occasionally, applied under the direction of a medical man. Bands worn promiscuously round the neck, &c., are worse than useless; they are often injurious. This, also, we can readily endorse.

On the head of premature ejaculation, we do not think our author sufficiently full; since all persons of any experience know well how commonly this is recognizable as one of the features of impotence, or commencing enfeeblement of the generative powers. Perhaps, the best way of overcoming this is to advise the patient to sleep all night with his wife before accomplishing the act. As to the matter of nocturnal emissions, Mr. Acton speaks, in the first place, of the power which persons possess of controlling their dreams, and he has some really admirable hints as to the necessity of taking no heavy meal, and not much fluid into the stomach near the time of going to bed. Also, he wisely cautions patients to rise, before the second sleep comes on, and if more sleep is needed, to take it in the day time. A catheter passed once or twice a week may suffice in simple cases to allay the irritability of the urethra. When this fails, as it occasionally does, he generally has recourse to cauterisation, and few cases fail to yield to this treatment, which is attended with little or no pain. "Cauterisation," he says, "gives the permanent relief that nothing else will, and I have never yet had cause to regret using it." We are glad to hear this, as Lallemand's porte caustique was, as everyone of experience knows, often a most dangerous instrument to use, often causing stricture of the urethra. Of course, Mr. Acton admits what all are too well aware of, that "even cauterisation will not, in every instance, effect a cure." As to diurnal losses, Mr. Acton is certain that, in a large number of cases, semen does form a part of the emitted discharge, and thinks that a considerable number of that class of patients who are constantly ailing, rather than ill, are often suffering from loss of semen in the day time. This we also endorse.

The chief bulk of the two drachms of seminal fluid, which is excreted in congress (he says) comes from the seminal vesicles and, like the bile or urine, the spermatic fluid is constantly being secreted, and passes into these reservoirs. We were surprised to see no mention made of unfertility in the male arising from double orchitis. This is so common as to have been met with by all careful observers of experience.

In page 195, Mr. Acton speaks of what has been denominated *conjugal onanism*, and of a work by Dr. Bergeret, entitled "Des Fraudes dans l'acomplissement des Fonctions Generatrices," where the author "gives a very succinct account of how it is, that French parents determine (and carry out) that they shall have only one, or at most two children. M. Bergeret mentions that the practice of limiting the family is not confined to the poor; the system also holds good among the upper classes in France. In a discussion which took place a few years ago in the French Academy, it was publicly admitted that the arrest in the progressive augmentation of the population in France did virtually depend on the means the nation took to check its increase by *fraudes genesiques*. Mr. Acton "is far from attributing, with the author of the treatise, so many of the local ill-consequences which he traces in the female to the means pursued;" still, he "raises a warning voice against either married or unmarried persons giving themselves up to ungratified sexual excitement." Here, again, we must complain of the superficial nature of the criticism of Mr. Acton. *He* must know well enough by *this* time, that the question of large or small families is one of the most important in hygiene, seeing that poverty is the most fruitful source of disease. Yet, probably in case the Philistines should disapprove, he gives up the question, and thereby strengthens the hands of the retrograde party. For this he cannot expect to be praised by us. Let us hope that in his next edition, he will take heart of grace and "speak out."

With regard to the way in which Mr. Acton performs cauterisation of the urethra, it is thus described (page 216). He employs a syringe made of stout glass, and with it injects a ten-grain-to-the-ounce solution of nitrate of silver. The instrument is passed down the urethra, the patient standing against the wall. Within half-an-hour the patient may return home. Relapses do not often take place after this treatment, and he never employs any other plan. His instrument is obtainable at Fergusson's, Giltspur street, London. Tea, coffee, and tobacco, he looks on as so many poisons for persons suffering from nervous depression from emissions. In page 229, Mr. Acton quotes from a letter of the late Sir B. Brodie to a patient who consulted him, "You must not expect to be free from nocturnal emissions until you are married," without any comments.

The last part of Mr. Acton's work—viz, that in which he speaks of *advanced life*, is quite satisfactory. He quotes Cicero's reputed reply to the query whether he still indulged in the pleasures of love, "Heaven forbid, I have foresworn it, as I would a savage and ferocious monster." Old men do not, indeed, seem to be without spermatozooids, but it is probable that they are wanting in the other conditions requisite for fecundation.

Professed breeders of animals, he says, refuse to rear the produce of old sires or dams. The children of old men, too are "difficult to rear." In another part of his work he quotes a letter, in which an old man stated that he was plagued with nocturnal emissions, although over sixty years of age. In fact, the works of Reveillé Parise have mainly contributed to this chapter. In taking leave, with regret, of the pages of Mr. Acton's work, we cannot help saying to our readers that this is one of the works which it is almost the *duty* of medical men to study. So much time has been lost in this branch of the healing art, that it behoves all who are at this moment occupied in the noble task of curing the ills of their fellows, to come to definite conclusions upon the things fit to be done to male patients suffering from seminal weakness, and in few medical works, that we are acquainted with, are there more material for coming to a conclusion than in Mr. Acton's work, which, in conclusion, we hope may pass through several future editions, both to the profit of the author and the advancement of medical science.

STRICTURE OF THE URETHRA.

(*Continued from page* 362.)

Mr. W. F. Teevan seems almost entirely to set his face against Holt's dilator, which, he says, was first introduced in Paris and there condemned, as it also is now in London by Sir W. Fergusson, Mr. Smith, Mr. Coulson, &c. His objections to it are its mortality, and retention of urine after it; and he asserts that *post-mortem* examinations after Holt's operation have showed rupture of the mucous membrane. The bougie à boule was first invented by

Sir C. Bell, and is simply used for diagnosis, and will detect stricture in its earliest phase, so that in cases of gleet it should always be used. The olivary bougie and the filiform bougie are also much praised by Mr. Teevan for gradual dilatation, and it is the safest treatment, for of 1,000 cases treated there had been not one death, and all could be treated as out-patients. The bougie olivain, according to Mr. Teevan, glides in so easily that the patient is hardly aware of it. It is necessary to pass one every three or four months, even after apparent cure, and dilatation should be conducted up to the highest size the urethra will take.

Dr. C. O. Aspray's pamphlet on the use of the screw dilator is very interesting. He also thinks that fibro plastic material is often deposited during the acute inflammation of gonorrhœa, and he recommends that the treatment of this class of cases should be by means of antiphlogistics and soothing remedies, and that during gleet a soft olivary catheter should occasionally be passed. Injections, when they increase the discharges, should be abandoned, and he prefers sulphate of zinc injections for this reason. According to Mr. Aspray, self-abuse is sometimes a cause of stricture of the urethra. Many patients suffering from "old gleet" are cases of stricture, and the bougie à boule ought to be used as a point of diagnosis. Stricture of the orifice should always be treated first, and the meatus should be made larger than natural. In 1866, Mr. Aspray invented his *screw dilator*, which he affirms will dilate from No. 1 up to No. 6 or 9, or 12, quicker than any instrument yet produced. As soon as No. 1 can be passed, dilatation can be commenced without withdrawing the instrument. In one of the cases cited by the author (No. 8) gradual dilatation up to No. 12 had been employed eight months previously. The cure took fifty-two days to effect, out of which he was in the hospital fifty-one days. With the use of the dilator a No. 10 was passed in twelve days, and the patient was never in bed a single day.

In trying to come to a conclusion, as to the merits of Holt's operation, we must not forget the number of cases of stricture of the urethra which produce fatal results from extravasation of urine among the working classes who are so careless of their health, and whose time is so little at their own command. If Mr. Teevan and those who justly speak of the occasional dangers resulting from the use of Holt's dilator, would but consider that the long process required for gradual dilatation is too long to be carried out by working men, who thus rush to their doom, we cannot help thinking that he might be less thoroughly opposed to what seems to us from the results given by Mr. Holt and Mr. Hill, when successful, a most wonderful operation; but the question is evidently, as yet, a debated one. Dr. W. Stokes of Dublin* agrees with Mr. Teevan in opposing Holt's operation, and says that fatal cases occur, the urethra being ruptured.

That writer considers that he may state what he believes to be the principles which should guide the surgeon in the treatment of urethral stricture. First, that all cases in which it is possible to introduce a catheter or bougie, should be treated by the method of gradual dilatation, as, in skilful hands, it is the safest and most effectual.

Dr. Stokes further adds that strictures which are impermeable to catheters should be treated by internal urethrotomy; and thirdly, that strictures that are impermeable to any catheters or bougies should be treated by external urethrotomy. The larger the experience he has had of the treatment of urethral strictures the more convinced is he that these are the principles which should guide the surgeon in treating the disease, and that all surgical practitioners of discretion, refusing to be misled by the dictatorial assumption of some who claim for other methods unvarying success and universal applicability, will ultimately accept them.

Correspondence.

THE LONDON SURGICAL HOME.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—It may be interesting to some of your readers to know the experience of a member of the class attending cliniques and operations at the "London Surgical Home."

I shall take the week ending April 29th for example. On Monday, the 24th, a patient suffering from dysmenorrhœa, depending on anteflexion of the uterus, with elongation of the cervix, was operated upon. The sound passed in four inches, the cervix was incised bilaterally, the lips of the os cut through at the termination of the incisions, solution of perchloride of iron applied to the incisions, and the vagina plugged with cotton.

On Thursday, the 27th, there were four patients operated upon—the first for piles, some of which were removed by the clamp and actual cautery, others by the knife, the hot iron being applied subsequently to the cut surface. In this case a fissure of the rectum was divided also.

From the second patient a fibrous polypus attached to the fundus of the uterus, and protruding through the os quite into the vagina, was removed; the pedicle was cut through with scissors, solution of perchloride of iron was applied to the base of the pedicle, and the vagina was plugged with cotton.

The third patient, suffering from ruptured perinæum, had a collection of condylomata around the anus and vulva; the left labium was also much enlarged; the condylomata were cut off, and the actual cautery applied to the wounds. This patient is undergoing treatment to fit her for the operation for ruptured perinæum.

The fourth patient was suffering from fissure of the rectum and intra-uterine fibroid. The fissure was divided, and Mr. Brown's usual operation for fibroids—incision of the os and cervix uteri—performed, solution of perchloride of iron being applied to the incisions, and the vagina plugged with cotton.

Yours, &c.,

May 3rd, 1871. BONI PUERI DISCUNT.

CASE OF TALIPES VALGUS CURED BY A BONESETTER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Six months since a pale anemic lad, of eighteen years of age, came to have me examine his foot. It was quite twisted, so that he walked on his inner ankle. The arch of the foot was quite obliterated, the sole being quite flat. He said this state of things had existed for three months, that it came on gradually, made him lame, and that occasionally he felt considerable pain at the outer ankle, which, however, was normal, but where I supposed the tendons were becoming contracted. I told him that it was flat, or splay-foot, caused by relaxation of the ligaments, partial paralysis of the muscles at one side—the inner ankle and tonic contraction of the tendons at the outer ankle effecting a gradual displacement of the bones. He evidently considered this "bosh," and asked, could not the joint be put in, as it was evidently out of place. I said not; but for him to get Nicholls' Patent Flexura Boots, to use cold douching, to chafe daily with the lin. saponis, and take internally the syrup of iron, quinine and strychnine to cure the paralysis. I did not even promise that this would effect a cure; but told him if it failed that some of the tendons at the outer ankle might have to be cut, impressing on him, however, that weakness of the tendons at the inner ankle was the essence of the disease. Having to stand in a draper's shop all day, I recommended him to go home for a time and rest the foot. I saw no more of him for six months till this evening, when he came to consult me for another complaint. I asked, how was his foot? He replied, quite well: that he had gone to a bonesetter, who said it was out of joint; put it in, and tied it up for three weeks. I examined it, and though still rather flat, there was no other deformity, the inner ankle occupying its normal position; whereas, when I saw him, he used to walk on it, so twisted was the foot. Now query, was the cure effected instantaneously as in reducing luxation of the humerus, or was it effected by the apparatus and the three weeks' rest, allowing the paralysed muscles to regain their tone? The lad could not say if the reduction was immediate or gradual, as he was in too much pain, and it was tied up at once. I believe my diagnosis was right, and my prescription scientifically correct; but I do not know whether it would cure the deformity so speedily, if at all. I have read over the paragraph on "Talipes Valgus" in Erichsen's "Surgery" (2nd edition). He says nothing about treating it as a luxation; but why should it not? and if the peronei tendons should be much contracted (in my patient's case they were but little so, if at all), would not they yield or snap in forcible reduction, and thus answer as well as tenotomy, so decried by Mr. Barwell.

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* "Stricture of the Male Urethra by Gradual and Immediate Dilatation External and Internal Urethrotomy." By William Stokes, jun., M.D. Dublin, 1871. Pp. 26.

The point I wish to be informed on, when next I meet such a case (I believe they are rare), what treatment or procedure should I institute; if that of prompt reduction, will I find it easy or difficult, and what apparatus should I apply to prevent relapse? Surely, the lights of our Profession might occasionally deign to answer the queries of us poor provincial surgeons or physicians, as the case may be, when we seek information not to be found in our usual text-books. I may mention while on this subject that there is a famous bonesetter living about seven miles from here who earns, I am told, close to £200 a year by his practice. May he prosper say I. The public are quite competent to judge if a bone has been well set, or a dislocation reduced. Long experience must make one skilful in what is little more than a mechanical art. I would hinder no one from doing good. Of course, bonesetters are incompetent to treat compound fractures or compound dislocations, and should be punished if they undertake such, and that mischief ensues. But all simple fractures or luxations they treat as successfully, or perhaps more so than average country practitioners, many of whom, though clever men in their departments of our art, have little experience in this particular branch, which is relegated to the bonesetter. The latter, I believe, however, in order to please his patient, or get a fee, often pretends to cure a dislocation where only a sprain existed. Deplorable charlatanry, to be sure. We never encounter anything like it with diplomatised medicoes! and occasionally very seldom mistakes a diseased joint for the result of accident, injuriously manipulating the same. But view them how you will, as good citizens (is that what M. Leon Lefort would call them?), or poachers, or our preservers, one may take a lesson from them. "Fas est ab hoste doceri."

I am, Sir, yours faithfully,

FRANCIS M. LUTHER, M.D.

Cappoquin, April 27, 1871.

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Medical News.

Royal College of Surgeons of England.—At a meeting of the Court of Examiners, on the 2nd inst., the following candidates passed the required examinations for the diploma, and were duly admitted members of the College, viz:—

Parsons, Joshua Frederick, L.S.A., Frome, Somersetshire.
Percival, George Henry, L.S.A., Northampton.
Thompson, William, Todmorden, Lancashire.
Williams, Morgan, Cardiff, South Wales.
Hall, Geoffery Craythorne, Portsmouth.
Langridge, George Thomas, Bath.
Uvidale, I. C., West Alford, Lincolnshire.
Budd, William Alexander, Exeter.
Marshall, John, L,S.A., Devonport.
Pitts, Henry Yate, Walton, near Liverpool.
Parrot, Edward John, Buckland.
Pope, Harry Campbell, Tring, Herts.
Moore, Edward William, Grove-end road, Chiswick.
Bentley, McDonald, A. I., Edinburgh.
Thomas, George Danford Phillips, Yeovil, Somerset.
Kay, William Towlson, Middlesbro'.
Williams, Henry, L.S.A., Gloucester.
Maberley, Frederick Herbert, Exeter.
Giles, Peter Broome, Staunton-on-Wye.
Lang, John Alfred Thomas, L.S.A., Stoke Newington.
Fr-an, Richard, Middlesex Hospital.
Prankerd, Orlando Reeves, Somerset.
Parsons, Francis J. C., Bridgwater.

Prizes for 1872: The council of the College of Surgeons have announced that the subject for the collegial triennial prize to be awarded in 1872, is "The Structure and Functions of the Medulla Oblongata, including the Connections of the Central Nerve Roots." The value of this prize is fifty guineas. The subject for the Jacksonian prize of the value of twenty guineas, to be awarded the same year, is "The Diseases of the Nose, including the Sinuses connected with it, and their Treatment."

Apothecaries' Hall of London.—At a court of examiners held on the 4th inst., the following gentlemen having passed the necessary examination, were admitted licentiates of the Society of Apothecaries, viz:—Messrs. John Philip Allwood, of Stafford; Henry Herbert Cockerton, of Islington; Alfred Hill, of Leeds; Henry John Rope, of Wickham Market; George John Scales, of Merthyr Tydvil; and Arthur Wade, of Poscastle, Cornwall. And at the same court: Messrs. Edward Theodore Burton, of the Ledwich School of Medicine, Dublin; and Josiah John Sarjant, of the London Hospital, passed the primary professional examination.

Vaccination.—Dr. Hearne has addressed the following statement to the inhabitants of Southampton. Having had to explain to many persons by what signs true cow-pox may be distinguished from that which is spurious, I will briefly enumerate them. 1. On the third day from the insertion of the lymph the wound appears red and slightly raised. 2. On the fifth day the skin is elevated into a pearl coloured vesicle, containing a thin and perfectly transparent fluid in minute quantity. The shape of the vesicle circular, or oval, according to the mode of making the incision. 3. On the eighth day the vesicle is in its greatest perfection, its margin turgid, and sensibly elevated above the surrounding skin. In colour the vesicle may be yellow or pearly, and when closely examined it exhibits a cellular structure with its centre depressed. 4. On the *evening* of the eighth day (after the vaccination) an inflammatory circle, areola, commences at the base of the vesicle; the skin becomes tense, red, and painful to some extent around; the figure of the areola being perfectly circular. 5. The areola continues to advance during the ninth and tenth days. 6. On the eleventh it begins to fade, leaving in its decline two or three concentric circles of a bluish tinge. 7. A scab forms of circular shape, and of a brown or mahogany colour. By degrees this hardens and blackens; and at length between the eighteenth and twenty-first day drops off, leaving behind it a well defined cicatrix of small size, circular, and marked with radiations and indentations. Unless the stages I have described have been fairly marked the vaccination can have exercised no protective influence. But that blood diseases are frequently produced by the action of impure lymph there cannot be a question. I take this opportunity of informing my fellow townsmen that circumstances have driven me to write to the Poor-law Board, London; a step taken after much anxious thought consequent on the crowding of our poor house with small-pox cases, in addition to receiving serious reports, having reference to irregularities in connection with the mode of carrying out the system of public vaccination in Southampton. Both vital questions—yet even my friend, the Mayor, alike uninformed with his neighbours, on this particular question, has been impressed with the idea that people, incompetent to form a correct opinion of the success, or failure, of the operation, are required to report themselves at the public stations *in case of failure*, whilst their non-appearance may be accepted as a proof of success! A more grievous blunder could not be propounded. That a community should be persuaded that they have taken advantage of a protective influence and then discover that they have been simply deluded is worse than a blunder. Some medical men confuse their patients by stating that they have protected them by a modified cow-pox—now, neither Jenner, nor any authority of eminence, ever recognised any but the disease I have briefly described as exercising the slightest protective power. I am further convinced that the hiring of a host of vaccination stations is an extravagant waste of the public funds, which should be at once repudiated. "When several are vaccinated from the same vesicle, those are most apt to receive the disease who come first in order. A medical man has recently boasted that he charged 300 points from a single arm! Re-vaccination in the Prussian army—40,000 have been annually re-vaccinated—only two-fifths of the cases were reported as successful.—*Wood On the Practice of Medicine.*"

Mortality of Wounded in Paris.—A correspondent of a contemporary writes:—Dr. Decaisne, who is taking a leading part in the attendance on the sick and wounded at the Press ambulances in the Avenue d'Eylau, draws attention, in the *France* and the *Verité*, to the fearful mortality among the wounded. Hardly any of the patients who have to undergo an operation survive it. Dr. Decaisne ascribes this to the state of debility to which most of these poor devils have reduced themselves through hard drinking. Ever since the war broke out the consumption of ardent spirits has more than trebled in Paris, although the population has diminished in even a greater ratio, and alcoholism, and blood-poisoning consequent upon it, is, according to Dr. Decaisne, one of the chief causes of the extensive mortality which prevails among the defenders of the Commune. Under these circumstances a mere flesh wound, which would not confine a healthy man to his bed, almost invariably proves fatal. Intoxication, moral, political, and physical, seems the present bane of Frane—for there are people in all countries, and especially in France, who will get drunk on other things besides alcohol.

Dr. Livingstone.—In the House of Lords on Friday, Earl Granville rose and said he had great pleasure to inform the house, that official dispatches had been received that day at the Foreign Office from Dr. Kirk, the acting British consul at Zanzibar, containing information of the safety of Dr. Livingstone up to October last. Dr. Livingstone was then at Manakozo, waiting the supplies which had been dispatched to him. Meanwhile his immediate wants had been supplied by the Arabs.

City of London Truss Society.—The number of patients relieved during the month of April, was 699, to whom 705 instruments were supplied.

Fatal Accident to a Surgeon and his Wife.—On Saturday afternoon, Mr. Firth, M.R.C.S., of Macclesfield, were driving in an open carriage accompanied by his wife, daughter, and a young lady on a visit from London, when the horse became restive on descending Hill street, and started off at a furious gallop, Mr. Firth entirely losing control over it. The animal ran against some iron posts in Park green, and the violence was such that the posts were uprooted. The vehicle was smashed, and the occupants pitched with frightful force into the road, the carriage overturning upon them, all four being unconscious when taken up. They were taken to the residence of Mr. Firth's partner (Mr. Fernie) close by, and three or four professional friends were speedily in attendance. Mr. and Mrs. Firth were found to be suffering from severe concussion of the brain, besides contused wounds about the temples. They never recovered consciousness. Mrs. Firth died about noon, and Mr. Firth at eight o'clock in the evening. The young ladies are greatly shaken, but are in no immediate danger. The sad accident has caused a great gloom in the town, where Mr. Firth has been in practice thirty or forty years, and was very highly respected.

Small-pox.—At a meeting of the Metropolitan Board of Works on Friday last, Dr. Brewer, M.P., after calling the attention of the board to the deplorable increase of small-pox in the metropolis, moved a resolution empowering the Metropolitan District Asylum Board to erect temporary wooden huts at South-end, Hampstead, for the accommodation of convalescent cases. These buildings would be erected 700 feet from any dwelling house. Mr. Healy seconded, and Mr. Shaw supported the motion, which was agreed to unanimously.

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NOTICES TO CORRESPONDENTS.

☞ Correspondents requiring a reply in this column, are particularly requested to make use of a *distinctive signature or initials*, and avoid the practice of signing themselves "Reader," "Subscriber," "Old Subscriber," &c. Much confusion will be spared by attention to this request.

To our Subscribers.—Gentlemen who have not paid their subscription for last year are respectfully reminded of the omission. The Publisher would also be much pleased to receive arrears of subscriptions due for several years previously, which, in *too many instances*, remain unpaid, notwithstanding frequent applications for settlement.

Dr. Sansom.—Certainly.

Mr. Chapman.—Received and will have early attention.

F. E. R.—It is unfortunately a rule in the Post-office with which we are compelled to comply.

S. P. S.—Sorry to be compelled to decline your MS., we do not expect to find an "Original Communication" entirely *original* throughout, but we at least *look* for *something* in that direction.

Dr. Johnson.—As soon as the Societies' Meetings are over.

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MEETINGS OF THE LONDON SOCIETIES.

Epidemiological.—This Evening, 8 p.m. Inspector-General Lawson, "On Cholera in Ships."

Royal Institution,—Thursday, May 11th, 3 p.m. Prof. Tyndall, "On Sound."

Clinical Society of London.—Friday, May 12th, 8½ p.m. Mr. Cooper Forster, "On a Case of Naso-Pharyngeal Polypus." Dr. Buzzard, "On a Case of Cervico-Brachial Neuralgia treated by the Constant Current." Mr. J. W. Haward, "On Cases of Distension of the Antrum of Highmore." Dr. Anstie, "On a Case of Syphilitic Trigeminal Neuralgia, with Loss of Smell and Taste, and Paralysis of Ocular Muscles."

Royal Institution.—9 p.m. Col. Jervois, "On the Defence of the United Kingdom."

Royal Institution.—Saturday, May 13th, 3 p.m. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Dental Anatomy and Surgery. Second Edition. By John Smith, M.D. London: J. and A. Churchill.

Lectures on Surgery. Vols. III. and IV. By James Spence, F.R.S.E., &c. Edinburgh: A. and C. Black.

On Koumiss. By Victor Jagielski, M.D. London: Chapman.

Journal of Dental Science; The Practitioner; Boston Medical Journal, &c.

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VACANCIES.

St. Thomas's Hospital, London.—Physician and Assistant-Physician, a Surgeon and two Assistant-Surgeons. Applications to be sent in at once. (See Advt.)

Royal Asylum of St. Anne's Society, Streatham.—Medical Officer. Salary £105 per annum.

Ripon Dispensary.—House-Surgeon. Salary £60, with residence.

Macclesfield Dispensary.—House-Surgeon. Salary £100, with residence.

Cumberland Infirmary.—House-Surgeon. Election 7th June.

Worcester County Lunatic Asylum.—Assistant Medical Officer. Salary £125, with board and residence.

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APPOINTMENTS.

Briggs, G. C., L.S.A., Resident Accoucheur to King's College Hospital.

Burrup-Gibson, J., M.A., M.D., Admiralty Surgeon for Holy Island.

Doran, A. H. G., M.R.C.S., House-Physician to St. Bartholomew's Hospital.

Garden, Mr. R. J., Surgeon's Assistant, Royal Infirmary, Aberdeen.

Gittens, T. J., M.R.C.S.E., Surgeon Superintendent to the Lota and Coronel Coal Mining and Copper Establishment at Lota, Chili, South America.

Goodsall, David Hy., M.R.C.S.S., Honorary Assistant-Surgeon to St. Mark's Hospital for Fistula.

Grealy, J. W., L.R.C.P.Ed., Medical Officer for the Cloonbur Dispensary District No. 2 of the Oughterard Union, Co. Galway.

MacDermott, S., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, Public Vaccinator, &c., for the Ballaghadereen District of the Castlerea Union.

M'Fadyen, D., L.R.C.S.E.I., Medical Officer and Public Vaccinator for the Parish of Lochbroom, Co. Ross and Cromarty.

Mickle, W. J., M.D., M.R.C.S.E., Assistant Medical Officer to the Derbyshire Lunatic Asylum, Mickleover.

Parsons, F. J. C., House-Physician to King's College Hospital.

Reid, Mr. R. W., Physician's Assistant, Royal Infirmary, Aberdeen.

Roche, C. B., M.R.C.S., House-Surgeon to King's College Hospital.

Ross, J., Alexander, M.D., Ch.M., L.R.C.S.I., Medical Officer to Newry Hospital, vice John Morrison, M.D., F.R.C.S.I., resigned.

Taylor, A. C. M.B., Medical Officer for Bingham Union, Notts.

Tosswill, L. H., M.B., House-Surgeon to the Devon Hospital.

Walker, W. H., M.D., Medical Officer to the Darlington Union.

Williams, T. W. T., Resident Surgeon to the Soho Lock Hospital.

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Marriages.

Baird—Fearon.—On the 26th ult., at St. Paul's, Carlisle, James T. W. Baird, M.B., C.M., &c., of Congleton, Cheshire, to Frances Hall Fearon, eldest daughter of the late J. C. Fearon, Esq., C.E., of Gilcrux, Cumberland.

Macarthur—Flavelle.—On the 25th ult., Peter Macarthur, M.D., of Ballymoney, Ireland, to Janie Greer Flavelle, niece of W. A. Keers. Esq., of Slaneney House, Ireland.

Wilson—Ryan.—On the 27th ult., at St. Peter's Church, Dublin, Dr. Thos. Wilson, Surgeon, of Alton, Hampshire, eldest son of Geo. Wilson, Esq., of Coldstream, N.B., to Aimée Sarah Ryan, second daughter of M. Ryan, M.D., F.R.C.S.E., of Upper Leeson street, Dublin.

Woods—Duck.—On the 27th ult., at Holy Trinity Church, Southport, George Arthur Woods, L.R.C.P., M.R.C.S., eldest son of George Woods, Esq., F.R.C.S., to Lilias, youngest daughter of the late Robert Duck, Esq., of Norwood, Alderley Edge, Cheshire.

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Deaths.

Birch.—On the 28th ult., at Bristol, De Burgh Birch, M.D., late Madras Medical Service.

Cochran.—On the 24th ult., Alexander Cochran, M.D., L.F.P. & S. Glas., of Auchterarder, Perthshire.

Harding.—On the 6th of March, of consumption (on board the ship "Durham," off Cape Town, South Africa), Peter Harding, M.R.C.S., late of University College, London, aged 28.

Kingstone.—On the 31st of March, at Fort George, Bombay, Henry C. Kingstone, M.B., Surgeon Bombay Service.

Maltby.—On the 26th ult., at Rock Villa, Mellvill, Manchester, John F. Maltby, Surgeon, aged 26.

Morris.—On the 22nd ult., J. T. Morris, M.D., of Deddington, Oxfordshire, aged 38.

O'Donnell.—At Kilrush, Co. Clare, Thomas Blood O'Donnell, L.K.Q.P.I., M.R.C.S.E.

Stewart.—On the 6th of Feb., on board H.M.'s Ship "Malville," at Hong Kong, H. C. Stewart, M.R.C.S.E.

Wood.—On the 2nd inst., at Warrington street, Ashton-under-Lyne, Robert Wood, F.R.C.S., aged 60.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1871.

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THE SCOPE OF MEDICAL JURISPRUDENCE:

PART OF A LECTURE INTRODUCTORY TO THE COURSE ON FORENSIC MEDICINE,*

DELIVERED AT THE

LONDON HOSPITAL MEDICAL COLLEGE.

By M. PROSSER JAMES, M.D., M.R.C.P., &c.,

Lecturer on Materia Medica (formerly on Medical Jurisprudence) in the College.

AFTER some preliminary observations, chiefly interesting to the students of his College, Dr. Prosser James said:— I shall do my best to render the subject of the course as simple as possible, and to place the whole before you in such a light as to clear it of all those little *impedimenta*, which too often hinder the pursuit of science by discouraging at the outset those who, with a little help, would speedily surmount these difficulties, and find their progress afterwards steady and pleasant. To give you that help will be one of my first cares, for it is manifestly impossible for any lecturer to do the student's proper work for him. He must work with the pupil, act as his guide in the early part of the course, lend him a friendly aid in getting up the first ascents, for the pleasure of finding afterwards a companion in his climbing, when mutual help and mutual pleasure will be called into play. And this will be our best way of arriving at results satisfactory to all; for knowledge thus acquired is ready to use for any purpose. I do not forget, gentlemen, that there is one special goal before you which you must be desirous of reaching—ability to practice your profession with credit to yourself, and benefit to your patients. And though the department of medical jurisprudence is in some senses, a subsidiary one, yet it may easily happen that early in your career your position may be made or marred by your more or less thorough acquaintance with its principles. In the meantime we cannot forget the minor division in the race—the first goal you have to reach. To you, indeed, this smaller race for a qualification to practise will, at times, assume the importance of the larger one. As the time draws near, in the excitement of winning the preliminary contest for your diploma, you may be excused for forgetting for a moment the still longer and more important struggle that then only commences.

It is then of importance to you that your work here should contribute to the passing of the necessary examinations, and therefore we will keep in mind throughout the course this necessity. Now, I believe this is to be done best by laying such a broad foundation that you may go on building upon it gradually but continuously, so that the examinations over, the diplomas acquired, and perhaps a prize or two as well, you shall start in the greater race of life with such a store of knowledge, and such an acquaintance with broad principles, as shall enable you whenever called upon, so to classify facts and reason upon them as to accomplish all that can be expected of you. This, depend upon it, will serve far better than all the cramming in the world, not only for present but future purposes. This is the way to make yourselves informed at all points, to cultivate all the noblest faculties, and thus, while making you better practitioners, making you also better citizens and—better men. Let this, therefore, be our aim in these lectures. Give me your attention for this purpose, and I will spare no effort to simplify the subject, to help you over every preliminary difficulty, and prepare you to look to Colleges, Halls, and Universities without fear,—to meet their Examining Boards with confidence, and so do credit to your teachers here, and be yourself a credit to your profession hereafter. Let there be this confidence between us, this mutual assurance of our full interest in these objects, and half the preliminary difficulties will vanish at the prospect of our determination to vanquish.

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* This lecture has been in hand some time, and is now published as opportune, at the opening of the Summer Session, although the lecturer has left the chair of Jurisprudence for that of Materia Medica and Therapeutics.—ED. M. P.

The subject of Medical Jurisprudence is a broad one, and its responsibilities are large. It is broad, inasmuch in some way or other it touches on nearly every branch of the healing art: all the branches of study that have occupied your attention may be called into use in relation to forensic medicine. The responsibilities that may be laid upon you as a medical jurist are heavy, inasmuch as upon your opinion may hang the verdict of guilty or not guilty in crimes of deepest dye, and to you society may look to justify the infliction of the deepest penalties, or save it from the horror of mistaken judicial murder. You may be summoned the very day you set out in practice to visit the dead or dying—the suicide, victim to his own violence, or the victim to the murderous propensity of another. Nay, as happened to me, while yet a student, you may be sent for by some friend in a hurry to witness in a case of suicide or murder.

But, besides these, other crimes must fall under your notice, and, apart from crime altogether, you will have to investigate many an obscure cause of death or disease. The most difficult questions of prognosis may be placed before you in reference to injuries—the most curious claims of legitimacy involving the succession of large estates—or the case of some professional brother accused of *mala praxis*—may demand defence at your hands, or you yourselves may become the sufferers in such proceedings. With such variety, such responsibility, such important consequences dependent upon you as medical witnesses, it will be superfluous for me to urge upon you a careful consideration of the grounds of your evidence, and I will at once proceed to set out the division of the subject I have made, with a view of laying them before you in as simple a manner as possible.

Forensic Medicine, Legal Medicine, State Medicine, or Medical Jurisprudence is the branch of medical practice which teaches the application of all varieties of medical knowledge to Law and Government. It therefore includes every department of medicine that may be matter of judicial inquiry, and its limits are no less than those of medicine and law combined. It takes in subjects which relate to the very foundations of Government, and upon the right application of some of its principles depend some of the most important regulations of society. Without it, the social fabric would be a baseless structure, and security, peace, and comfort, unknown blessings. From the earliest moment of infancy—nay, before the fœtus becomes mature and is born—at its birth, through every stage of life, on the death bed, and beyond the grave, in so far as testamentary documents can act, the principles of medical jurisprudence bear upon mankind, and in all these stages of any one's existence its professors may be called upon to collect, classify, arrange a series of facts and deduce therefrom opinions for the guidance of Courts. Here then is an instance in which that knowledge of the laws of his country, which it has often been stated every English gentleman should possess, may be of service to you in the prosecution of your professional studies. Here in a wider sphere we see how all the laws and customs that regulate every human society are brought into immediate relation with the art of healing. And if, as we well may, we include in this study those branches of State medicine which relate to the preservation of the public health, and the prevention of disease, we are brought into the presence of the highest kind of politics, and as this last subject leads us not only to such questions as hygiene, vaccination, epidemics, and so forth, but brings us face to face with the evils that originate much of disease, such as dirt, squalor, poverty, vice in a thousand forms, drunkenness, prostitution, and the venereal disease, we find the subject spreading before us as physical disease leads to moral degeneration, until we trench upon the domain of the philanthropist and theologian, and find that verily as medical men we have duties, responsibilities, and sympathies with every phase of life, and represent in our studies the combined efforts of all earnest workers for the good of their fellow creatures.

In alluding to this subject, I will not lose sight of our immediate object, but could scarcely refrain from the desire to point out how, as students of Nature, we are but fellow workers with all. Our studies, often called peculiar, have their relations to all others, and are intimately blended with the noblest aspirations of the human intellect. So true it is that in the world of mind, as in that of matter, all true knowledge seems to point to one general law, as if the correlation of the forces might be a term applied beyond the domain of physics. Thus it is that in seeking one thing we may often fall upon another, as if one central light absorbed all others. And so as things most unlike shed their lights upon each other, we find that, in a wider sense than our own poet dreamed of,

> "One touch of Nature makes the whole world kin."

But these speculations must not detain us too long. Having once pointed out the scope of our studies and their great interest let us at once descend to a consideration of its simplest elements and pin ourselves down to some of its at first dry details.

Forensic medicine has been divided in many ways to render its study easier. If I deviate from some of the more common classifications in some points it will only be with a view of simplifying. And when this is done we shall adhere with a certain degree of closeness to the received divisions in order to make the common text-books of service in your reading.

As soon as ever you get into practice you may be summoned hastily to a case of importance in a medico-legal point of view. Let us take that call, and so give a certain air of clinical instruction to our lecture. Arrived, you may find your patient dead or alive. Even this at once suggests a division of the whole subject into those cases in which the medical man is called in after death, and those in which he is employed in life. It is not worth while to be too particular in the division. It is scarcely I think desirable to cumber your minds with names, though it has been proposed to divide forensic medicine into the thanatological and biological departments from the two Greek words for death (θανατος), and life (βιος). Yet this division is, to a certain extent, very natural and very convenient. Moreover, it has this recommendation about it that the one may be taken before the other almost indifferently. By taking the case of death first it is not that either division is in my view less important, but involving frequently points of momentous consequences, I hope thereby to secure your deeper attention at first, and so get you at an earlier stage more thoroughly interested in the subject, and, perhaps, by so doing, I may partly make up for my own shortcomings. Then there is a division between the two of which wounds and injuries are most prominent.

It seems, however, necessary to say a few words on cases in which the patient may be seen alive but in a dying condition, because, in that case, your duties as a medical jurist will be complicated by your duties as an ordinary citizen. You may even see the fatal blow struck, or in any other way be an ordinary witness, but in any case your professional knowledge will also be brought to bear on the case. It will, therefore, be your duty to carefully observe every circumstance that may tend to throw light on the case, and in doing so, remember that very slight circumstances may afterwards come to be of the utmost importance. The fortune, position, character, happiness, the life or death of a fellow being may depend upon your evidence or your prudence. Foremost of all circumstances will be indications of violence, and this applies whether the person be alive or dead. In the former case you will not forget that you may, unless fully prepared for it, be imposed upon by designing people. There is a vast difference between actual and alleged violence; so there is between proved or palpable and merely suspected violence. You should, therefore, in any case, note everything which may possibly assist you in forming a judgment on such points as these. It is not every accusation that is just—much less proved; while it is as much your duty to shield the innocent from slanderous accusations as to confute the guilty with facts.

In intimate connection with the points I have named, is the subject of dying declarations. A person in *articulo mortis* may make to you, or in your hearing, a declaration involving an accusation of crime. Now, it is not your duty to cultivate such confidences. When performing the beneficent duties of your profession, you are not required to play the spy nor to go beyond the end and aim of the medical art, the relief of suffering, or the effort to save life.

If a statement of this kind be made, it is mostly recommended to write it down at the time. In doing so use the very words of the person. Do not make any suggestion—even the most distant. Above all in no case offer any opinion or any comment. By so doing, you exercise influence over a dying man's statement, or run the risk of misrepresenting it. It is no business of yours to explain his meaning, therefore, draw no inferences. You ought, however, to satisfy yourself that the patient considers himself dying, and is of sound mind. Indeed, it used to be said that the patient must have lost all hope, but I see not how it could be proved that any human being had abandoned all hope. Some ray of that light will penetrate the darkest clouds, and for ought we know, may shed a mild beam over half the death-beds of the race.

> "Hope dwells eternal in the human breast."

At any rate, you should ascertain as far as you can whether your patient believes he is dying.

Supposing there to be time to do so, as soon as a declaration charging another with crime has been made, it will be better to communicate at once with a magistrate. He will attend and take down the statement in a proper form. You will thereby relieve yourself of an onerous and unpleasant responsibility. After a patient dies you will have to make the *post-mortem* examination. You may be summoned before the coroner to give evidence. You may have to draw up a full report of the case and then you will be subpœnaed on the trial.

Now, all these points we shall duly consider and the conduct required, but, meantime, as we have arrived at death and as this department is thus as it were commenced, we may, with advantage, consider the various kinds of death which will give rise to medico-legal investigation.

Now to do this properly—to make clear to yourself your course of action, you must be prepared with full information as to the ordinary causes of death; for a person may die suddenly without any crime having been perpetrated. Death from natural causes then will be our first sub-division to distinguish it from the *unnatural*, or those involving crime in some form. To put it in a clinical form. Called to a case you must ask yourself the cause of death, and should, therefore, bring your pathological knowledge to the task of replying. In a case of this kind you say—is this a natural death? or a violent one?—from homicide, suicide, or accident?

Well, death takes place, as you have heard from other lecturers in various ways. One person dies of coma, another of syncope, a third of asphyxia. These several modes of death apply equally to death from crime, and by their aid we shall classify some of the cases we have to treat upon. Thus, the term asphyxia, brings together drowning, hanging, strangling, suffocation with gases, bad air, &c., smothering, and so forth, and by using this classification we shall considerably diminish our work; and so of coma and syncope.

According to the manner in which death occurs the post-mortem appearances may differ. In a sense we all "die [illegible] want of breath," according to the proverb, yet the first [illegible] of dying may arise in the brain, or lungs, or heart, and accordingly a person is said to die by this or that method [illegible] the heart is generally last to die, for it will continue to beat after respiration has ceased. When the heart stops beating for a very brief period the person is dead; not so rapidly with respiration and brain life. This brings us to the signs of death. Is this person dead? may be a very important question. What are ordinarily called the signs of death are—1. Cessation of respiration; 2. Cessation of circulation; 3. Rigidity; 4. Cooling of the body; 5. Chemical decomposition.

[These were each separately discussed, and the lecturer resumed.]

Having thus gone into the several modes of death, we may at once proceed to a consideration of those instances of death which call for legal investigation, the thanatological section of medical jurisprudence. First among these as leaving occasionally few indications without the aid of chemistry and as most likely to be confounded with disease is, the effects of poison. But this subject is almost a separate science. At any rate, in this College, there is a separate Professor of Toxicology, and I may pass it over in silence.

Let us then begin with asphyxia and we get a large division, including death from drowning, hanging, strangling, smothering, suffocation, and poisonous gases.

Now go to another mode of death (cerebral or spinal?) lightning, electricity, heat, cold, starvation. These are so similar in some respects, that they may be considered together.

If we go to syncope what do we find? Death from fear, from hæmorrhage, externally or internally, and so on.

This naturally leads us to speak of wounds and other injuries in themselves, and as they may be fatal or only more or less dangerous, they must be considered in every possible manner. Their appearance, situation, &c., the weapons by which they are produced, the stains of blood and so on will all come in here. And so we shall also approach the second grand division, but before doing so, shall have to devote some consideration to infanticide, inasmuch as it may occur in any of the above ways, but it is so important in itself and its differences from other cases, as to demand a separate notice. This is closely allied to criminal abortion, which naturally introduces to our notice pregnancy, and so almost before being aware of it, we are landed in the biological or the non-fatal part of the subject. How nearly rape, legitimacy, and so forth are allied to pregnancy, it would be superfluous to say, and the same is true of all the sexual relations. After them, we must consider certain severe injuries. Then the questions of mal-practice that may occur are of great importance, whether in reference to surgical operations, the use of chloroform, or other anæsthetics or to midwifery. The whole of the subject of professional responsibility is involved in too great obscurity.

Lastly, we have not touched on the subject of insanity, one of immense importance, involving momentous questions, and which will require several lectures to discuss its relations.

[The several subjects were then recapitulated, and the whole exhibited in a series of tables, illustrating their connection with each other.]

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Hospital Reports.

LONDON HOSPITAL.

(Under the care of MR. RIVINGTON.)

CASES OF HERNIA.

Strangulated Inguinal Hernia on the left side—Nine Hours Strangulation.—Sac Opened.—Recovery.

CASE 9.—Nathan A., forty-one, admitted on March 20, 1871. For years has been the subject of a double inguinal hernia, for which he has worn a truss. He was operated on by Mr. Couper a few months previously for strangulation of the rupture on the left side. He recovered well, and wore a truss. On the morning of the 20th, during a fit of coughing, when the truss was not adjusted, the bowel came down, causing him severe pain and vomiting.

On admission, at half-past two p.m., he vomited several times a fluid resembling dark turbid coffee. He had symptoms of collapse or shock, feeble pulse, cold surface, and anxiety of face. Taxis failing, Mr. Rivington operated at five p.m. The hernial protrusion was large, filling the scrotum and distending the inguinal canal. The testicle was distinct below the rupture. The line of Mr. Couper's previous incision, the scar of which was just visible, was followed. All the layers usually met with were more or less adherent to each other, and could not be satisfactorily demonstrated. The fascia propria was indistinguishable as a separate layer, and adherent to the sac. The external ring was reached, and the intercolumnar bands divided, but the hernia continued irreducible. The sac was opened and a couple of feet of intestine protruded through the enlarged opening. The neck of the sac was then carefully divided from the inside (the intestines being kept out of the way of the knife), and, together with the neck, some fibres outside it. The operator could not feel the epigastric artery pulsating, and the hernia was considered to be of the oblique variety. The intestine was congested, and having been carefully examined, was found perfectly sound and with a polished surface. It was mopped over with weak carbolic acid lotion (1 in 40) and returned into the abdomen. The wound was closed with wire sutures, and a pad and figure of eight bandage applied. There was no bleeding.

Before the wound was closed, the operator drew the testicle upwards, but it seemed to lie outside the sac, and not to project into it. The epididymis could not be demonstrated. Hence it was concluded that the hernia was not "congenital."

The patient recovered "excellently well," with scarcely a bad symptom, and only a slight discharge from the wound. He left the hospital about fourteen days afterwards.

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MATER MISERICORDIÆ HOSPITAL.

Acute Double Pneumonia.

(Under the care of Dr. Hayden.—Reported by Mr. Robert Curran, Resident Pupil.)

John Duffy, æt. twenty-six, a coal porter, was admitted into the Mater Misericordiæ Hospital on the 13th April, 1871.

He was a strong, muscular man, and enjoyed good health till the 10th April, when he went to a race and caught cold by sitting some time on the damp ground. On the 12th April he was seized with rigors, headache, dimness of sight and vomiting, followed by acute pain in the left side. At the same time he began to cough, the sputa being tinged with blood, and viscid. Feeling worse on the following day he applied for admission at the hospital.

On admission, he complained very much of severe pain in the left side; the cough, which was very troublesome, was accompanied with copious expectoration, tinged with blood; the pulse was strong, 120 per minute; increase of temperature and vomiting. On examination, there was found slight dulness with faint crepitus at the base of the left lung, and partial absence of respiratory sound; higher up the respiration was normal.

He was wet cupped to the extent of about ℥iv. on the left side at seat of pain, and calomel in half-grain doses every hour, was prescribed.

On the 14th April he was no better. The pain was relieved by the cupping for some hours, but it returned this morning; has taken about twelve powders; crepitus with increased dulness in the left side; poultice to be applied, and powders to be continued.

April 15th.—Slightly under the influence of mercury; increase of crepitus, with absence of respiratory sound at base of left lung; bowels free; tongue coated; pulse 120; no vomiting; did not sleep much last night; complained of pain in the right side; powders to be stopped.

April 16th.—Crepitus has extended still higher in the left side; and is of a coarse character, crepitus also heard at base of right lung; pulse, 120. To be wet cupped to about ℥iij. on each side, and afterwards to be poulticed; had a better night; gums slightly sore.

April 17th.—Pain in the right side completely gone, but complains of stitch in left side. Four ounces of blood to be taken from left side at seat of pain; quinine in two grain doses ordered.

April 18th.—Very much better; had a good night; pulse, 100; tongue clean; no pain whatever; the wet cupping was followed by cessation of pain on the left side; crepitus still audible, but not extending. Quinine to be continued; wine to ℥vj. ordered.

April 19th.—Continues better; free from pain; very little dulness on left side; crepitus faint; bowels free; slight diarrhœa which was stopped with a few doses of chalk mixture.

April 20th.—Had a chop for dinner, which he took with a good appetite; pulse, 84; no pain; no diarrhœa; slept well.

Was allowed to be up on the 24th, and left hospital on the following day.

The entire duration of this case was thirteen days, from the date of rigor to that of discharge. It affords a good example of acute double pneumonia, and of the success of the modified depletory plan of treatment, conjoined with the rapid administration of calomel in minute doses, after the method of Dr. Law. It is, moreover, worthy of remark, that quinine seemed to act most beneficially after depletion and gentle mercurial action, pain entirely ceasing, and the pulse falling by twenty beats within twenty-four hours after its administration.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

April 17th, 1871.

Dr. Andrew Clark, President, in the Chair.

DR. HEARNE'S OPERATION FOR URINARY CALCULI.

Mr. Thos. Bond showed an interesting specimen of urinary calculus that occurred in the practice of his uncle, Dr. Hearne, of Southampton, who, although unconnected with any hospital, has operated with much success, having had only one death in thirteen cases. The stone in question, a large oxalate of lime calculus, was removed from a man, aged forty. The usual lateral operation was performed. The incision into the prostate being small (only the width of a medium sized knife); the opening being gradually dilated with the finger till the scoup, which is peculiar in being bent backwards, could be introduced by its side. The stone was easily caught between the scoup and the finger and extracted. The interesting points connected with the case were—1. The size of the stone, 3½ ounces; 2. The fact that the man was able to do his work up to a few weeks previous to the operation, with such a stone in his bladder for years; 3. In its being a large oxalic acid calculus covered with lithic acid or a urate; 4. The form of the scoup used.

The President remarked the late John Crighton, of Dundee, had performed in his time more operations for stone than any other man, and had great success. His patients were seldom confined to bed. The scoup was used by him, and he also had a very long finger. Oxalates and urates often occurred together in the urine; the stone in the case before the Society was formed of oxalate of lime and urate of soda.

PLEURITIC EFFUSION WITH FŒTID EXPECTORATION.

Dr. Thorowgood related some interesting cases of this disease as follows:—

Case 1 was that of a woman, aged forty, who had been ill five weeks, and when seen at the end of that time there was dulness at the lower part of the right chest, orgophonic twang in the voice, and very distinct friction sound. The pulse was 80, and there was considerable debility. During the last week the cough had increased, the expectoration had a rusty appearance, and was very offensive. Bark and sulphuric acid were administered, and the case was considered to be one of subpleural abscess, which, by extending, might cause pneumothorax and hæmoptysis, or both. The patient was seen again ten days later with her regular attendant, the late Dr. Gregeen, of Rotherhithe, and it was then seen that three days previously she had been in a state of complete collapse and prostration, during which time a most copious expectoration of pus had taken place; from this date gradual recovery set in, and when examined twelve months ago, some amount of dulness at right base and bronchial respiration were then the only morbid sounds noted.

Case 2 was that of a man who was in the Victoria Park Hospital, and who, with great debility and wasting, had most offensive expectoration and dulness of the left side, and cavernous breathing at some points. The heart was not displaced. The case was thought to be one of cavities of the left lung full of offensive pus, but a *post-mortem* showed the left pleura to be full of most fœtid matter, while extensive adhesion fixed the heart in its normal position, and so by preventing its displacement rendered the diagnosis obscure.

Case 3 was that of a man employed in business, who consulted the author in consequence of a cough, attended with a pinkish coloured expectoration, so exceedingly offensive as to render the room in which he was quite unbearable. He said he had been getting corpulent of late. His pulse was 104; breath short; tongue foul. Examination of the chest disclosed some dulness at the right base, extending almost up to the level of the nipple; nothing remarkable noticed in the shape of the two sides; the breathing on the left side was loud, and mixed with a few crepitations, while at the base crepitation was very marked. A few days later this man had two or three attacks of free hæmoptysis. Under the influence of the inhalation of carbolic acid vapour the fœtor of the expectoration totally disappeared, and by taking opium at night and creosote mixture in the day time, the man mended so much as to pass from observation, the breathing at the right base having much improved; this was about the close of August. In October, he had a return of the hæmoptysis, and shortly after the author was called in to see him at home (January 22nd, 1871), together with his regular attendant. He was in bed lying on his back, and said that on the Thursday previous as he was walking he felt intense sudden pain in the side. Examination showed great dulness at the right base, and a tinkling drop was heard after he had moved from his side over to his back. A few days later he died, and, opening the thorax, fœtid gas escaped, and from the right thorax the author removed a chamber vessel quite full of dark coloured matter of intense fœtor; the right lung was found pressed back against the spine, as a thin leathery skin perfectly useless, and a sac containing pus appeared to have existed at about its lower lobe; the other lung was purple and congested. Dr. Thorowgood drew attention to the presence of a very fœtid expectoration in these cases as a symptom of great prominence and to the importance of recognising their real nature. He alluded to the frequency of cases in which pleuritic effusion was overlooked, and instanced a case where the presence of incessant vomiting, followed by convulsions, drew the attention of some most competent observers entirely to the *brain*, while the *post-mortem* showed subsequently that this organ was quite healthy, and that the case was a well marked one of real diaphragmatic pleurisy of the left side with effusion and copious deposit of lymph over the pleural surface of the diaphragm.

In the discussion that followed Dr. Day, Dr. Simms, Dr. Douglas Powell, Dr. Willshire, Mr. De Merio, and Mr. Brudenell Carter took part; while the President in thanking Dr. Thorowgood for his interesting cases, said that—"He did not see any difficulty in diagnosing pleuritic effusion in the adult, if due regard were paid to the displacement of organs, and the usual signs of pleurisy; the dulness was of [illegible], and especially the fact that it was moveable, depending upon the position of the patient."

THE SURGICAL SOCIETY OF IRELAND.

Friday Evening, April 21st.

The President of the College, **Dr. Albert J. Walsh**, in the Chair.

THE ADJOURNED DEBATE ON RE-VACCINATION

Dr. Kidd resumed the adjourned debate on this subject. He observed that in the discussion which took place at the last meeting, they heard a great deal of individual experience. Dr. Beatty and Dr. Churchill told them of the number of children they had vaccinated, and that they never heard of any of these individuals taking small-pox. Dr. White told them of small-pox attacking communities, and not spreading among them, believing that this immunity was due to primary vaccination. That, he believed, embraced the chief arguments that were adduced as bearing upon the subject at their last meeting. That morning he (Dr. Kidd) received a letter from Dr. Patton, of Tandragee, in which allusion was made to a point that he thought was important in reference to the statements of Drs. Beatty and Churchill. Dr. Patton was a gentleman who, those that knew him were well aware, would be as careful, as accurate, and as conscientious as any man could be. Dr. Patton took a great interest in the discussion, and agreed in the main with the views of Drs. Beatty and Churchill, that is, he did not consider re-vaccination a necessity, but when requested to re-vaccinate, he complied; but he said, "I have seen a family of young persons attacked with small-pox, all of whom I vaccinated in infancy. They varied in age from twenty to fourteen, and caught it from an unprotected case from Glasgow, a young man of twenty-five, who died." This showed that the individual experience of physicians who had not heard of their patients taking small-pox was not an infallible test. They must depend on observations made on large numbers rather than on individual experience, and he hoped to be able to satisfy the Society that we had well authenticated facts to prove that a large proportion of those who had been vaccinated in infancy became liable to suffer in after life from small-pox, and that we are in a position, not only to measure the amount of this liability, but the period at which it occurred, and to show that by re-vaccination the protection may be renewed, and the liability to the disease again removed. It so happened that many years ago, when a student, his attention was closely directed to this subject, and he collected at that time all the statistics that he could obtain bearing on the question of re-vaccination. He then came to the conclusion that more than six per cent. of those who had been vaccinated in infancy took small-pox on being exposed to it, but since the time to which he referred they had facts to show that under conditions of concentration, or peculiar intensity of epidemic influence, or repeated exposure, the proportion may be more than double this rate. They had, for instance, the history of the epidemic of small-pox in Marseilles. M. Bousquet gave a very full account of that epidemic which occurred in 1828; and the Academy of Medicine in Paris took special means to collect all the evidence which the epidemic at Marseilles could supply, bearing on the question of vaccination. M. Bousquet did not state the exact way in which this evidence was procured, but he said the facts might be thoroughly relied upon. The population of Marseilles at that time was found to consist of 8,000 persons, who were unprotected either by vaccination, or a previous attack of small-pox; and of these, 4,000, or 50 per cent. took small-pox. There were 30,000 persons in the towns who had been vaccinated, and of these 2,000 took small-pox, or at the rate of 6 per cent. There was an epidemic in Newark-on-Trent in 1839, the facts of which were ascertained by Dr. Bigsby, and published in the *Medical Times and Gazette*. Dr. Bigsby made an examination of the eastward of Newark-on-Trent. The population of the ward was 3,454, and he examined every individual in it, except forty eight. He found that there were 1,097 who had been vaccinated, and of these fifty-five took small-pox, being an average of 5 per cent., closely corresponding with the average in Marseilles. Another interesting fact was mentioned by Dr. Ballard, in a recently published essay "On Vaccination." He said that Dr. Seaton took means of ascertaining from a number of medical men in the habit of attending small-pox cases, the number who took the disease after vaccination in childhood. He inquired from 347 medical men, and learned that of these 12·6 per cent. had taken small-pox. Thus, as he had said, in towns where the disease was not con centrated, the average of persons vaccinated, who afterwards took small-pox, was 6 per cent., and where there was repeated exposure, the average rose to 12 per cent. Dr. Seaton stated that in Her Majesty's ship, *Octavia*, small-pox broke out in 1866. The first case occurred at the end of February, on the 17th of March it began to spread, and between that and the 27th (eleven days) 164 persons were affected by the disease. There were 610 officers and men, of whom 589 had been vaccinated, and 21 had not. Of the vaccinated, 147, or 24·9 per cent. were affected with the variolous poison; 85 of them, that is, 14¼ per cent. had variolous fever, without any eruption, but still sufficiently diffused to be identified with the variolous infection; and 62, or 10·5 per cent. had the eruption. The unprotected men were all affected. These facts proved the liability to take small-pox even on the part of those who had been vaccinated in infancy. He thought he had established that a certain proportion of those who had been vaccinated were liable to take small-pox on exposure to the variolous poison. The next point was, whether we had any means of knowing at what time this liability would commence. He thought we had. It was well known that the greatest liability to small-pox existed during the early period of life. Dr. Bigsby had published a return of the ages at which 823 persons who had never been vaccinated or inoculated, took small-pox, and it appeared that 88 per cent. took the disease between the third and tenth years of their age; and of 1,005 who took small-pox after vaccination, and whose ages had been recorded by Dr. Bigsby, Dr. Gregory, and Dr. Mohl, whose observations he (Dr. Kidd) had tabulated, 152, or 15 per cent. only, had taken it at the end of their tenth year; and it was not until the end of the twenty-fourth year that the vaccinated were on a par with the unvaccinated. At the end of this year he found that 911 of the 1,005, or 90½ per cent. had taken the disease. Of the 823 cases of small-pox mentioned by Dr. Bigsby, 460, or more than one-half, occurred between the ages of three and ten, and in the second table 548, or more than one-half, occurred between sixteen and twenty-five. From these facts it appeared that all the unprotected who take small-pox, with the exception of 12 per cent, will have had it before the end of their tenth year; but of the vaccinated who take small-pox, taking all the chances of insufficient vaccination, only 15 per cent. will have suffered at their tenth year, and they will have arrived at their twenty-fourth year before they are on a par with the unvaccinated. This showed that vaccination was almost a perfect protection up to ten years of age, when it begins to wear out, and thenceforward becomes less efficient, proving, he thought, that re-vaccination ought to be performed at the end of the tenth year. Again, he thought they could prove the wearing out of the vaccine influence in another way. If they studied the vaccine disease, they found that it ran through a certain series of stages, which might be called incubation, development, maturation, and desiccation. When the lymph was first inserted, it remained without apparent effect till about the fifth day. This was the stage of incubation, and was the most important. All the subsequent stages were but the outward manifestations of changes wrought in the system during this stage. Bousquet proved this by a series of experiments, in which he excised or destroyed with caustic, the vesicle at its commencement, and by re-vaccinations and inoculations, proved that the system was protected as completely as if the vesicle had run its full course. Still earlier in the history of vaccination, Bryce proved the same thing by his plan of test vaccinations—a mode of deciding whether the vaccine disease had produced constitutional effects or not. These test vaccinations were performed in this way. On the fifth or sixth day, or as soon as the vesicle made its appearance, matter was taken from it, and the patient was re-vaccinated in another place, and it was found that the second vaccination made such rapid progress that it overtook the primary one, and the two ran through their further stages together. Now, let us consider these facts established by Bryce. The germs inserted with the virus found the blood so modified by the effect of the primary vaccination, that they could grow and form a new vesicle at once. But if the second vaccination instead of being performed on the fifth day be not performed till some years had elapsed, then again there would be a stage of incubation, and the length of it would afford a measure of the degree in which the primary vaccination had passed off. Dr. John Thompson, the author of the treatise "On Inflammation," observed so long ago as 1822, that the difference between primary small-pox, and modified or secondary, or as he called it, varioloid, was the shortness of the stage of incubation and development in the latter. The same thing had been observed in the present epidemic. Dr. Moore told them on the last night, that the average duration of the disease in the vaccinated was twenty-four days, and in those not vaccinated, thirty-five days. Dr. Feather had observed the same thing. He stated that variola occurring after vaccination put on these forms according to the length of time that had elapsed from the vaccination, and the effects of re-vaccination, might also he said be divided into three in proportion to the interval. His (Dr. Kidd's) own experience amply confirmed this view. When persons fully under the vaccine influence were re-vaccinated, the stage of incubation was so short as to be virtually absent. In twenty-four or forty-eight hours vesicles would be found at the puncture. If the influence of the primary vaccination be worn out, the stage of incubation might in time, come to be as long as in a primary vaccination. He had observed this so frequently, that he could entertain no doubt of it, and he would read the notes of two cases that afforded a very striking instance of it. On the 25th of February last, he vaccinated a lady, nineteen years of age. She had been twice vaccinated previously, in infancy and at seven years of age. The operation in February last was therefore her third vaccination. There was a vesicle and areola formed on the 28th. On the 2nd of March, there was a crust formed, and the areola was beginning to fade; and on the 6th of March, the crust was dry and the areola gone. He also vaccinated on the same day this girl's sister, age twenty-one. She had been vaccinated in infancy and never re-vaccinated until the 25th of February last. On the 28th of February, there was a papule but no vesicle, while on the same day, her sister had a vesicle formed and an areola surrounding it. On the 2nd of March, there was a vesicle formed and an areola was commencing. Her sister on the same day, had a crust formed and the areola was beginning to fade. On the 6th, the elder sister had a full vesicle and a crust forming in the centre and the areola beginning to fade, and on same day, the other sister had a dry crust and the areola completely gone. He thought these facts showed the gradual wearing-out of the vaccine influence in the elder sister. She had not been vaccinated since infancy, and the period of incubation and development extended to nine days, while in the case of the younger sister who had been re-vaccinated when seven years of age, the period of incubation and development was but five days. The gradual wearing out of the vaccine influence was thus demonstrated by the prolongations of the stage of incubations, and they might he thought, lay it down as an axiom, that a long stage of incubation showed an unprotected state of the system, and a short one the reverse, and that when a re-vaccination did not take effect when first performed it should be repeated. In conclusion, he had no hesitation in stating his convictions, that all persons should be re-vaccinated at about the tenth year of age, and that it was wise to have it done again at a later age, under circumstances of peculiar exposure to the infection of small-pox.

Dr. Price said he had been in the profession sixty-seven years, and had attended a great many of the public during that period. He had been informed by the late Dr. Labatt, that he considered the chances against vaccination only as one in 500. He had subsequently the same assurance from the late Dr. Ferguson, that the chance of infection after proper vaccination was one in 500. He had been attending the citizens of Dublin since 1811, and had vaccinated upwards of 3,000 persons. He took care to see the arm on the 4th day, the 8th day, and the 12th day, and he always gave a certificate to the person that the vaccination was properly done and had gone through all its stages. Now he never had the least intimation of one of his patients taking small-pox. They knew very well that the cow-pox was not properly administered to some persons, and he believed that no man could give a certificate that the vaccination had been properly administered without having seen the arm on the 4th, the 8th, and the 12th day. His opinion was, that any person who had been properly vaccinated would never take small-pox. He had never seen a case of small-pox occurring in an individual who had gone through all the stages of the vaccine disease. He entirely disapproved of re-vaccination. If he had a patient who had been vaccinated, but was not sure that the vaccine disease had been properly administered, he would rather run the chance of his taking small-pox than re-vaccinate, for there was no case in which he re-vaccinated an adult that he did not find an untoward result. The other day he re-vaccinated a gentleman and his wife who had just returned from France. He used the best lymph he could get. One of them was covered after the 8th day with an eruption like nettle rash, and the skin peeled off his arm, and both were not well for within a month. In other cases where he re-vaccinated adults he had always found something untoward. Therefore, from what he had heard from Dr. Ferguson and Labatt, and from what he had experienced himself, he said cow-pock was a decided prophylactic against small-pox, and even better than small-pox itself, for they knew that individuals had had small-pox several times. For the reasons he had stated he decidedly disapproved of re-vaccination.

Dr. Mapother said he wished to mention some physiological reasons in favour of re-vaccination. When the infant is vaccinated there is an abundance of the albuminous matter on which the vaccine lymph and all other zymotic poisons act in the blood. This the vaccine lymph may exhaust, but surely for many years afterwards, while the thymus and supra-renal capsules are increasing, a fresh supply of the fermentable matter will be reproduced. For this reason, and because of the extending tissue-change between infancy and puberty, the immunity must die out, so much new material being unprotected. The amount of fermentable matter in the blood of the pregnant and parturient woman explains the awful mortality of any zymotic at that period, and the fatality of small-pox among Negroes and North American Indians indicates that their blood has not been exhausted by other contagious diseases, and that therefore they have more to ferment when small-pox is introduced. In town-bred children so many zymotics seize them, that all fermentable matter becomes exhausted. With regard to the results of re-vaccination, I have re-vaccinated eleven persons, and in nine it has fully taken. In one lady, over sixty, as complete a circlet of pearls with a rose blush around it occured as in any baby I have ever seen. The waste of tissue throwing back the albuminoids in the blood would render it probable that any zymotic poison would find fit soil in the blood of a very old person. Of the twenty cases of small-pox which have occurred during the past two months, half were imported, and there has been not the slightest tendency to spread. For this we have to thank the Dispensary officers of Dublin. So far as I can learn, not one of the patients was re-vaccinated, and of the three deaths all were unvaccinated persons.

Dr. Wharton (Vice-President of the College), said the opinion of Dr. Price should carry extreme weight on the subject of re-vaccination, and he was entirely in accord with him as regards the risks that accompanied the operation. There had been serious consequences from re-vaccination—very sore arms, sometimes abscesses, diffuse inflammation which ended fatally, as mentioned by Dr. Churchill; and within the last few days he met a gentleman who informed him his brother had recently died in one week after having been re-vaccinated, but he did not say positively that his death was in consequence of the operation. Mr. Tufnell read a very elaborate and important paper with respect to the experience of Army Surgeons in re-vacination. Out of one thousand soldiers who had been re-vaccinated, only two had suffered from sore arms. The statistics read by Mr. Tufnell showed that in soldiers, who were picked men, healthy, and kept under constant observation, re-vaccination could be performed with a remarkable degree of immunity, but he doubted whether the same rule would apply in civil practice. Dr. Atthill said that in St. George's Hospital a certain number of patients were attacked with small-pox, and that when the remaining patients were re-vaccinated, none were afterwards attacked with variola. It should first have been shown whether those persons who had small-pox were vaccinated in the way Dr. Price had spoken of—namely, whether the primary operation had been properly performed, or not. Dr. Robinson mentioned that all the nurses in the small-pox hospitals were re-vaccinated, and none of them got the disease; but he (Dr. Wharton) could not say that that proved anything in favour of re-vaccination. The outbreak of small-pox at Hampstead was regarded by some as favourable to re-vaccination; but as he (Dr. Wharton) considered the report he had read wanting in particulars, as to the proofs of the efficacy of primary vaccination, he could not at present arrive at any satisfactory conclusion with regard to it, more particularly as he could not satisfy himself as to the precise meaning to be attached to the term vaccination. Dr. Price's observations reflected light upon an observation of Dr. McClintock, as to the experience of Jenner. Dr. Jenner tried to inoculate a person whom he had inoculated fifty years previously, and he could not succeed. Dr. Kidd had called into question the observations of Drs. Beatty and Churchill, whose experience was verified by that of Dr. Price; and replied by saying that Dr. Patton had vaccinated persons, and yet some of these individuals had been afterwards attacked by small-pox. Dr. Kidd, however, had omitted to mention whether there really was, or was not, a good mark on the arms of those persons. With regard to the difficulty of ascertaining whether the primary vaccine mark was reliable or not, Dr. Beatty told them there was no difficulty in deciding; and if there was a genuine mark on the arm, he (Dr. Wharton) would say they ought not to re-vaccinate. Dr. Croly alluded to the circumstance that there was a popular notion or belief that there was danger in taking away too much lymph from a child who has been vaccinated. That belief was not confined to the humble, but prevailed even among the upper classes. He (Dr. Wharton) took the liberty of saying that there should be an express opinion pronounced with regard to that popular notion, that there was no importance to be attached to it, otherwise there might be a great difficulty in obtaining vaccine matter.

Mr. Croly said what he deprecated was the taking away of too much lymph.

Dr. Rawdon Macnamara said that when he suggested this discussion, he drew attention to two points—First, whether re-vaccination was necessary; and next, whether its performance was unattended with danger? He entertained a very strong opinion that a person having once been thoroughly and properly vaccinated, required no re-vaccination for his protection. There was no question but that this variolaphobia had originated in England—a country where vaccination had not been so thoroughly carried out as it had been in Ireland. It was one of the greatest blessings that had attended the working of the Poor-law system in Ireland that the vaccination of the young was systematically carried out. He had spent many years as a Poor-law Medical Officer, and knew the efficient manner in which the system had been worked. The argument used in favour of re-vaccination was, that if a person who had been vaccinated afterwards contracted small-pox, it was a proof that the protective influence of the vaccine matter had worn out. Now, when he was a medical student, he saw a negro deeply pitted with small-pox, and bearing on his arm a good vaccination mark. The man was so deeply pitted that he could scarcely believe he had been vaccinated, much less that he had suffered many years previously from small-pox. There was undoubtedly a certain susceptibility on the part of some persons to the disease. He had seen individuals with second attacks of scarlatina and measles—diseases one attack of which was supposed to confer immunity from subsequent attacks. His friend, Dr. Jameson, had mentioned to him a remarkable case in which a person had had small-pox, who had been vaccinated, and afterwards contracted small-pox a second time, and died of it. He therefore believed there was a peculiar receptivity on the part of some persons to certain diseases, and that it was impossible to procure immunity for those persons. This bore on some of the arguments brought forward on the other side of the Channel. In England, as he had already stated, vaccination was not carried out as efficiently as it was here. He trusted the time would come when that would not be the case. The small-pox epidemic broke out, and those persons who had not been vaccinated caught the disease. Then they proceeded to vaccinate after the appearance of the epidemic, and the argument they used was the *post hoc propter hoc*—that a number of persons had been re-vaccinated and the disease subsided. The fact was that the receptivity of, or the predisposition to, the disease, was a most important factor in the case. Those who had a tendency to the disease got it early. It was stated that cholera in its invasion was always most fatal, and became less fatal after some time. The fact was that cholera killed off those who had a peculiar susceptibility to the disease. This was the case also with small-pox, so that when the disease appeared as an epidemic those who would have been attacked in spite of vaccination were attacked, whereas those who had no peculiar susceptibility to the disease, and were secured by vaccination, escaped. He believed vaccination was a protection, and a most thorough protection, against small-pox. If a person once had typhus fever it was exceedingly unlikely he would have it again—if he had scarlatina it was exceedingly unlikely he would be again attacked by the disease; and why should there be an exception in favour of small-pox, or in the case of those protected by vaccination. The exception he thought proved the rule. He certainly had been compelled to re-vaccinate by persons coming to him and insisting upon it being done. He had re-vaccinated many persons, and not one of their arms was well within one month after he introduced the vaccine matter. He had seen some serious inflammation of the arm resulting from re-vaccination.

Mr. Morgan said the point to ascertain was whether re-vaccination conferred any additional protection to that which the individual had obtained by primary vaccination? He would mention as bearing on that question the particulars of two cases which had occurred under his own observation. The patients were well known to him, and there could be no doubt as to the history. One of them was vaccinated in 1826 by Dr. Beatty, and was re-vaccinated in Paris in 1843 by Dr. Higgins, and all the rest of the family were vaccinated at the same time. He and all but one took the vaccination slightly. He was vaccinated again in 1850 for the third time; and in 1863, he (Mr. Morgan) saw him from the beginning to the end of the most severe attack of small-pox of the confluent form, of which he died on the 13th day. The brother was nurse-tending this patient through his illness. He was a younger man by several years, and was vaccinated when a child in 1837, and had a good vaccine mark on his arm. He was re-vaccinated in 1843, and for the third time in Cheltenham in 1845. On each occasion he had a small pustule, and did not get the inflamed arm. He attended his brother along with him (Mr. Morgan), and he also suffered from a very smart attack of semi-confluent small-pox. The interesting question, therefore, before the Society was not whether vaccination conferred protection against small-pox, which he apprehended every one in the room admitted, but whether re-vaccination conferred any additional protection upon a person who had been once properly vaccinated? He could not forbear mentioning these two cases, as they bore particularly on that subject, and they occurred under his own immediate observation.

Dr. Jameson did not consider re-vaccination at all necessary in cases where it was clear that vaccination was originally properly performed. He did not think that in such cases any amount of re-vaccination would give additional security to the patient. He had in his mind's eye a remarkable case bearing on this point. It was the case of a medical man's wife who had been re-vaccinated, she said herself, thirty times. This was probably an exaggeration, but at all events she had been many times re-vaccinated, and three months ago she was re-vaccinated again; yet on Friday week that lady was attacked with small-pox, and was labouring under the disease. He (Dr. Jameson) was attending a family on one occasion, and the gentleman asked him to look at his servant who was unwell. He found the man deeply pitted with small-pox, and said to the gentleman—"Were it not that he is deeply pitted with small-pox, I would say that he is getting that disease." He suggested that the man should be sent to hospital, and he admitted him into Mercer's, where he had a severe attack of small-pox. The gentleman had five children, who were vaccinated, and none of them took the disease, nor did the husband or wife; and if these individuals had not been vaccinated, some of them would certainly have taken it. The servant man was attacked twelve months afterwards with small-pox, brought into Mercer's Hospital, and died. That vaccination gave a certain immunity from small-pox, no man would deny, but he did not think it was the slightest protection against the disease if the individual had a predisposition to it.

Dr. Henry Kennedy, on rising, said—It seems to me in discussing this question that there are two or three general principles of which we should never lose sight; the first is, that primary vaccination cannot be looked upon as an absolute safeguard from the small-pox; no matter how perfectly the operation is performed, and succeeds, there is ample evidence to satisfy any reasonable mind that it is not infallible. Even this evening Dr. Kidd adduced full proof of this. The second point is the one to which Professor McNamara has called attention; that is, the very great diversity which exists as to the receptivity of small-pox, or indeed any other zymotic poison. At one end of the chain, if I may so speak, there are constitutions so susceptible, that they will take the poison again and again; while at the other end, there are some that will not receive the poison at all; and this goes so far, as is well known, that there are even infants on whom vaccination cannot be made to take effect. Between these two extremes there is every possible variety of constitution. The third point is, that epidemics of small-pox present, in turn, the same diversity of character which other diseases do; being, at times, very mild, and again a perfect plague. It is obvious, Dr. Kennedy went on to say, that the present epidemic in London is of great severity. For the mortality, amongst even those well vaccinated, reaches the high figure of 9 per cent; whilst amongst those not vaccinated, it is above 50 per cent. This was due to the form the disease assumed, being what is known as the hæmorrhagic, of which I have seen cases fatal from the bleeding occurring from even the surface of the body. I believe all these points should be kept in view in considering the general question of re-vaccination. And, now, what are the results when this measure is adopted? Why, that in those where primary vaccination has been thoroughly done, about seventy in every hundred show no sign; the remaining thirty either taking it as if they were yet infants, or at least showing some sign of inflammation at the part vaccinated. I would here, too, draw attention to a recent paper, stating that the same hundred persons had been vaccinated yearly for ten consecutive years; and the result had been that at the last year, but one out of the entire number showed any sign at all. I cannot but consider this a very interesting fact. In the last place I would allude to the way some gentlemen spoke of the results of re-vaccination, as if nothing unpleasant could follow. This is not my experience; for I have seen very unpleasant effects follow, and in one case, a near connection of my own, the lady very nearly lost her life; and this reminds me that females are apt to suffer much more than males—a point which I believe no previous speaker alluded to, and which affords a marked contrast between the results of what may be called private and military practice. And, now, the conclusions I would draw from what has preceded, may be stated in the four following propositions:—

1.—That no matter how perfectly primary vaccination is performed, and completes its stages, it is not an absolute safeguard against the invasion of small-pox; which disease, however, it much modifies, and, very generally ameliorates.
2.—That when secondary vaccination runs its course, as if it were primary, this does not prove that the effects of the primary had died out; but only that the re-vaccination had been performed in a constitution susceptible to the poison, and that this same constitution would, very probably, be open to the invasion of small-pox.
3.—That if primary vaccination be once thoroughly performed, and completed, it would seem as if art need not be further employed, unless under circumstances which however must be considered very exceptional.
4.—That re-vaccination is frequently followed, and more frequently in females, by unpleasant results.

Dr. Leeper said he had re-vaccinated 100 persons, and in three of them, who were females, fever resembling rheumatic fever supervened.

Dr. Pollock had, within the last six weeks, re-vaccinated at least 100 persons, and with the exception of two cases he had not had one untoward symptom. In one case there was great inflammation of the arm, spreading down to the elbow, but which passed off without any serious consequences. In the second case, after the pustule dried off, there was a slight blush of erythema. In most of those that he re-vaccinated, it took well, but he noticed that although the vesicle formed there was not that pure lymph which he was accustomed to see in young children in primary vaccination. There were three or four ladies among the persons he re-vaccinated who had marks on their arms in which he could almost sink a shilling. Their average age was from twenty to thirty years, and they took the re-vaccination like an infant. He was not yet decided as to whether re-vaccination was advisable or not.

Dr. Hewitt stated that the week before last a child died in Bagot street Hospital, from the effects of primary vaccination.

Dr. Charles Frederick Moore replied,—The necessity for re-vaccination has been shown by several speakers this evening and at the previous meeting. Dr. Hewitt has just recorded a case, in which fatal results were succeeded, if not caused, by primary vaccination. Dr. Trayer some years since, in a large experience, met with a single case which ended also fatally by exposure to cold, excitement and fatigue subsequent to vaccination. It has been suggested to me, that of the 100 medical gentlemen here on the former occasion and of the large number here to night, who were not present at that time, not one has ever met with a case of re-vaccination that terminated fatally. Dr. Price said, that the late Dr. Labatt considered the susceptibility to variola after good vaccination to be about 1 in 500. Recent experience has, however, shown a much larger susceptibility than that, and both circumstances point to re-vaccination as the only test and protection in all cases. Mr. Wharton has stated the case of fatal re-vaccination which occurred to a gentleman in the country lately. Gout and advanced age were together a bad preparation for any operation, even though one so slight as that in question. Preparatory treatment should always be practised when it is considered necessary to re-vaccinate. An eminent continental surgeon observed, that as the slightest abrasion of the skin may be followed by a fatal result, we have no right to claim special exemption for vaccination and re-vaccination, trivial as the operation is in aged persons, and specially in all whose health is not good. The able and logical statement of Dr. Kidd has corroborated the recommendations of Wood, Trousseau, Simon, Seaton, Dickson, and the several experienced re-vaccinators who have addressed these meetings, as well as those eminent practitioners in Great Britain, on the Continent, and in America, who advocate the measure.* Small-pox appears to me, a specially valuable and interesting field for scientific research, linked as it is on the one hand with epidemics of other kinds, in point of time, and forming, as it seems, a sort of key to diseases of the system, that are evinced by cutaneous affections, as well as those the seat of which is in the nervous system. The severity of the present epidemic has been seen in attacks that have ended fatally in persons, who have previously had small-pox, and in some, who thought that previous exposure without taking small-pox, as by occupying the same bed with persons having the disease upon them, had guaranteed them a life long-immunity. The comparative frequency of small-pox attacking persons who had the disease before and terminating fatally, and the extreme infrequency of its attacking re-vaccinated persons, but two such cases having been observed in Liverpool, and in these cases the operation had not been performed in the United Kingdom, are points of the highest moment. It is also necessary to note the almost constant success that has attended re-vaccination, in the hands of gentlemen whose vocations oblige them to vaccinate frequently. The fact that annual re-vaccination gradually rendered every one of one hundred persons insusceptible to the operation is also well deserving of note. Important corroborative evidence of the value of even one vaccination, is afforded by the death-rate in such persons when attacked, in the present extraordinarily severe epidemic, which varied from about 9 in London to about 11 per cent. in Liverpool, as contrasted with that of unvaccinated persons, of whom the percentage of fatal cases was in London and in Liverpool respectively about 45 and 63. It has been stated by Mr. White, that not one person was re-vaccinated at the Mater Misericordiæ Hospital, in this he was manifestly in error, as I made inquiry, and have found that already thirteen persons of the medical staff and students have been re-vaccinated. I regret to add, that a too early removal of one case from that hospital by the child's parent, has already resulted in two other members of the same family taking the disease. The present severe epidemic of small-pox is probably the same that occurred in the Punjaub, in 1869, and which proved fatal to 53,000 persons, out of a population of about eighteen millions, the ordinary average annual number of deaths from the same cause being about 20,000. Experience, in Continental Europe as well as in Great Britain, should act as a warning to us, and every means should be taken to promote thorough vaccination and re-vaccination throughout Ireland, while there is yet time, as many circumstances have shown that the people of Ireland are not as yet by any means thoroughly protected. The fact, that individuals exist, with a peculiar susceptibility to small-pox, whom no amount of vaccination or any previous number of attacks of small-pox, renders secure against subsequent suffering from the disease, should rather induce us to reduce the number of unprotected persons to the lowest possible figure, as a single case of the modified disease, no matter how mild, may prove the centre of a severe outbreak. The care taken by the American Government in enforcing the vaccination or re-vaccination of emigrants before arrival in New York, affords a strong contrast to the want of any like precaution by our own government. That vaccination of unprotected persons, even after their having taken the variolous contagion, exercises a valuable modifying influence, has been demonstrated in a case of a man whose wife had died of the disease, but who has recovered from a mild attack, although the febrile stage set in the day after I had vaccinated him. Similar observations have been communicated by Drs. Dixon, Steele, Dunlop, and others. A great saving of life has for many years past been effected by re-vaccination in the Prussian army, as well as an important addition to its effective strength. This observation applies also to civil communities in Germany and elsewhere. That re-vaccination should be made imperative, between the 10th and 20th year, is borne out by the frequency of attacks of small-pox in the present epidemic, in persons of that age who were vaccinated in infancy. The testimony of a great number of medical gentlemen in Great Britain, that the present rate of payment does not remunerate them, for the trouble and loss of time involved in carefully operating, in searching out unvaccinated persons, and in compelling those that have been vaccinated to return for inspection &c., should not be neglected, and it applies with double force in Ireland where the remuneration for each case is from 100 to 150 per cent. less than in England. Moreover, no rewards are given for successful vaccination in Ireland, as is the case in England. True economy as well as true wisdom and philanthropy, demands a re-arrangement of the payment of the medical service of the United Kingdom, in this and other respects. Finally, from all that has transpired during this discussion, as well as from several valuable communications which I have received, and from the unquestionable hold variola has taken in the United Kingdom, I repeat the opinion, expressed by so many speakers, and by myself on our previous meeting, that increased and continuous energy is required in carrying out vaccination and re-vaccination, as well as in the effectual isolation of all cases of small-pox, and through disinfection or destruction of all contaminated clothes. Increased precautions should also be taken to prevent the removal of cases of the disease from infected localities to those as yet free. Small-pox hospitals should be extemporized in places not so provided, and temporary houses of refuge for suspected cases; for we must remember, that not only is the disease, in itself, eminently formidable, but that it is also one that but too often leads to a train of other illnesses and states of constitutional debility, that but too frequently disables, or maims the sufferer for years or even life.

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MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH.

WEDNESDAY, 5TH APRIL, 1871.

BENJAMIN BELL, ESQ., F.R.C.S., in the Chair.

MR. ANNANDALE showed a pedunculated fibro-cellular tumour, which he had removed from the inner surface of the labium.

MR. JOSEPH BELL read his paper entitled,

NOTES OF A CASE OF OSTEOID CANCER.

The patient was a young man, of twenty-five years of age, who, in February 1870, observed a small tumour on the upper and outer surface of the ulna. The arm had previously been injured by a fall, In January of this year, Dr. Bell was consulted. The tumour was then the size of a large orange, and several smaller tumours were embedded in the substance of the biceps muscle, the skin was nowhere adherent, nor were the glands at all affected. The patient was greatly emaciated, and had severe pain in the arm, he was also suffering from a double pleurisy, and complained much of a pain in the seventh and eighth ribs external to the right nipple, limited in extent, and alternating with the pain felt in the tumour. Dr. Begbie saw the man soon after, and was of opinion that no evidence existed that the chest affection was due to the presence of cancerous or tubercular disease, and as the disease in the elbow was rapidly undermining health and strength, he recommended amputation as necessary for the preservation of life. Dr. Bell amputated the arm about three inches below the shoulder-joint, and the patient did not seem to suffer much from the operation. The localised pain in the chest still continued, and the general appearance of the man did not improve. On the 25th of February, a thick, white, adherent membrane, diphtheritic in apperance, was observed on the granulating wound, but there were no throat symptoms. Shortly afterwards, other members of the family were seized with diphtheria. On the 6th March, paraplegic symptoms showed themselves, and the man died exhausted on the 24th, no *post-mortem* examination was allowed. The difficulty was to determine whether the paralysis was due to diphtheria, or was the result of secondary deposit internally. No evidence of secondary deposit existed. The microscopic appearances of the tumour, exhibited the characteristic of osteoid cancer as described by Mr. Paget.

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* It is remarkable that of the gentlemen who opposed re-vaccination, not one is in active service, either in the army, the navy, the Cow-pox Institution, or on the dispensary staff.

Mr. Annandale said the case was one of great interest and rarity as to the seat of the disease, as osteoid cancer was usually met with in the lower end of the femur. He regretted no *post-mortem* examination could be obtained, but notwithstanding the absence of mediastinal dulness he was inclined to believe that the pulmonary lesion was an extension of the disease. The absence of glandular involvement was interesting, but this was sometimes seen in cases where internal organs were secondarily affected.

Dr. Argyll Robertson said the pulmonary symptoms might have been due to secondary cancer, while the absence of glandular affections would account for the glands in the mediastinum being uninvolved. It would be interesting to know, as bearing upon the nature of the paralytic symptoms, whether vision was impaired, as this condition was usually met with in the paralysis following diphtheria when the power of accommodation was paralysed. If this symptom were absent, he would be inclined to think the paralysis was due to an implication of the cord.

Dr. Craig and **Dr. Gillespie** made remarks.

Dr. Bell in replying said, that the condition of the man's vision had not been noticed.

Dr. Gillespie, P.R.C.S., then read his paper on

A CASE OF UNREDUCED DISLOCATION OF THE HUMERUS, OF SEVEN WEEKS' DURATION: DEATH UNDER CHLOROFORM.

The patient, a strong muscular man, had fallen down a stair and dislocated his arm, seven weeks previous to his admission to the Royal Infirmary. On admission, attempts at reduction were made under chloroform, but as these proved fruitless, it was resolved to make another attempt by pulleys. For this purpose, chloroform was again administered, and, as on the former occasions, a large amount required to be given to overcome muscular action. Two ineffectual attempts at reduction had been made, and preparations for a third were in progress, when the breathing of the patient, who had been calling out loudly, suddenly became weak, and almost immediately he ceased to inspire, the pulse also stopping. Every effort, including galvanism was made to restore animation, but without effect. The *post-mortem* examination disclosed fatty degeneration of the heart, right side flaccid, and distended walls thin, and the right auriculo-ventricular orifice easily admitted seven fingers. Examination of the shoulder showed dislocation of humerus into axilla and under coracoid process, the great tuberosity, and part of the bone at its base, were separated by fracture from the head of the bone, the capsular ligament had been ruptured and partly healed, but so contracted as to produce a mechanical obstruction to the return of the head of the bone, the long head of the bicep was also dislodged from the bicipital groove. Dr. Gillespie agreed with the late Professor Syme, who taught that in long standing dislocations, two separate trials at reduction should be made, the second after an interval of two or three days, and if then unsuccessful, he considered it useless to make any further effort.

Mr. Annandale said that the case suggested two points of practical interest, the first was whether we were justified in continuing to use chloroform when such fatal accidents occurred in the hands of the most skilful administrators? An intelligent American surgeon had told him, that in America not one fatal case had followed the use of ether, although it had been most extensively employed in that country. He thought surgeons here ought to try it, and he intended to use it in his own practice. The second point was the nature of the dislocation as complicated with fracture as to render its reduction impossible, suggesting the necessity of caution in attempting to reduce long standing dislocations, especially if caused by much violence.

Dr. Argyll Robertson said that the great objection to the administration of anæsthetics, was their tendency to produce vomiting, and he thought ether was more likely to do so than chloroform. To obviate this tendency, he was in the habit of giving to patients in the ophthalmic wards of the infirmary ℥ij. of brandy shortly before operating, and this had been attended with good results.

Professor Simpson thought the use of chloroform in cardiac cases was doubtful, and that the pre-administration of alcohol in cases where the heart's action was feeble might be useful. The safest way was to give chloroform rapidly so as to induce anæsthesia in a few seconds, this plan was followed by Sir J. Simpson, and Dr. Murray, of Newcastle, always employed it. The recent reports of the Gynæcological Society of Boston, showed that several fatal cases had followed the use of ether by American obstetricians, there was no fatal case on record following the use of chloroform in parturition.

Dr. G. W. Balfour believed that the more rapidly a patient was brought under the influence of chloroform, there was less danger of poisonous saturation, but it was no efficient preventive of death. There could be no doubt, that chloroform had frequently been given with safety to patients with fatty hearts whose symptoms did not indicate the existence of the disease. He had himself frequently given it to persons apparently dying from cardiac asthma, and for the relief of cardiac pain associated with valvular disease, in such cases he believed there was no special danger from the presence of the disease. The case just read was a confirmation of Dr. Richardson's opinion, that in a weakened and dilated right side of the heart chloroform was specially dangerous. When ether had been as largely employed as chloroform, a comparison of results might not be so advantageous to ether as they seemed now. He thought that it used to be supposed to induce pyæmia.

Dr. Gillespie in reply said, that Professor Syme had ceased using ether from the time required to give it, and the great sickness it induced. He had not found brandy of use in preventing sickness in great operations requiring time for their performance.

Dr. I. R. Fraser said that the interrupted current usually employed in cases of arrested heart's action, rendered the arrest permanent, while as had been shown by Onimus and Legros, if the constant current passed from below upwards was employed the heart's action was restored, although arrested for one or two minutes. Claude Bernard had shown that the subcutaneous injection of morphia previous to giving chloroform, prevented sickness, and rendered less chloroform necessary.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 17, 1871.

LONDON PAUPERISM.

Mr. Smith's motion in the House of Commons on the 5th inst. on the "Operation of the Poor-law within the Metropolis," gave rise to a series of statements of the greatest interest to the Profession.

It is not often that we are able to listen to parliamentary debates, nor can we frequently give them the prominence of our leading columns. The discussion, however, of pauperism is of the utmost interest to the Profession; and it is a matter for congratulation that a medical member of the House should have made such an impression as was produced by Dr. Brewer's speech. All our readers, whether they agree with, or differ from, him, will be glad to know the exact ground occupied by one of their representatives, and we have therefore much pleasure in stating it.

Dr. Brewer opened his speech by observing that the complexity of the subject before the House would have prevented his taking part in the debate had not a life-long experience in the practical operation of the Poor-law in the metropolis led him to a definite conviction that the Poor-law had failed to grapple with the pauperism of the country, or to produce any sensible effect in diminishing its amount or preventing its extension among the people. The real difficulty of the whole question lay in the fact that while the material prosperity of the country had of late years greatly increased, pauperism had not abated so as in any way to indicate that pauperism bore any definite relation to the means the nation possessed of producing and accumulating wealth. Take the imports and exports of the year 1869, as given in the statistical abstract of 1870, the former amounting to £295,400,000, and the latter the exports to £190,000,000, whereas, in 1860, the imports were £210,500,000, and the exports £135,890,000, in round numbers, or well nigh £85,000,000 more of the value of imports, and above £54,000,000 more of the value of exports. Whilst the income of the country is under-estimated at £879,000,000, as might be learned partly from the return moved for by his hon. friend the member for Manchester (Sir T. Bazley), and partly by the estimates of gentlemen who might be deemed experts in these calculations. The estimate in respect of lands being given for the year ending 1870, as £133,478,000; that in respect of occupation of lands, £37,447,700; professions and trades and railway returns, £161,594,000; and from public offices, £22,110,858. The estimate of incomes under £200 a year is given at only £120,000,000, and the manual wages at £370,000,000. The figures adduced, undoubtedly raised the amount of the national income very considerably above the estimate given and accepted by the House in a late debate, and indicated an increase which might be reasonably expected to mark an era of material prosperity; but the pauperism of the year 1869 had shown no decrease in comparison with former years taken in quinquennial average, but a very large increase. There was something then the country had to deal with which the Poor-law had not reached, and that was the spirit of pauperism. There was something to be taught that the Poor-law had not attempted to impart to the humbler classes,—namely, a distaste for a state of dependence. The way in which the difficulty must be grappled with was by picking out from the general mass of paupers those who were on the sick-list, those who were mentally incapable, temporarily disabled or incapable from age, whether from one or the other extreme. Up to that point the Poor-law had advanced. These eliminated, a *residuum* would be left, and what was to be done with it? He was prepared with a solution. We should educate our pauper classes in habits of industry and progress; and that was to be done, not by the application of the workhouse test, as at present, but by making our workhouses instrumental to the employment of paupers in useful and profitable labour, and thus training them in habits of foresight and discipline. The course he proposed was not deterrent but educational. He had no faith in the deterrent course,—in the attempt to disgust the dependent poor by the offensiveness and uselessness of the task imposed. The sullen temper induced by the workhouse test as such was repulsive to the better instincts of the man, and tended to harden in him the spirit of pauperism. It lacked the stimulus of hope, the conviction of usefulness, which the sight and interest of progress fostered; it was essentially repellant and paralyzing. The two main objections to the useful employment of the dependent poor were,—first, the competition thereby offered to the self-supporting labouring classes; and the second was the fear lest dependence, robbed of its deterrent character, should be fostered. Neither objection appeared to him valid. Work capable of competing with free labour would soon produce a conviction of its worth in the producer, and generate emulation and foster a spirit of independence incompatible with the spirit of pauperism, and the restraint, discipline, and habits of control which the carrying out of the system of reproductive labour would necessitate, whilst it weakened the habits of thriftlessness and intemperance which lay at the root of pauperism, would render the restraint, companionship, and taint of pauperism distasteful, or even intolerable. He was convinced that for the adult able-bodied pauper labour was the most important element in education. It was, perhaps, the only true and reliable means of education; but we must supply profitable occupations if we intended really to educate our paupers, for there was no education in employment which was not profitable and useful.

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VACCINO-SYPHILIS—II,

We have very great pleasure in announcing that, as we advised should be the case, the Royal Medical and Chirurgical Society has agreed that the cases related by Mr. Hutchinson, and some additional ones mentioned by Mr. Warren Tay, shall be thoroughly investigated by a committee. As, however, the Profession is impatient, we cannot do better than follow up our last article with some notes on the adjourned meeting.

Mr. Henry Lee, who had moved the adjournment, made, in resuming the debate, a carefully prepared statement. He admitted he had only seen three cases in which a chancre had appeared to be communicated by vaccination. The first of these, a drawing of which was shown, occurred in 1863, and the appearances presented nine weeks after vaccination, bear some resemblance to one of the drawings in Mr. Hutchinson's series of cases. In this case there was a circumscribed induration and a puckered margin. But as the case left to itself was not followed by any secondary symptoms, at least, as far as he knew, Mr. Lee did not regard this as a case of syphilitic inoculation. Another case occurred after re-vaccination, not long ago: a somewhat triangular sore was here left. Three weeks afterwards this was surrounded by a well-defined circumscribed induration. There was very little, if any secretion from the surface, and altogether it presented very much the same appearance as an undoubted specific ulceration on the breast, such as that represented in a drawing shown to the society. In this case again the ulcer healed and the induration disappeared without any specific treatment, and as far as is known no constitutional symptoms followed. So here again he (Mr. Lee) regarded this as resulting from the inoculation of vaccine lymph, and not from the syphilitic poison. The third case was that shown by Mr. Thos. Smith, at another society, and here the history was complete. There was a circular sore, surrounded by some, although not much, induration; there was an enlarged gland under the clavicle, and there was sore throat and eruption of the skin. The appearance of the ulcer in this case was somewat peculiar. It was considerably more raised in the centre than at the circumference. He (Mr. Lee) did not consider that this condition at all militated against this having been a genuine chancre. It was not in fact very unusual to find chancres on the skin presenting this appearance. Drawings were shown of specific ulcers on the face and breast which presented this "fungoid" shape.

In Mr. Hutchinson's series of cases the axillary glands were enlarged in all. In Mr. Smith's case they were not enlarged. This again, was quite in accordance with what had been observed in other instances. In the Rivalta series of cases, out of forty-two the axillary glands were mentioned as enlarged in fourteen only, or exactly one-third of the cases. It must also be recollected that many of these children were much out of health, and that, therefore, even in the fourteen, the glands in the axilla might have been enlarged from other than specific causes.

The fact, that in some cases the axillary glands swell, and in some they do not, is dependent, in fact, upon the situation of the inoculations.

At the last meeting of the society something like a sentiment of commiseration had been expressed in reference to the gentleman in whose practice the cases before the society had occurred; with regard to that sentiment he (Mr. Lee) had no sympathy whatever. It would probably be hereafter acknowledged that there was no one in England who had contributed so much to render vaccination safe for the patient, and safe, as far as the reputation of the medical man was concerned, as the gentleman who had the moral courage and the honesty to allow these cases to be made public. Some day he (Mr. Lee) hoped to have the pleasure of knowing that gentleman's name, as he was sure it must always be associated, as far as the present subject was concerned, with the esteem, regard and respect of the whole Profession.

From this time forward no medical man ought ever to have the suspicion attached to him of having communicated syphilis by vaccination, unless a chancre were produced at the seat of inoculation. He knew that such accusations were very seldom made openly, but he knew also that it was very common for mothers and friends to say that a child had never been healthy since it was vaccinated. Those mothers and friends, we may depend upon it, recollected who the medical man was who had performed, and often recollected it to his prejudice. A proper consideration of this series of cases would also make vaccination in future much safer than it had formerly, for the person vaccinated. The circumstances under which vaccination was safe would now be reconsidered, and some rules he (Mr. Lee) hoped would be agreed on for the guidance of the Profession at large. Until this was done, and until it was fairly and fully acknowledged that accidents might take place, no one could be accused of mal-practice for not avoiding those accidents. To do so would be as if the government held a captain of a vessel responsible for striking upon a hidden rock which they refused to recognise in their charts. The danger should be allowed and openly and honestly stated, and this would probably be all that would be required in order that it might be avoided. There were inconveniences connected with vaccination other than the consequence of a specific animal poison, and Mr. Hutchinson's paper must necessarily direct attention to these as well as the graver forms of disease. Those who had seen much of re-vaccination during the last few months, would allow that inflamed arms were not very uncommon; and he (Mr. Lee) thought it would be allowed that when vaccine lymph became scarce, tubes or lancets or points were sometimes pressed upon the exhausted vesicles in order to obtain an additional supply; when this occurred, as so well pointed out by Mr. Lemon on a previous evening, inflammatory exudation corpuscles, probably the white corpuscula of the blood in a state of transition, growing, subdividing, multiplying, partaking of the life, and also perhaps of the diseases of the patient in whom they were formed, might be transferred to another individual.

Under such circumstances there would be little difficulty in connecting the diseased actions in the person vaccinated with the diseased germs of the vaccinifer and the simple obvious mode of preventing such an occurrence was, that the vaccinator should take the lymph only and not the exudation cells at the base of the vesicle.

He (Mr. Lee) would place this rule as the first to be observed, inasmuch as it can always be acted upon. Provided no attempt is made to take too much lymph from a single vesicle, this rule may always and under all circumstances be followed, and would, if it stood alone, be sufficient to ensure safe vaccination. In saying this he (Mr. Lee) would take for granted that no one would vaccinate with any but a clean instrument.

In the second place he (Mr. Lee) would place the condition of the child from whom the vaccine lymph is taken. Hundreds of persons no doubt were constantly vaccinated from syphilitic children without any bad effects following. This depended, in a great measure, upon the care with which the operation was performed in England in accordance with the past rule that he had mentioned. But occasionally even from syphilitic children it must have happened that the exudation corpuscles were taken and inoculated together with the lymph. Yet, in comparatively how few instances had any specific effects followed. This was to be explained by another fact of which he (Mr. Lee) had now no doubt. The secretions from the mucous membranes of syphilitic patients were not always or even generally inoculable, but if taken just at the time or just before an eruption broke out, they were inoculable. The same might be said with regard to the blood of syphilitic patients; and, again, the same with regard to the blood taken by mistake in vaccination. In all these cases, the secretion from a mucous surface or the blood, either in its natural condition or undergoing the changes which it does at the base of the vaccine vesicle, had an activity, as far as syphilitic inoculation is concerned, which it does not ordinarily possess. If this were so, the practical question at once suggests itself, How are we to know when this increased activity is about to develop itself? Now, it is not easy always to say when syphilis is latent in a child, and it would be considered often an ungracious task for a medical man to enquire too closely into the evidence necessary to determine the point.

It was now well-known that vaccination developed latent syphilis; therefore, if a syphilitic child were vaccinated, the very conditions were present which would tend to increase or develop the unusual activity of the syphilitic poison of which he had spoken. We thus arrive by scientific induction at two great rules with regard to vaccination quite in accordance with those which, by a much shorter process, would be dictated by common sense if not by common feeling,—first, that in taking lymph from a vesicle, the medical man had no right to meddle with the inflamed and tender skin which has produced the lymph; and, secondly, in order to make assurance doubly sure, that lymph for the purpose of vaccination should not be taken from any patient in whom there was any excitement of the system other than that which may be due to the vaccination.

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Notes on Current Topics.

The Sanitary Condition of Oxford.

A REPORT has recently been prepared by Dr. Buchanan upon the sanitary state of Oxford, which deserves attention. The deaths during the year 1870 amounted to about 39·6 per thousand. Measles, scarlet fever, enteric fever, and infantile diarrhœa were very prevalent, and diarrhœa was seriously epidemic during the twelvemonth. Dr. Buchanan discovered a very polluted state of the soil and the water supply, as well as defective sewerage and house accommodation, and an entire absence in the past of any systematic medical supervision of sanitary measures; for Oxford, it appears, until a month or two since, has possessed no medical officer of health. It appears "that the total height of artificial impediment to the natural drainage action of the river is about fourteen feet, and to a corresponding extent is the soil of Oxford kept wet," while the soil is polluted to a high degree by sewage matter soakage into it. As regards the drainage, matters remain much as they were in 1865, when, out of 100,622 feet of streets, only 57,688 were "drained," and all the drains do not receive sewage. Then, as regards the water supply, we find that it is in part derived from the Corporation Water Works and in part from wells. About one-third of the houses are supplied from the former source, which is liable to be contaminated, there being "incessant soakage" into the gravel in which the reservoir is dug "from a multitude of unbricked cesspools and heaps of surface filth. Within thirty feet of the water reservoirs there is one row of privies with such cesspools." Private wells are numerous, and as the gravel is nowhere more than twenty feet thick, "as it forms the bed of streams that receive all manner of filth, and as numerous cesspools remain in the town, such wells must commonly receive excremental products, and many of them must receive excrement in a hardly altered condition." In fact, the water is unfit to be drunk. The *Pall Mall Gazette* says that various proposals have been made for satisfactorily disposing of the sewage, but until the beginning of the present year all have been set aside. The conveyance of the sewage a mile and a half away, and there disposing of it subsequently, has at length been decided upon, but nothing has been done in reference to the subsoil drainage. The want of a medical officer of health is exemplified in a striking manner by the neglect of sanitary precautions in dealing with the past epidemic of [illegible]

Death from Chloral.

DR. BRUCE, resident surgeon in the Dundee Infirmary, died on Monday week from an overdose of chloral. On Friday, the 5th, he complained to Mr. Moon, his colleague, of a swollen figure, caused, as he feared, at a *sectio cadaveris*. The swelling increased, and he took a dose of chloral hydrate to deaden the pain. This remedy he resorted to at intervals, until Monday morning, when he seems to have taken an extra quantity. Shortly thereafter he saw Mr. Moon in the parlour, and still complained of the swelling and pain. Mr. Moon desired an attendant to apply a poultice, and proceeded round the wards. On his return he found Dr. Bruce dead. Messrs. Begg and Allan, who were then in the infirmary, assisted Mr. Moon in his efforts at restoring Dr. Bruce, but in vain. The deceased gentleman had graduated last year, and held his post in the infirmary for only three weeks. He was but twenty-seven years of age, and born in Dundee, where he was much respected.

Society for the Relief of Widows and Orphans of Medical Men.

THE annual meeting of the Society was held on Friday, April 28th, at 53 Berners street. It appears that out of over 4,000 Medical men eligible as members, only about 400 availed themselves of the advantages offered by the Society. The secretary read a statement of the affairs of the Society for the year 1870, from which it appeared that £2,811 10s. had been distributed in grants, the expenses being £255 10s., an increase of grants by £106 10s. on those of the year before. The receipts of the year amounted to £3,153 3s. 9d., an increase only of £19 16s. 2d. on those of 1869. The balance of available receipts over expenditure was only £11. Seven new members had been elected, nine had died, and five resigned, leaving a total of 429. Three widows and five children had been added to the list of recipients of grants; six widows and children had died or become ineligible. At the end of the year fifty-five widows and fifty children were on the books of the Society.

Royal College of Physicians, London.

DR. ACLAND will deliver a lecture at the College on Friday, June 2nd, taking as his subject, "National Health."

Dr. Guy will lecture on the following days:—June 7th, 9th, and 14th, on "War in its Sanitary Aspects, with special reference to the period from 1793 to 1815."

A Testimony in Favour of Female Medical Students.

DR. KEILLER, in opening his summer course of lectures at Surgeon's Hall, Edinburgh, last week, strongly advocated the admission of women to the Medical Profession, or rather to that department of the Profession for which their sex specially qualifies them. He incidentally bore the following testimony to the ability of Miss Garrett, now Mrs. Garrett Anderson:—"I do not hesitate to say that Miss Elizabeth Garrett was the most apt pupil I ever had. While attending my female class at the Royal Maternity Hospital, and receiving my instructions in midwifery and the diseases of women and children, Miss Garrett begged of me to allow her to compete in the written examination of my male class at the College of Surgeons, not that she wished or expected to carry off a prize, but merely to test her own knowledge of the subjects. I examined and carefully compared her competitive papers with those of my then students; and on handing her my female diploma, which was the first she obtained, and the only document of the kind she was then able to obtain at this school, I had the satisfaction or dissatisfaction (as the special point of view may be taken) of telling her what I had told my prizemen, that she was entitled to the first medal, and that if there were to be many like her, even they might have no small difficulty in keeping their ground."

The London Hospital for Sick Children.

THE nineteenth annual meeting of this charity was held last week. The annual festival last year was honoured by the presence of his Royal Highness the Prince of Wales, and the amount collected on that occasion was upwards of £5,000. That sum had been invested, and raised the funds available for rebuilding the hospital.

The Hospital for Diseases of the Chest.

THE fifty-seventh anniversary festival of this the oldest hospital of the kind in Europe was held last week. In giving "Prosperity to the Hospital," the chairman referred to its foundation in 1814 by a member of the royal family. No less than 22,000 persons died in London of consumption, but that figure by no means represented the number of persons who suffered from the malady. Its expenditure could not be brought lower than £2,500 a-year; and yet the annual subscriptions do not amount to more than £850 a-year. The secretary announced a list of donations exceeding £1,600. Her Majesty sent a contribution of £50.

The German Hospital, Dalston.

THE twenty-sixth anniversary dinner of this institution took place last week, under the presidency of Prince Christian of Schleswig-Holstein. It is estimated that of the number of foreigners living in the metropolis no less than six-sevenths, or upwards of 30,000, are natives of Germany, and these Germans chiefly belong to the humbler classes of society, a large proportion of them being poor mechanics and craftsmen, or hard-working labourers employed as sugar-bakers, skin-dressers, skin-dyers, and in other occupations injurious to health. The hospital at Dalston, where Germans are associated together, is therefore a very valuable charity, and the importance of the work it is doing may be judged from the facts that during last year the number of in-patients was 1,034 (of whom 240 were cases of accident almost exclusively English), and the out-patients at the hospital and dispensaries numbered 14,184. The subscriptions at the table amounted to £4,050.

Vaccination.

THE committee appointed to inquire into vaccination have given the vaccino-phobiacs their full swing, examined all their witnesses, and merely called three or four gentlemen to rebut them. True, the three or four called on the side of reason are of such standing that in the opinion of the Profession any one of them will receive more respect than all their opponents put together. Nevertheless, we should not be surprised to see prejudice prevail, and reason be set aside. The public is so easily alarmed, statesmen care so little about questions of public health, that we are at the mercy, as it were, of ignorant fanatics, who by their continual loud screams inspire others with terror. In the present state of education, we fear greatly there is nothing for it but to submit to the ignorant. What a weight of responsibility do these few alarmists incur, who have done, and are doing, so much to vindicate the right of small-pox to devastate the land that gave birth to Jenner.

Medical Officers of Health.

THE *Food Journal* says that want of such officers under the present *régime* is often sorely felt, but nothing short of a compulsory clause in an Act of Parliament can insure their general appointment. The reasons urged against them are serious and sometimes comical. Expense we can understand; but what can be said of Town Commissioners in a fashionable watering place, who decided against an officer of health on the ground that his appointment would frighten a fickle and fashionable public, and induce them to search for health and pleasure, where disease is allowed free course, and sickness is never named?

Mrs. Gladstone's Small-pox Hospital.

THE management of Mrs. Gladstone's hospital for small-pox cases at Upper Clapton has been again brought under notice of the magistrates. It may be remembered that on the 23rd ult., a deputation consisting of nine householders and inhabitants waited upon the same magistrate to solicit his assistance in procuring the suppression or removal of the hospital. They said that the institution was managed in such a manner as to extend the area of the disease rather than check its advance. Four days afterwards, Mr. Clarke, one of the solicitors to the institution, gave a categorical denial to the allegations of the deputation. Last week several gentlemen attended again before the magistrate to make statements in opposition to the contradiction. Mr. Whiter said on the contrary, there were twenty-one houses abutting on the hospital, which, again, was only fifteen feet from the pathway. The nurses who attended the patients were in the habit of going to St. Matthias Church, and mixing with the congregation. Before the opening of the hospital a meeting was held, and a petition against its establishment was presented to Mrs. Gladstone. It was, however, to no purpose. The institution was not for the good of the afflicted poor of the East end, but for those who would pay a guinea a week and upwards, and who could then have one or more rooms, their own doctor, their own minister, or what they liked. It was thought very hard that persons should be brought down from the West-end to get cured of their ailment at the East-end to the danger of the inhabitants. The latter were determined to do all they could to make the matter public, because it was of public importance. Mr. Newton thought that the deputation were quite right, and he regretted his inability to assist them.

Health of Glasgow.

THE Medical Officer reports that in the fortnight the deaths were 692, which, as compared with the preceding fortnight, is a decrease of 35. The cases of fever reported during the fortnight were 293. The rapid rate of decline in the epidemic has not been maintained during the last two weeks, and the cases are 187 in excess of the number at this time last year, when only 106 (chiefly typhus), were recorded. The deaths from small-pox were 13, only 7 of which took place in hospital, once more leading to the inference that many of the most severe cases of small-pox must be treated at home.

The Epidemic of Small-pox in London.

THE mortality continues to rise, the numbers being 265, 276, 261, and 288 during the last four weeks, the highest weekly number that has been touched during the present epidemic being the last, almost three times as high as the largest number returned in London in any week of the several epidemics, or outbreaks, that occurred during the 31 years 1840-70. In nine permanent and temporary hospitals for the disease 74 deaths were recorded last week, of which 36, 35, and 8 occurred respectively in the institutions at Hampstead, Stockwell and Homerton. Thirty deaths from small-pox last week belonged to the West group of districts, 81 to the North, 18 to the Central, 51 to the East, and 108 to the South. The fatal cases declined last week in the Central districts, but increased in each of the other groups. The highest death-rate from small-pox was shown in Somers Town, Bethnal-green, Mile-end Old Town, Southwark, Newington, Clapham and Battersea; in the latter sub-district, of 31 deaths 14 were referred to small-pox.

Devon and Exeter Benevolent Medical Society.

FROM the report in the *Exeter and Plymouth Gazette*, we find this association in a flourishing condition. This is so seldom the case with our medical societies, that we are very glad to record that the invested stock in Consols now amounts to £2,087 8s. 2d. Dr. Shapter pointed out that they had now annually accruing to them £60 a-year from dividends, and annual subscriptions amounting to £50 or £60, so that they had really about £120 a-year available for annuities. In the course of their existence they had assisted for some years a widow, for a couple of years they assisted another who died an annuitant, and they also assisted through an apprenticeship the son of one of their members. He would call their attention to the fact that this was not a charity. They called it a benevolent fund, but really and truly all who were in adversity and had been subscribers were entitled to its advantages, so that really there was no humiliation in it. Another advantage pointed out by Dr. Shapter and that we greatly commend is, that there is no canvassing in obtaining the advantages. All members have the same claim to have their case heard. There is no humiliation and expense in obtaining the grants. A lady who had canvassed the Medical Benevolent College told him that it cost her £30 a-year for canvassing, besides the harass and the cost to her friends. That he thought was a serious drawback to any benevolent society. In this Society the applicant was not put to a penny expense. He wished he could see members of the profession in the country more generally join it. It was one of the best insurances for those who might fall in temporary or permanent difficulties. He saw no reason why any member of the profession could not contribute a guinea a-year to the Society.

THE Pope is said to be suffering from "ascending paralysis."

The Ex-Emperor Napoleon.

HIS Ex-Imperial Majesty who has for some weeks past, been suffering from an acute attack of rheumatic gout, has now so far recovered, as to be able to take walking exercise. This will set at rest the rumours his non-appearance in public has given rise, many having attributed it to what was "certainly a fact" that he had left secretly for Paris, and others, that he had gone to Berlin to treat with the Emperor of Germany with the view to his re-installation upon the throne of France.

Detection of Blood-Stains.

ON Saturday last, Dr. Letheby gave some important evidence on this subject in the case that is known as the Eltham murder. He was able to pronounce certain stains on the prisoner's clothes to be blood-stains. He had no doubt they were the blood of a mammal, but it was impossible to say they were human blood. In view of the interest excited by this case, we may observe that the most delicate of all tests for blood is the new spectroscopic method. This has been applied by Dr. Letheby, whose admirable article on the subject in the *London Hospital Reports*, Vol. III., is the only complete authority on this particular method of examining supposed blood-stains. We propose next week to return to the subject, and to re-produce a portion of Dr. Letheby's paper.

New Books in Medicine, Surgery, and Science.

THE book lists for the month of May contain few announcements of any importance. Within the last month the following works have issued :—

Acton : On the Functions and Disorders of the Reproductive Organs, considered in their Physiological, Social, and Moral Relations. 5th edition, price 12s. Dewar : On Rheumatism and Rheumatic Gout Treated on Antiseptic Principles. 8vo. price 1s. Mac Cormac : Recollections of an Ambulance Surgeon, price 7s. 6d. Napheys : On the Transmissions of Life. Counsels on the Nature and Hygiene of the Masculine Function, price 12s. Oliver : Plain Facts on Vaccination, price 1s. 6d. Richardson : Remarks on Diabetes, especially with Reference to Treatment, price 4s. 6d. Scudder : On Specific Medication and Specific Medicines, price 12s. 6d. Ward : Outline Facts of Chemistry, price 2s.

The following books are announced as about to appear :— Beale : Disease, its Nature and Treatment. Same author : Vital Theories and Religious thought. Sir Thomas Watson : Lectures, Practice of Physic, New edition. West : On some Disorders of the Nervous System in Childhood.

In the works devoted to the collateral sciences, we have :—

Gunther : Record of Zoological Literature. Newman : Natural History of British Butterflies, price 7s. 6d. Nicholson : Text Book of Zoology, price 3s. 6d. And lastly from the Continent we have :—Bayan : Etudes sur des Fossiles nouveaux ou malconnus, Mollusques Tertiaires. Chatin : De l'Anthère ; Recherches sur le Développement, la Structure, et les Fonctions de ses Tissus. Chauveau : Traité d'Anatomie comparée des Animaux Domestiques, 2eme partie. Rambosson : Les Lois de la Vie et l'Art de prolonger ses Jours. Reverain : Etudes sur l'Urethrotomie interne. Robin : Traité du Microscope. Gräfe (A von) : Klinische Vorträge über Augenheilkunde. Herausgegeben von J. Hirschberg. 8vo. Berlin, price 1s. 6d.

Vaccination.

The handbill issued by Dr. Hearne, at Southampton, has given rise to some discussion in the local papers. The following extracts from a letter of Dr. Hearne's will show the position of the controversy there.

In reply to Dr. Aldridge, he says :—

"He has asserted that the description I have given is applicable only to a first vaccination, which is an unfortunate misconception.

"The medical authorities he has referred to, he has either misunderstood, or has misquoted ; for he has described the results of a re-vaccination in a large number of cases as assuming the form of a papular elevation (a pimple), with a little redness, and asserts that this is called successful vaccination by Ceelry(?), Marson, Gregory, and Seaton. I have read the opinions of the authorities named, with one exception, and have some of them now before me, but can sanction no such interpretation of their writings.

"A pimple has never before been described as cow-pox.

"I have witnessed many cases of re-vaccination which presented nothing more than pimples as the result of the operations, although, in some few, unhealthy inflammations and ulcerations have disturbed the general health for more than weeks—the one being as good a protective against small-pox as the other.

"Dr. Jenner wrote, that 'Vaccination once performed will protect for ever from small-pox.' In fact, all written in favour of re-vaccination is mainly consequent on defective primary vaccination.

"Dr. Simon, Medical Officer of Health to the Privy Council, but not to the College of Physicians, London, as described by Dr. Aldridge, has issued a paper on the subject, 'a child once properly vaccinated is practically secured against infection.'

"The assuming writer then ventured to compare the description of the progress of cow-pox with the stages of consumption or cancer. He could not have been more unhappy in his comparison ; for whilst genuine cow-pox runs the most regular course of any disease known, none can be mentioned as more erratic, in every respect, than the diseases he has named, which admit of contrast, not of comparison. Indeed, that has ever been recognised by even the uninformed.

"I have simply to inform those whose interests I felt it my duty to protect, that I have not sought to disparage any particular medical man ; that in my public capacity I have been required to make certain representations which facts appeared to support, and that I have discharged that duty, and shall persist in doing so, to the best of my ability.

"If Dr. Aldridge's pimple theory can be regarded as successful re-vaccination, there is not much left to dispute about. The interest connected with the re-vaccinations, and the results of 40,000 Prussian soldiers, for some years annually, must be thrown aside as unworthy of consideration ; but, nevertheless, I will repeat for the information of rational people that the Prussians are highly practical ; that in two-fifths of their cases the results were regular ; in one-fifth irregular (pimples?), whilst in the other two-fifths there was no effect whatever !

"The cursory glance I could obtain of the Southampton Medical Books, appeared to demonstrate that up to the 18th of April, the re-vaccinations were, with scarcely an exception, charged for as succesful.

"Another serious question has arisen, who is responsible for the removal of patients, when in a dying state, from their own homes to the small-pox hospitals?"

At the Vaccination Committee Mr. Jonathan Hutchinson expressed his unabated confidence in the efficacy of vaccination, and spoke of the danger of inoculating syphilis as "infinitesimally" slight.

Anæsthetics.

Our readers know that many of our American brethren much prefer ether to chloroform, and assert it to be much safer. Unhappily, we can no longer say that bichloride of methyline is not as dangerous as other anæsthetics—at any rate we find it can kill rapidly. Nitrous oxide seems to gain in favour. An interesting discussion is going on in the *British Journal of Dental Science*, and we are glad to see that gentlemen engaged in dental practice are writing freely their experience and opinions on the anæsthetics most adapted for their purposes.

Royal College of Surgeons of England.

We are glad to learn that Mr. Critchett is to be brought forward at the next election as a candidate for the Council. It would be well for ophthalmology to be represented by so distinguished a cultivator of that branch of surgery, and yet one who, as surgeon and lecturer at the London Hospital, has taught with a success that has endeared him to his pupils. Mr. George Critchett is, too, a name synonymous with all that is upright and liberal-minded. We hope he will place his views on collegiate matters and medical politics generally distinctly before the Fellows.

Vaccination Compulsory on Doctors.

Lord Salisbury, with characteristic quixotism, thinks that to enforce vaccination the fine should be laid on the doctor instead of on the parent. We might as well propose to fine his lordship for any infringement of the law by his tenantry.

Hereditary legislators are not necessarily gifted with a high sense of justice, and if such nonsense is rampant in the House of Peers, how can we expect ignorant anti-vaccinators to be more logical.

It is reported that Bamberger will succeed the late lamented Oppolzer.

John Lambert, Esq., Poor-law Inspector, has been gazetted Civil Companion of the Order of the Bath.

We regret to learn the death of Deputy-Inspector General Dr. Telfer, a retired medical officer of the army, in charge of the military prison at Gosport.

The coronership of the southern division of the county of Wexford is vacant. We hope the electors will appoint a medical coroner. Dr. C. J. Denny is a candidate.

At Cambridge, Dr. Michael Foster, the Trinity Prælector in Physiology, is giving a course of lectures "On the Elements of Embryology."

Her Majesty the Queen has been graciously pleased to intimate that she will open the new St. Thomas's Hospital towards the end of June.

Yellow fever in the Brazils is proving fatal to 700 victims per day, among them being the eminent physician, Dr. Roque Perez.

The Metropolitan Water Bill has not yet been withdrawn, but will probably follow others into the limbo of lost measures.

A bust and scholarship in memory of Oppolzer are proposed to be inaugurated in Vienna. What more natural? Subscriptions may be sent to Dr. Kraus, at the office of the *Allgem. Wien Medicin Zeitung*.

Dr. Burney Yeo succeeds Dr. Sanderson at the Brompton Hospital. He is a good man, but the mode of appointment is such that the Profession cares less for the hospital than it otherwise would.

Another public meeting has been held on behalf of the funds of St. George's Hospital. The public ought not to forget that the charity needs every support, although it is situated in one of the richest localities in the metropolis.

Dr. Parkes has been elected to a seat on the Senate of London University by the large majority of 250, *i. e.*, he has come out at the head of the three names to be submitted to her Majesty by that university.

A public meeting will be held to-morrow in London to adopt measures for the relief of the great distress existing at Buenos Ayres, in consequence of the ravages which the epidemic of yellow fever is working amongst the population.

Dr. Hitchman presided over a meeting of the Medico-Psychological Association at the Royal Infirmary of Manchester lately, when Dr. B. Tuke advocated a more accurate *post-mortem* examination of the brains of those who died in our asylums.

The withdrawal of the Local Taxation Bill involves the loss of the clauses designed to carry out the recommendations of the Sanitary Commission. These clauses were, however, so imperfect, that we hardly know whether to regret the incident or not.

The officers of Her Majesty's Army, Navy, and Indian Medical Service hold their annual dinner at Willis's Rooms on Friday, the 26th inst. The chair will be taken by the Director-General of the Navy Medical Department.

An inquiry has lately been held at Kidderminster by Mr. Holland, the Home-office inspector, as to the state of the burial grounds in the borough. Offensive smells from the churchyard of St. Mary's were frequently experienced at the neighbouring infirmary. The churchyard will, probaby, be closed.

Mr. T. M. Balfour and Mr. T. H. Carpenter (son of Dr. Carpenter, Registrar of the University of London), have been elected to foundation scholarships for Natural Science at Trinity College, Cambridge; Mr. Clough has been elected to an exhibition for Natural Science at St. John's College, Cambridge.

The Army Blue Book has just appeared, and contains the usual mass of information that makes it so valuable. There are reports on the health of our troops in the various parts in which they were serving during the year.

Besides the "Appendix," it seems, if possible, richer than ever, and contains some very valuable papers to which we shall have occasion to refer in future numbers. The "Report on Hygiene," by Dr. Parkes, opens the "Appendix."

Inspector-General Lawson's paper at the Epidemiological Society "On Cholera in Vessels at Sea," read this day week, was full of carefully arranged details, illustrated by excellent maps, showing the origin and progress of the disease in various transports at different stages of the voyages made by them. In analysing the occurrences set forth in his paper, Inspector-General Lawson pointed out their bearing upon the views published by him in "Pandemic Waves." The discussion was postponed until the next meeting of the Society.

According to the quarterly report of the Registrar-General, in the United Kingdom the births of 280,306 children, and the deaths of 184,880 persons of both sexes, were registered in the three months ending on March 31. The natural increase of population was thus 95,426. The births were numerous, but stationary. The deaths in the first quarter of the year have decreased both in town and country, as compared with the corresponding quarter of last year. Scarlet fever declined, and had it not been for a virulent outbreak of small-pox in London and Liverpool the public health would have shown still more decisive marks of improvement.

SCOTLAND.

Lady Medical Students at Edinburgh.—In last issue, it was stated that the directors of the Leith Hospital had declined to allow female students to prosecute their clinical studies there, since then the directors of the Royal Sick Children's Hospital have had the admission of ladies to that hospital under discussion, and from the great practical difficulties which stand in the way, it was almost unanimously resolved, that such admission for the present at least, could not be granted.

ON THE CORRECTIVE INFLUENCE OF BROMIDE OF POTASSIUM ON OPIUM.

In an article in the *American Journal of the Medical Sciences* for April, 1870 (p. 365), Dr. Da Costa, Physician to the Pennsylvania Hospital, &c., called attention to the influence bromide of potassium exerts on the unpleasant effects produced by opium. In the new number of the same journal he gives some cases which led him to form this opinion, and to examine more particularly into the combined action of these valuable agents. He says :—

"The first case in which I fairly studied the subject was under my charge about two years ago. A lady affected with a most painful enteric malady, and of very susceptible nervous system, was often attacked with seizures of abdominal pain of most severe character. Yet she generally bore them until they exhausted themselves without taking any remedy, or with such slight help as remedies, excepting opium, afforded, rather than subject herself to the distress this medicine caused. It was not fancy on her part; for when at times, on account of the excruciating character of the pain, she was obliged to resort to opium—usually black drop, which, of all preparations, produced the least disturbance—I have stood by her bedside and myself witnessed the effects of the anodyne. There was relief, certainly, of the abdominal distress, but also itching or tingling sensations all over the body, amounting to positive pain; then numbness more or less extended, usually accompanied by a sense of sinking, and a faintness most severe and constant, and uninfluenced, or with difficulty relieved by stimulants. Complete unconsciousness did not occur, or only existed for a minute or two, when she thought she slept, though a slight movement instantly aroused her; but to use her own expression, she was 'alive nowhere except the head and heart.'

Perhaps the best statement of the result from giving the bromide is afforded by still further quoting my observant and accomplished patient in an extract from a note from her: 'I have been sending my thoughts back to the time when opium was my horror, and severe pain as easy to bear as its effects. If the pain was relieved, the faintness would return after twelve, fifteen, or even twenty-four hours from the time of taking the opium. Now, on taking twenty grains of the bromide one-half hour before a dose of the watery extract, and again about two hours afterwards, I am pretty secure.' From the first time in which, when giving her the bromide, its influence in preventing the unpleasant consequences of opium was noticed until the present the bromide has not failed us once. On morphia it has least influence, and morphia and codeia always affected her the worst. Still it has an influence, and four doses keep her tolerably comfortable.

"A case as striking, though not one in which the observation has been as often repeated, is that of an old lady subject to attacks of diarrhœa, and in whom all opiates, even paregoric, produced faintness, marked, though not so marked as in the preceding instance, but much more decided headache and nausea. By taking forty grains of bromide, in twenty grain doses, beginning about three hours before she takes opium, she bears perfectly well twenty-five drops of laudanum.

"Of another case I transcribe the record, as kindly kept for me at the Hospital by my resident physician, Dr. James C. Wilson. It reads thus:—

"Annie C., Irish, aged thirty-five, a domestic, widow. Admitted into the Pennsylvania Hospital, Feb. 8th, 1871, suffering with anæmia and with impaired digestion, which, however, is not associated with any manifest organic disease; was placed upon tinct. ferri chloridi gtt. xx, t. d., and good diet.

"*Feb.* 12*th.*—Complains of sleeplessness; states that she was awake all last night. This report was corroborated by the night nurse. Was ordered liq. morphiæ sulph. f℥ij. at bedtime.

"13*th.*—Passed a sleepless night. After taking the morphia she experienced a feeling of great weakness; felt dizzy and confused; described herself as 'seeing all kinds of strange things.' She had headache as these phenomena passed away, with dryness of the throat and great restlessness, which lasted until morning. On rising she had intense nausea and vomiting, which continued until noon. 2 *p.m.*, given potassii bromid. gr. xxx. 8 *p.m.*, liq. morphia sulph. f℥ij as last night. Pulse 128, respiration 28, temperature 100°.

"14*th, a.m.*—Pulse 108, respiration 24, temperature 98¾°. States that she slept very well, and feels in every respect quite as well as usual. No dizziness nor headache; no nausea nor vomiting followed the administration of the morphia.

"17*th, p.m.*—Pulse 116, respiration 20, temperature 99½°.

"18*th, a.m.*—Pulse 96, respiration 20, temperature 98¼°. Had taken no medicine, except the tinct. of chloride of iron, since the evening of 13th inst. She again complains of sleeping poorly. Last night she did not fall asleep until towards morning. 8 *p.m.*, given tinct. opii deodorat. gtt. xxv. Pulse 83, respiration 20, temperature 99°.

"19*th, a.m.*—Pulse 76, respiration 20, temperature 99°. She states that after taking the medicine last night she felt weak and faint, was dizzy, and fancied that she saw curious and grotesque objects; had no pain in her head, but was restless, and had no sound sleep, although she dozed at times. Had a feeling of faintness and nausea on rising, but no vomiting. 6 *p.m.*, took potassii bromid. gr. xxx; 9 *p.m.*, tinct. opii deodorat. gtt. xxv.

"20*th.*—Fell asleep about midnight, and slept well till morning. Had some dizziness, but no feeling of faintness; no confusion or headache after taking the opiate. Had no nausea, vomiting, or faintness on rising.

"I will briefly cite one more case, which was very recently under my observation:—

"A young lady, in whom opium produced most decided faintness and nausea, was attacked with muscular rheumatism, and took laudanum at night to relieve her discomfort. She sent for me the next morning, and I found her with dry throat, giddy, and weak. Prescribing the bromides, partly to counteract the effect of the opium, partly for other reasons, she was enabled to take the opiate without the least inconvenience; and, when a few days afterwards I found that she had been resorting with impunity to an opiate of either Dover's powder or laudanum, every night, I ascertained that, by a misunderstanding of orders, she had continued to take the bromide mixture, in addition to the prescription of acetate of potassa and colchicum, which I had directed to replace it.

"I might continue to multiply this narrative of cases, but it will not make the subject any clearer. I shall rather investigate the result, in some special directions, of giving the two remedies. The bromide does not destroy either the anodyne or the hypnotic effects of the opiate; on the contrary, it rather heightens both, and more particularly the latter. To quote again from the letter of my first patient—'The more bromide I take the sooner do I get sleep after a dose of opium. Two doses of bromide (twenty grains each) are not usually enough to counteract the exciting effects, and procure sleep under five or six hours from the time of taking.' The faintness from opium is the phenomenon most markedly prevented; next in the readiness of being influenced stand the headache, vertigo, and nausea, then the itching of the surface, and dry mouth.

"The bromide has seemed to me to act best when it is given some hours before the opium, and forty to sixty grains—generally forty grains—prove sufficient. But it also has an action, sometimes, however, markedly less, when combined with opium; and, should unpleasant consequences have accrued from this, the bromide will mitigate their severity. Even the cutaneous itching is favourably influenced, and I have known repeated doses most decidedly affect the faintness. When morphia is used hypodermically, it is then most necessary to give the bromide some time in advance, and it may take larger doses to accomplish the purpose. At least it has so seemed to me—though I have not often tested this, since most of the observations were made in persons who took opium by the mouth.

"Now, though I think that the corrective influence of the bromide on opium holds good as a general truth, we meet at times with exceptions. Dr. Wallace, to whom I had mentioned the matter, told me that while he had in several instances obtained the most gratifying results, he had failed in one; and Dr. James C. Wilson has taken notes for me of a patient in the Pennsylvania Hospital suffering from advanced phthisis, in whom sleeplessness, a feeling of confusion, dizziness, and dull throbbing, frontal headache, and nausea and vomiting in the morning were caused by one drachm of the solution of sulphate of morphia. The addition of the same amount of spirits of chloroform obviated the unpleasant results, though it finally failed; and sixty grains of the bromide did not prevent one-fourth of a grain from producing the disagreeable consequences.

"But these exceptions are not, I believe, numerous, and the bromide does not often disappoint. Of course, in investigating its value with reference to the questions here discussed, we have to test it on those with whom opium really disagrees, and not on such who merely say that it does; for, from some reason or the other, many persons seem to think it a point of honour to make this statement, though out of ten such persons nine are quite certain to be able to bear the anodyne as readily, and to derive as much advantage from it, as the rest of mankind with whom it professedly does not disagree. Yet, considering the number of therapeutical applications of the invaluable drug, and the fact that we may be prevented from using it in instances in which its employment might be of the greatest moment, because to use it seems impossible, it will be of service to be able to control its action, and the remarks here made will, I trust, prove to represent the full truth. Moreover, they may be looked upon as a contribution towards a most interesting and comparatively neglected part of therapeutics, what may be called the *corrective influence* of one drug over the other; corrective in obviating its bad results, while not interfering with, but rather heightening, the good ones."

The Sick Lion.

"JEAMES" THE LESS—the flunky medical—chronicled last week in the *Lancet* with proper authoritative pomposity "As who should say, I am Sir Oracle, and when I ope my mouth let no dog bark," the rheumatismal twinges of the ex-Emperor. The delicate compliment is not lost on the Emperor's doctor, who graciously confers a Legion of Honour this week on the diplomatic Jeames.

The *Lancet* has a letter, not a vulgar common-place English epistle, but a *distingué* French *billet doux*, which "authoritatively confirms" its stupendous revelations.

The doctor thanks the *Lancet* for "l'interest qu'il temoigne pour son illustre client." Graceful acknowledgement! Happy *Lancet ! !*

The Emperor, *mirabile dictu*, "has suffered from rheumatismal pains." More wonderful still—"hopes soon to see the end of them"—"walked out in the park at Camden place"—and, acme of delight—"*se trouve très bien.*" Is there any other important scientific fact the *Lancet* can offer its readers ?

The breathless public awaits the next pronouncement of "*the leading medical journal.*"

The Qualification in State Medicine University.

THE examination for this degree will commence on the 12th of June. It is announced that value will be attached to the various subjects of examination in the following proportion:

Medical Jurisprudence	25	marks.
Chemistry	15	"
Meteorology	15	"
Vital Statistics	15	"
Morbid Anatomy	10	"
Law	10	"
Engineering	10	"
Total	100	

Lectures at the London College of Surgeons.

THE lectures at the Royal College of Surgeons of England will be resumed on the 29th instant, by Professor Birkett, who will deliver on that day, and on the succeeding Wednesdays, Fridays, and Mondays, six Lectures on the "Nature and Treatment of New Growths," in continuation of his course last year.

Mr. J. W. Hulke, F.L.S., will also deliver, on Monday, Wednesday, and Friday, the 12th, 14th, and 16th of June next, three Lectures on the "Minute Anatomy of the Eye," in continuation of his course of the last two years.

The lectures will commence at four o'clock precisely each day.

Death of Dr. Hildige, of Dublin.

WE announce with much regret the death of Dr. Hildige, of Dublin, which occurred on Saturday night last, under peculiarly painful circumstances. Dr. Hildige had been for some time in very delicate health, suffering, as we understand, from very severe paroxysmal pains about the epigastrium, for which he was in the habit of making use of powerful local sedatives. On Saturday night he retired to bed in his usual health, and was found dead by the servant on Sunday morning.

Dr. Hildige's practice was altogether ophthalmic and aural. He was a Fellow of the Royal College of Surgeons, and a corresponding member of several foreign societies.

Contagious Diseases Acts.

IN the House of Commons on Thursday last, Sir J. Elphinstone asked the hon. member for Cambridge whether he meant to bring on his motion on this subject, which stood for Tuesday, the 16th. Mr. W. Fowler said he had been informed that the report of the Commission on that question would very shortly be issued, and he had acceded to a representation made to him that it would be advisable not to proceed with his motion on the 16th. He reserved to himself, however, the right of bringing it on should the presentation of the report of the Commissioners be delayed.

The Irish Lunacy Regulation Bill.

THE important amendments made by the Committee in Lord O'Hagan's Bill, were set down for consideration in the Lords on Tuesday last.

The Army Medical Department.

MR. STACPOOLE intends moving an address for a return of the officers of the Army (Medical Department) who are now employed in the office of the Director-General, specifying name, rank, capacity in which employed, and periods from which, and to which they have been so employed, and copy of orders or letters which prescribe assigned periods for the employment of military offices at War Office or Horse Guards.

Quarters, Fuel, and Light, for Army Medical Officers.

1. THE Secretary of State has approved of the annexed schedule regulating the extent of accommodation to be allotted to officers in public quarters, both at home and abroad, the number of rooms for which issues of fuel and light are provided for home service, and the commuted allowance in lieu thereof. 2. Although the accompanying scale will be adhered to as a rule, officers will be subject to circumstances arising out of the exigencies of the public service, whereby it may become necessary for them to occupy quarters of less extent, and draw consequently smaller allowances than those provided for in the scale. 3. The number of rations of fuel and light to be issued at home stations is laid down in Clause 20, Army Circulars, 1871 :—Inspector-Gen., hospitals, after 3 years ; number of rooms to be allotted, 7 personal, 2 for servants ; fuel and light to be provided for 6 rooms ; commuted allowance in lieu of fuel and light, in winter, 3s. per diem, summer, 2s. Inspector-Gen., hospital, under 3 years ; 6 rooms personal, 2 for servants ; 5 for fuel ; commuted allowance, 2s. 6d. and 1s. 9d. Deputy Inspector-Gen., hospitals, after 5 years ; 5 rooms personal, 1 for servants ; 4 for fuel ; commuted allowance, 2s. and 1s. 6d. Deputy Inspector-Gen., hospitals, under 5 years ; Surgeon-major ; 5 rooms personal, 1 for servants ; 4 for fuel ; commuted allowance, 2s. and 1s. 6d. Surgeon not attached to a regiment ; 4 rooms personal, 1 for servants ; 3 for fuel ; commuted allowance, 1s. 6d. and 1s. Assist-Surg., 6 years' service, not attached to a regiment ; Apothecary, after 15 years ; 3 rooms personal, 1 for servants ;

3 for fuel; commuted allowance, 1s. 6d. and 1s. Assist-Surg., under 6 years, not attached to a regiment; Apothecary, under 15 years; 2 rooms personal, 1 for servants; 2 for fuel; commuted allowance, 1s. and 1s.

Death of two Indian Medical Officers.

We regret to announce the death of two surgeons of the Bombay Army, Dr. Kingstone, and Dr. McConnell. Surg. H. C. Kingstone, B.A., M.B., officiating Deputy Assay Master, of the Bombay Mint, entered the service in February 1856, and was an officer of considerable attainments and well-known ability. He died calmly, whilst sleeping, on the evening of Friday, March 31st, of consumption. He was in his 42nd year. Surg. R. C. McConnell died at the sanitarium in the marine lines on Saturday morning, April 1st. He entered the service on the same day as Surg. Kingstone, and they stood together on the list. Dr. McConnell had seen service both in Persia and Abyssinia, and was much liked by a large circle of friends. These two officers entered the service on the same day, and, strange coincidence, were buried on the same day in the Sewree cemetery, the same firing party giving them their last salute.

Fifteen men of science have been elected for the honour of F.R.S., *quorum parva pars fuimus.* Only four doctors—Dr. Budd, Mr. John Wood, Dr. Quain, and Mr. Callender are the fortunate quartette.

The Seventh Meeting of the Dublin Obstetrical Society was held in the Dublin College of Physicians, on Saturday last, when the following communications were read:—1. Dr. Gogarty, "On a Case of Menorrhagia depending on Intramural Tumour." 2. Dr. Byrne, "To exhibit 1st. "A Substance expelled before Labour." 2nd. "Membranes retained after Delivery." 3. Dr. Atthill, "On the Treatment of some Forms of Menorrhagia."

There exists a good deal of excitement, and alarming rumours are in circulation in the neighbourhood of Perth, in regard to the death of Sir Wm. D. Steuart, of Grandtully. Those had their origin, in all probability, in the circumstance that two *post-mortem* examinations have been made, and the burial interdicted. The first examination of the body was made by Drs. Absolon and Buist, of Perth, on the night before the funeral—at the instance of the heir of entail. The result of the examination, it is believed, showed that Sir William died of heart disease. The burial next day was interdicted, but with consent of parties concerned, a partial interment was made near the original spot marked out for burial. Subsequently the legal advisers of Mr. Padwick, London, the purchaser of considerable properties from Sir William, caused a *post-mortem* examination to be made on Monday last, by Professor Spence and Dr. Gillespie, Edinburgh. The result of this examination has not transpired.

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Importations of Diseased Animals.—The Privy Council return for the month of April, published in the *Gazette*, gives the unusually large number of 958 diseased animals imported. Nearly 900 of these were sheep, and were brought in nearly equal numbers to London and Newcastle-upon-Tyne.

THE APPROACHING ELECTION OF THE COUNCIL OF THE COLLEGE OF SURGEONS OF IRELAND.

Dr. Robert McDonell has announced himself as a candidate for a seat on the Council, for which honour Dr. Minchin and Dr. Shannon had already declared their intention to compete.

Dr. Robert McDonnell is son of Dr. John McDonnell, Medical Poor-law Commissioner, is Surgeon to Dr. Stevens' Hospital, enjoys a very high reputation as a scientific surgeon, and has achieved the rare distinction of a Fellowship of the Royal Society. His medico-political views are already known to the Fellows as liberal and progressive. He will, no doubt, receive powerful support at the hands of the party of reform. Dr. McDonnell's qualifications are quoted in the "Medical Directory" as follows:—

McDonnell, Robert — A.B. and M.D. Dub. 1857; F.R.C.S.I. (exam.) 1853; L.M. Rot. Hosp.; (*Carm. Sch.* and *T.C. Dub.*); F.R.S.; Mem. Counc. R.I.A., Roy. Zool. Soc., and Stat. Soc. Irel.; Fell. Roy. Med. Chir. Soc. Lond.; ex-Exam. in Surg. Qu. Univ. Irel.; late Lect. on Surg. Carm. Sch. of Med.; late Med. Superint. Mountjoy Govt. Prison; late Asst. Sur. Brit. Civ. Hosp. Smyrna, and Civ. Surg. Med. Staff, Crimea. Author of "Lectures on Physiology of the Nervous System," *Dub. Hosp. Gaz.*; "Observations on the Habits and Anatomy of the Lepidosiren Annectens," *Journ. Roy. Dub. Soc.*; "On the Functions of the Liver," 1865. Contrib. "Physiology of Diabetic Sugar in the Animal Economy," *Dub. Quart. Journ.*; "Observations on the Operation of Trephining the Spine in cases of Fracture," *Ibid.* 1865; also to *Dub. Hosp. Gaz.*, *Dr. Brown-Séquard's Journ. Physio.*, *Trans. Roy. Irish Acad.*, *Proc. Roy. Soc*, &c.

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Medical News.

University of Glasgow.—The following gentlemen obtained degrees in Medicine and Surgery during last session:—*Degree of M.D.*—Andrew Armour, Robert Bell, Robt. de la Poer Beresford, Charles James Borthwick, Alex. M. Buchanan, Evan Cameron, John Chalmers, Joseph Coats, John Dougall, Donald Fraser, Jas. Gibb, Wm. R. Haydon, George Hutchinson, John Jack, Archibald Logan, John M'Laren, James T. Moore, Andrew Ritchie, John Harris Ross, Gopaul Chunder Roy, David Sloan, Walter Sutherland, Isaac Waddington, John Weir, Richard Wolseley.—*Degrees of M.B. and C.M.*—John Aikman, James W. Anderson, James Brown, Daniel Carmichael, John Cunningham, James C. Dow, Robert T. Forbes, William Grant, Thomas B. Henderson, John [illegible], William Lewis, Thomas Lynn, Alex. F. Mancor, John N. Millar, Hugh Miller, John P. Muir, James M'Closky, James F. M'Conaghy, Chas. M'Fadyen, Charles K. M'Kellar, George M'Kerrow, William F. M'Lean, James W. Reid, Robert Rodman, Henry Scanlan, Robt. Sinclair, John Sloan, John Stuart, George W. Thompson, James Whitson, David Willis. *Degree of M.B.*—James Allan, Archibald Craig, John C. Douglas, James Glendinning, Alexander Lindsay, James Lambie, Robert N. M'Cosh, Alex. M'Lelland, Hugh H. M'Naul, Chas. M'Pherson, William Sneddon, James [illegible] Watt, James E. Weir.—*Degree of C.M.*—David [illegible], John L. Robertson.

St. Mark's Hospital for Fistula, &c.—At a [illegible] of the governors of this institution, held at the [illegible], the Right Hon. the Lord Mayor, the [illegible], D. H. Goodsall, Esq., M.R.C.S.E., was [illegible] one of the honorary assistant-surgeons.

Loss of Infant life.—In the House of Commons on Friday, Mr. Charley rose to move for a select committee to inquire as to the best means of preventing the destruction of the lives of infants put out to nurse for hire by their parents. A bill had been framed by a number of gentlemen interested in this subject, in regard to which the President of the Poor-law Board made some suggestions which were incorporated in the measure. Her Majesty's government then promised to take the matter up, but ultimately requested him (Mr. Charley) to introduce a bill. Ultimately the government decided to support the motion for a select committee. In various parishes illegitimate children perished at the rate of 46, 53, 87, 93, and 96 per cent. respectively, two-thirds of whom were put out. In France generally the mortality was from 60 to 90 per cent., but in Lyons, where the nurseries are inspected, the rate of mortality was only 20 per cent. Parliament had never been appealed to in vain for the protection of the weak, and no more helpless class had ever been brought before the notice of that house than the poor children for whom he pleaded. Mr. Bruce said the hon. member had correctly stated what had taken place in regard to this question, to which the attention of the government had been carefully directed. It was, however, a subject most fit for inquiry. It was possible that the terrible punishment that overtook one unhappy woman might check the practices which caused so much loss of life. But whether or no the enormous mortality of those children, amounting to from 60 to 90 per cent. fully justified inquiry. He thought that the question was one that called for consideration and inquiry, and he should consent to the appointment of a committee. The motion was agreed to without a dissentient.

Printers' Orphan Asylum Fund.—We understand that assistance is most urgently needed on behalf of this charity; Five children, the necessitous orphans of deserving printers, have been elected by the subscribers, and placed in a comfortable home at Leytonstone, at an expense of £140 per annum. To defray this outlay, and, if possible, to extend its usefulness, this special appeal to the benevolent is now made. Subscriptions, entitling to votes, thankfully received and acknowledged by any member of the council, the secretary, or the collector (Mr. C. Pope), at the offices of the Corporation, Gray's Inn Chambers, High Holborn, London.

Hints on Tea Making.—There can be no doubt that our London waters are perfect for tea making. This was a subject of government enquiry in 1851. The commissioners reported that our London water of about 5 degs. of hardness, after boiling, made as strong tea as water of 2·5 degs., the flavour being superior in the former case, because, with the softer water, a slightly increased bitterness was detectable, owing to the solution of some of the bitter principles not dissolved by the harder one; and this shows us that the practice adopted by some frugal ladies of adding "just a pinch" of carbonate of soda to the tea, originates from a mistaken notion that depth of colour and beauty of flavour are synonymous terms. It is true that carbonate of soda makes the tea dark, but if you care for taste and flavour I should strongly advise banishing the carbonate of soda bottle from the tea table.—*The Food Journal.*

Defects in our Cookery.—Good simple cookery is almost unknown amongst our poorer classes, whereas in France it is universally practised. Made dishes are not, as a rule, indigestible; in fact, the stomach will often gratefully receive the delicate *chef d'œuvre* of the culinary artist, when it would revolt at coarser fare. Our cookery in lodging-houses is detestable, and may be summed up in one word—grease. Our cookery in farm-houses may be stated in two words—boiled pork. In our middle classes very little skill is shown in the preparation of food, and amongst the poor none whatever.—*The Food Journal.*

St. George's Hospital.—A large and influentially attended public meeting was held last week at Willis's rooms, King street, St. James's, in support of the funds of St. George's Hospital. The Marquis of Westminster occupied the chair, and was supported by the Duke of Argyll, the Earl of Shaftesbury, Earl Cadogan, Lord Penrhyn, Baron A. de Rothschild, [illegible] [illegible]borough, the Marchioness of Westminster, Sir John [illegible], Sir Henry and Lady Walpole, &c. The Earl of [illegible] moved the following resolution:—"That, notwithstanding the efforts recently made to increase the funds of St. George's Hospital, this meeting regrets to hear that the [illegible] expenditure still exceeds the income by £5,000 per annum." He said the income of the hospital was very far below what it ought to be, considering the wealthy locality in which it was situated and the large number of patients who received its benefits. Lord Penrhyn, in seconding the resolution, urged the importance of a large increase of annual subscriptions. The resolution was unanimously adopted. The Duke of Argyll moved the following resolution:—"That this meeting pledges itself to make known, to the best of its power and influence, the necessity for an increased support to the funds of St. George's Hospital." He said he had not been aware until recently of the financial position of the hospital, nor did he think the public generally were acquainted with it, or some of the wealth of the district in which it was situated would have been devoted to its support. He strongly advocated the claims of the hospital upon the benevolent public. Earl Cadogan seconded the resolution. He could speak from practical experience of the judicious economy with which the hospital authorities expended the funds entrusted to their care. Baron A. de Rothschild having supported the resolution, which was unanimously adopted. The proceedings closed with a vote of thanks to the chairman.

The House of Lords upon Vaccination.—On Friday, Lord Buckhurst asked if it was the intention of Her Majesty's Government to propose any additional precautionary or remedial measures to check the spreading of small-pox in the metropolis.—Lord Oranmore highly commended the efficiency of the Irish practice, and said that small-pox had almost entirely disappeared across St. George's Channel.—Lord Lyttelton, the author of the first Compulsory Vaccination Act, believed that nothing was necessary except to enforce the law, and he trusted that the government would never rest till they had put matters on a better footing.—The Earl of Kimberley confirmed what had been stated by Lord Oranmore, and said that one reason of the non-success of the Vaccination Acts in England was largely owing to the existence of fanatical persons who had succeeded in persuading large numbers of ignorant and misguided parents to neglect vaccination. The Poor-law Board was doing all in their power to enforce the Act to the utmost of their power.—The Earl of Malmesbury urged the necessity of enforcing the law on the middle and higher as well as on the poorer classes.—Lord Portman urged the necessity of a better supply of lymph.—The Marquis of Salisbury said there was something more that might be done to enforce vaccination—let the fine be laid on the doctor instead of on the parent.

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NOTICES TO CORRESPONDENTS.

Dr. Parker.—We have received your letter in reference to your invention. If you will supply us with any *facts* about it and the localities in which it has been tried, we shall be happy to submit them to our writers with a view to publish what may be thought desirable.

Dr. Jones.—Your suggestion is a valuable one and will be adopted.

Author.—We have not seen the pamphlet.

J. B. B.—The question has been fully discussed in our columns. Pray do not ask us to re-open it.

Joseph Trevor.—1. Forward the paper for examination by book-post. 2. The report will be published shortly. 3. The question is not a medical one.

Dr. E. Haughton, Kensington.—We shall be happy to look through your MS., and, if suitable, insert it in our columns. The title is rather a vague one, so that without seeing the copy it is impossible to reply definitely.

Tincture of Hyoscyamus.—Letter will appear in our next.

Supra.—"Condyloid Amputation of the Thigh," by Dr. Stokes. "Modification of Teale's Amputation," by Dr. Wharton, in our next.

Dr. Tuthill Massey, Brighton.—The wood-cuts have been safely received; proof will be sent you in due course.

The Trial of Boulton and Park.—This case upon which there has been so much conflicting medical evidence, and which has appeared *ad nauseam* at our criminal courts, was decided, as we were going to press, by a verdict in favour of the accused.

NOT AFRAID OF THE TRUTH.

To the Editor of "The Medical Press and Circular."

Sir,—A week or two ago I sent a few figures to the Editor of the *British Medical Journal* showing how the Contagious Diseases Acts had been attended with an increase of disease instead of a diminution. He published a portion of my note, and in an editorial said the figures were fallacious. I then wrote to him and said nothing but good could come of fair discussion, and requested leave to publish on the following week a reply to his editorial remarks. He then stated in "Answers to Correspondents" that "he was not afraid of the truth and should be glad to do so." I then sent a full reply, and in "Answers to Correspondents," he said it would appear on the following week. This week he offers some trifling excuse for not inserting it. This is the sort of dastardly conduct which we have experienced from all papers, medical and lay, with the exception of the Med. Press and Circular. Will you publish the letter?

Nottingham, Charles Bell Taylor, M.D.

[In accordance with our established principle to hear both sides of a question, and which Dr. Bell Taylor freely acknowledges, we shall be happy to publish the correspondence referred to, provided it can be compressed within moderate limits.—Ed. Med. Press and Circular].

VACCINO-SYPHILIS.

To the Editor of "The Medical Press and Circular."

Sir,—I am much obliged for the publicity you have given to my views in relation to vaccination, much has been said and written about re-vaccination, but scarcely anything about results—truly the mere scratching of an arm without the opportunity of observing the effect must be regarded as worthless.

The last paragraph in your leader on Vaccino-syphilis in your last number which should be generally reproduced, is worth more than heaps of writing on the subject.

Some years ago I vaccinated some twenty children with lymph from a public establishment, in every instance a troublesome bullous eruption was the result which occasioned much anxiety, and was cured only after weeks or months of treatment. The question is assuming large proportions here. So far as I can glean small-pox is on the increase, but efforts are made to suppress the truth. You shall hear more in a day or two.

Yours sincerely,

Southampton, May 15th, 1851. Edwin Hearne, M.B.

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MEETINGS OF THE LONDON SOCIETIES.

Royal Institution.—Thursday, May 18th, 3 p.m. Prof. Tyndall, "On Sound."

Harveian.—8 p.m. Clinical Communications. Dr. E. Symes Thompson, "On a Case of Chronic Ulceration of Stomach with Perforation."

Royal Institution.—Friday, May 19th, 9 p.m. Prof. Huxley, "On Bishop Berkeley and the Metaphysics of Sensation."

Royal Institution.—Saturday, May 20th, 3 p.m. Mr. Lockyer, "On the Instruments used in Modern Astronomy."

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VACANCIES.

Dore Union, Hereford.—Medical Officer. Salary £70, to include medicines.

Macclesfield Dispensary.—Resident House-Surgeon. Salary £100.

New Temporary Small-pox Hospital, St. Pancras, Middlesex.—Medical Officer, who is to supply all drugs, &c., and to state terms on which he will undertake such duties.

Worcester County Lunatic Asylum.—Assistant Medical Officer. Salary £125.

City of London Lying in-Hospital.—Surgeon Accoucheur.

Charing-cross Hospital.—Registrar. Salary £50 per annum.

Royal General Dispensary, London.—Resident Medical Officer. Salary £100.

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APPOINTMENTS.

Bateman, Mr. L. P., Resident Medical and Surgical Assistant at the General Hospital, Birmingham.

Chittenden, C. P. D, L.R.C.P.Ed., Resident Medical Officer to Charing-cross Hospital.

Cowell, G., F.R.C.S.E., Clinical Assistant at the Royal London Ophthalmic Hospital.

Cranny, J. J., M.B., Assistant-Physician to the Rotunda Lying-in Hospital, Dublin.

Gordon, J. G., M.B., C.M., Junior House-Surgeon at the Royal Infirmary, Manchester.

Martin, H. C., House-Surgeon to the "Dreadnought" Seamen's Hospital, Greenwich.

Nettleship, E., F.R.C.S, Curator to the Royal London Ophthalmic Hospital.

Nicol, P., M.A., M.B, a Physician to the Bradford Infirmary.

Noakes, S. S., Resident Accoucheur to Charing-cross Hospital.

Ravenhill, E. B., M.R.C.S.E., House-Surgeon to the South Staffordshire General Hospital.

Ray, W. J. R., M.R.C.S., Resident House-Surgeon at the Westminster Hospital.

Slack, Mr. G. F., Resident Surgical Officer to Charing-cross Hospital.

Strange, A., M.D., Senior Assistant Medical Officer to the Female Department of the Middlesex County Asylum, Colney hatch.

Tay, W., F.R.C.S., Clinical Assistant at the Royal London Ophthalmic Hospital.

Walsham, W. J., M.D., House-Physician to St. Bartholomew's Hospital.

Wills, T. M., L.K.Q.C.P.I., Resident Medical Officer to the Bootle Hospital.

Yeo, I. B., M.B., M.R.C.P.L., an Assistant-Physician to the Hospital for Consumption and Diseases of the Chest, Brompton.

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Marriages.

Cran—Jones.—On the 11th inst., at St. Clement's Danes, London, John Cran, M.D., of Turriff, Aberdeen, to Caroline, eldest daughter of G. R. Jones, Esq., of 17 Norfolk street, London.

Kelly—Middleton.—On the 2nd inst., at the British Embassy, Brussels, Frederick Kelly, F.R.C.S.E., late of Salisbury square, London, to Emile Ann, daughter of the late Mr. Middleton, of Brussels.

Owen—Williams.—At Bottwnog Church, Dr. Humphreys Owen, of Beon Philip, to Miss Williams, of Nanney place, Pwllheli, aged 91.

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Deaths.

Evans.—On the 29th ult., Lewis Evans, of Dolgelly, Merioneth.

Davenport.—On the 9th inst., at Crosby House, Essex, Sarah, the beloved wife of Charles Davenport, Surgeon, aged 58.

Picken.—On the 7th inst., at Victoria terrace, Sheerness, Richard Picken, M.D., R.N., aged 43.

Telfer.—On the 6th inst., at Anglesey, near Gosport, John T. Telfer, L.R.C.S.Ed., Deputy Inspector-General of Hospitals, aged 57.

Wood.—On the 2nd inst., Robert Wood, F.R.C.S.E., of Ashton-under-Lyne, aged 60.

The Medical Press and Circular

OFFERS UNUSUAL ADVANTAGES

FOR the Insertion of announcements, from its extensive and largely increasing circulation in each of the three divisions of the United Kingdom and the Colonies. Being also supplied to the Hospital Libraries, &c., it will be found a most valuable medium for Advertisements of Books, Vacancies and Appointments, Sales and Transfers of Practices, Surgical Instruments, Chemicals, and Trades generally.

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☞ Advertisements for Insertion in this Journal must be at the Office, on Saturday, by Two o'Clock.

ROYAL COLLEGE OF SURGEONS

SCHOOL OF SURGERY.

The SUMMER SESSION will commence on MONDAY, the 3rd of April, during which the following Courses will be delivered:—

Botany	Dr. Minchin.
Practical Chemistry	Dr. W. Barker.
Medical Jurisprudence	Dr. Davy.
Materia Medica	Mr. Macnamara.
Midwifery	Dr. Sawyer.

Premiums will be awarded at the close of the Session.

By Order, JOHN BRENNEN, Registrar.

25th March, 1871.

ROTUNDA LYING-IN HOSPITAL, DUBLIN

Consulting-Physician—Alfred Hudson, M.D., F.K. and Q.C.P.I

Consulting-Surgeon—Robert Adams, M.D., F.R.C.S.I.

Master—George Johnston, M.D., F.K. and Q.C.P., &c.

Assistant-Physicians—T. More Madden, L.K. and Q.C.P., &c Alexander Taylor, L.K. and Q.C.P., &c.

Secretary—J. G. Strickland, Esq.

This Hospital, the largest Chartered Clinical School of Midwifery in the British dominions, contains one hundred and thirty Beds, twenty-five of which are appropriated to the Diseases of Females.

An Obstetrical Museum, containing upwards of five hundred Preparations, and a Library, are attached to the Hospital.

Clinical Instruction in Midwifery, and the Diseases of Women and Infants, is given daily.

The Pupils are Privileged to attend the Cow-Pock Institution, Sackville street, and York street.

The Lectures are recognised by the Royal College of Surgeons in Ireland, London, and Edinburgh; the King and Queen's College of Physicians; the Apothecaries' Hall of Dublin and of London; the Army and Navy Medical Boards; and all the other Licensing Bodies.

The Diploma from this Hospital is recognised by the Poor-law Commissioners as a qualification in Midwifery for all Hospitals and Dispensaries under their control in Ireland.

The Intern Pupils, of whom there is only a limited number, have each a separate bed-room, with the use of a sitting-room.

Two Courses of Lectures are given yearly—the first commencing early in November, the second early in May.

Applications to be made to the Master, Dr. Johnston, at the Hospital, Rutland square.

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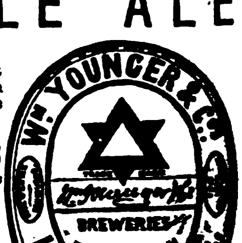

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THIS celebrated and most delicious old mellow [illegible] the very CREAM OF IRISH WHISKIES, in quality [illegible] perfectly pure, and more wholesome than the finest [illegible] Note the words

"KINAHAN'S LL WHISKEY," on Seal, [illegible]

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The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1871.

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Original Communications.

SUPRA-CONDYLOID AMPUTATION OF THE THIGH.*

By William Stokes, M.D.,

Surgeon to Richmond Surgical Hospital, &c., &c.

It must, I think, be acknowledged by most surgeons of observation and experience in operative surgery, that the results usually obtained after amputations of the thigh are still sufficiently unfavourable to justify, to a certain extent at least, the operation being stigmatized, as it was by the late Professor Syme, as an "opprobrium of surgery." In truth, the results now obtained force us to acknowledge that, notwithstanding the recently introduced various novel and so-called improved methods of operating, and the use of the antiseptic method of subsequently treating such cases, the results of the operation, whether performed for injury or disease are, I think, very far from being so satisfactory as we should wish. Of amputations either through the knee-joint, or in its immediate vicinity, we can speak differently. These operations are, as a rule, very favourable in comparison with thigh amputations, and I have little doubt that they will, at no distant period, where t is possible, supersede altogether amputations of the igh. This was not only the opinion of Professor Syme, t also of Malgaigne, Markoe, Velpeau, and many other inent operating surgeons, both British and foreign.

As a proof that the mortality after amputations at the ee is much less than after amputation of the thigh, I y mention a few facts connected with the statistics of e two operations.

According to Professor Symo, the mortality after amtations of the thigh ranges from 50 to 70 per cent., and e statistics of the thigh amputations that were performed ring the late American war fully bear out Mr. Syme's tement. In that war there were, according to Dr. Olis, 1,597 thigh amputations performed, and of these 1,029 terminated fatally, giving 64 per cent. of deaths after this operation. In amputations at the knee, on the other hand, the results obtained are far more favourable. For example, in America Dr. Markoe has collected 164 cases, and of these there were 111 recoveries and 53 deaths, giving a percentage of 35·31 per cent. of deaths. Jager collected 37 cases in Germany, and of these there were 22 recoveries and 14 deaths, giving a percentage of mortality of 37·8. Mr. Pollock has collected 48 cases, and of these there were 36 recoveries and 12 deaths, a percentage of 33 1-3rd, and, lastly, Mr. Carden's 31 cases gave 26 recoveries and only 5 deaths, a percentage of mortality of only 16·1.

Velpeau considered that the chief advantages of knee amputations over those of the thigh were that the weight of the body could be borne on the face of the stump, that the movements of the hip-joint were preserved to the patient after the artificial leg was applied, and the patient had not to walk as if the hip was anchyloid, as he must do when any prothetic mechanical appliance is adjusted after the ordinary amputations of the thigh, as, in all such cases, the pressure must be borne, not on the face of the stump, but at the tuberosity of the ischium; and also, that the amount of shock to the patient is less than either after amputations of the lower third of the thigh, or upper third of the leg.

The advantages of Velpeau's operation being fully established and acknowledged, it remained to determine whether his method exhausted all the advantages that could be obtained by operating in this situation in the manner recommended by him. Although the advantages are great, there are some obvious defects in his procedure. Among others, I may mention the irregular surface of bone at the lower extremity of the stump, the liability of necrosis of the cartilages, the limited number of cases the operation is applicable to, the cicatrix being on the face of the stump. Accordingly, several modifications of his procedure have been suggested and practised, as, for example, Professor Syme's amputation, an operation which appears to be identical with Hoin's, the bone being divided through the condyles, and the flaps being a short anterior and a long posterior one, taken from the calf of the leg. This operation, the chief advantages of which over thigh amputations are, according to Professor Syme, the medullary canal being unopened, the impossibility of the formation of tubular sequestra, the operation being further removed from the trunk, and being, therefore, less hazardous than thigh amputations, Mr. Syme subsequently abandoned in favour of the method of Mr. Carden. The particulars of this latter procedure it is needless for me to discuss, as its advantages as well as its disadvantages are doubtless known to all present. The chief of the latter being, in my opinion, the liability of sloughing of the anterior flap and the necessary division of the quadriceps extensor cruris. It was probably to get rid of these defects that induced Signor Gritti to suggest leaving the patella in the anterior flap, and it is a modification of this latter procedure to which, in a paper on the operation which was read before the Royal Medico-Chirurgical Society of London last May, I have ventured to give the name of supra-condyloid amputation of the thigh, that I wish specially to draw attention to this evening. The chief differences between this operation and the Italian one are—

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* Read before the Surgical Society of Ireland. The discussion will [illegible]

1. That the femur is divided above not through the condyles. The section is *supra*, not *per*-condyloid, the division being from half to three-quarters of an inch above the antero-superior edge of the cartilage of incrustation.
2. That the cartilaginous surface of the patella is in all cases to be removed.
3. That the flap is oval, not rectangular.
4. That there is a posterior flap fully one-third of the length of the anterior flap.

Now, what advantages are to be gained from the adoption of these steps in supra-condyloid amputation, and why should I claim advantages for this operation over those of Hoin, Velpeau, Syme, Carden, and Gritti? There can be no doubt that one great object to be gained in amputating in this situation is to preserve intact the functions of the quadriceps extensor cruris. This is not obtained in the amputations through and at the knee that I have already to. To make the preservation of the insertion of these muscles of any use, one thing must be obtained, and that is, anchylosis between the patella and femur. Now, in order to effect this, two things must be done; one is to remove the cartilaginous surface of the patella, and the other is to divide the femur sufficiently high up to enable you to place accurately together, and keep in that position, the two cut surfaces of the bones. This cannot be done without dividing the femur considerably above the condyles and removing the cartilaginous surface of the patella. But, it may be argued, if you divide the femur so high up you get rid of one of the chief advantages of the per-condyloid amputation of Professor Syme, and that is not opening the medullary canal. Now, this is not the case. Having made numerous sections of femora immediately above the condyles, I have determined that the bone can be divided much higher than is usually supposed without opening into the medullary canal. It can, in the great majority of cases, be made fully one-half or three-quarters of an inch above the antero-superior edge of the cartilage of incrustation. This preparation, which is one out of many such that I have made, proves the truth of this statement. Then, again, unless the articular surface of the patella be removed anchylosis cannot reasonably be expected. To this Signor Gritti did not obviously attach much importance, for in only one out of three cases which were published in a paper on this operation, a *precis* of which was given in the *Biennial Retrospect of the Sydenham Society* for 1867-8, was the articular surface removed. But had it been removed in all three cases anchylosis could hardly have been hoped for, unless he had gone above and not through the condyles. For during the process of healing, unless the high femoral section is made, the patella will certainly be drawn up on the anterior surface of the femur, and then there will be no point of fixation or standpoint for the extensors to act on.

So much for the importance of the high femoral section and the patellary section. As regards the third point, that the flap, namely, should be oval and not rectangular, I had been led to the conviction of the superiority of the former from having observed in two or three cases the tendency to the supervention of a sloughing process at the angles of the flap, and this, when it occurs, is obviously a matter of grave moment. The last point that I would urge in connection with this operation is the importance of having a posterior flap. This, I think, should be at least one-third of the length of the anterior flap. The obvious use of having this flap is to counteract the tendency which is observed in all thigh amputations of retraction of the posterior tissues. When this occurs to a great extent, a large gaping wound will inevitably be the result, and the healing of this will certainly greatly protract the convalescence of the patient.

I shall not take up the time of the society by dwelling on the particulars of the cases for which I have performed this operation. They have all, as far as the operation was concerned, terminated successfully, and these casts will give a fair idea of the shape and appearance of the stump obtained. One of the patients, it is true, died since the operation, but long after the wound had completely healed, and when perfect anchylosis between the patella and the femur had taken place. The cause of his death was pulmonary phthisis. The operation has been also performed in the Leeds Infirmary, the operator having been Mr. Jessop, one of the surgeons of that far-famed institution. He has kindly sent me a photograph of the patient, which, by his permission, I am enabled to exhibit here this evening. In the letter which accompanied the photograph Mr. Jessop says, "a month ago I amputated a man's leg after the manner lately described by you under the title of 'supra-condyloid,' for necrosis of the entire shaft of the tibia consequent upon phagedæna. You will be interested to know that the case has far exceeded my expectations; that in a fortnight after the operation the wound had healed with the exception of one corner, and that the patient was up and going about the ward before the expiration of three weeks. He is now at the Convalescent Hospital, and already the patella has a firm hold upon the femur." In another letter, dated March 27, he says, "the stump is admirable; all who have seen it have been struck by its serviceable appearance." There are, Sir, two other points connected with this operation to which I wish to refer. One is that the greater portion of the posterior surface of the anterior flap is lined with synovial membrane, and does not present on its surface the obliquely divided open mouths of innumerable small arteries, veins, and lymphatics, and many of them with fenestrated openings in them. Nor are there the recently divided extremities of nerves and countless nerve filaments. This peculiarity of the supra-condyloid amputation must, I am convinced, diminish to a great extent the chances not only of subsequent exhaustive suppuration, but also of purulent absorption and shock. Lastly, if Professor Langebeck's suggestion to cover, in thigh amputations, namely, the cut surface of the femur with a periosteal curtain, and diminish thereby the chances of purulent absorption and osteomyelitis, be one of much value, the advantages of covering it with an osseous curtain, such as the patella forms, instead of a periosteal, must be greater, as there is little or no liability of its sloughing, a circumstance which no infrequently occurs when the curtain is periosteal, as know from my own experience, having given this plan trial in a case I operated on about three years ago.

The advantages of the "supra-condyloid amputation may be classified into those which it has in common wit the other amputations at and near the knee, those, namely of Velpeau, Blenkins, Lane, Markoe, Syme, and Carde and those which are peculiar to itself. Among the forme may be mentioned—the stump being more useful for pro gression—the possibility of bearing pressure on the face o the stump—the patient not being obliged to walk as if h had anchylosis of the hip-joint—the operation being hazardous than amputation of the thigh, from its being further removed from the trunk. The shock being less, there being less chance of protracted suppuration from the anterior flap consisting, for the most part, of skin and fasciæ, impossibility of a conical stump resulting, and, lastly, diminished liability to the formation of tubular sequestra. The special advantages I claim for supra-condyloid amputations are those derived from preserving the normal attachments and functions of the quadriceps extensor cruris, the diminished chance of inflammation supervening from the vessels being divided at right angles to their continuity and not obliquely, the probable advantages derived from having the cut surface of the femur immediately covered by the patella, and, lastly, the diminished chance of purulent absorption from the posterior surface of the anterior flap being lined for the most part by synovial membrane. In truth, "supra-condyloid amputation" appears to me to possess all the advantages of both, the circular and flap amputations, and the defects of neither.

I trust I may not be considered to have spoken too dogmatically about this operation from the results obtained in only four cases. I should not have done so were it not that the results obtained have been so very remarkable and quite beyond all expectation.

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MODIFICATION OF TEALE'S AMPUTATION.*

By James H. Wharton, M.D., F.R.C.S.I.,

Vice-President Royal College of Surgeons in Ireland.

Mr. President,—In the *Dublin Quarterly Journal of Medical Science*, for November, 1868, I drew attention to what I considered a defect in Teale's amputation. I alluded to the sacrifice of bone which it involved, specially with reference to the thigh. The fatality of thigh amputations is well-known, but I think it is not sufficiently remembered that this fatality is in a direct ratio to the amount of bone lost—that is, the higher the amputation the greater the mortality. My friend, Mr. William MacCormac, formerly surgeon to the Belfast General Hospital, has in an admirable paper, published in the *Dublin Quarterly Journal* for August, 1868, alluded to this subject, and, as it appears to me, placed the matter beyond dispute. To effect this economy of bone, I ventured to propose that Teale's posterior flap should be dispensed with, and that the bone should be divided on a plan corresponding to what would, in his operation, have constituted the inferior border of the posterior flap, and that the superior boundary of the anterior flap should be limited by the same plan. The saving of bone thus effected would be an exact measurement of Teale's posterior flap. At the time at which my original communication was published, the operation had not, so far as I am aware, been performed, except on the dead subject; nor was it until I had felt satisfied in my own mind, at least, that the modification I proposed was worthy of being entertained, that I ventured to attract publicly the notice of the surgical profession to the object I had in view. In private, indeed, I have had conversation with friends upon the subject, and, amongst the rest, with the late Mr. Longly and Mr. Ledwich, the latter of whom reported most favourably upon the plan, as verified by *post-mortem* operation, as did also Mr. W. MacCormac, Dr. Mapother, Mr. O'Leary, and Mr. Wm. Stokes. The first notice of the proposal in English periodicals will be found in the *British Medical Journal*, of 31st October, 1868, in the form of a short paragraph, and more lately it has been adverted to, or recorded, in "Braithwaite's Retrospect." Vol. 59.

The paragraph to which I have referred called forth in the next number of the *British Medical Journal*, dated November 7th, 1868, a communication from Mr. T. Pridgin Teale and Mr. T. R. Jessop, in which these gentlemen discussed my proposal, The former objected to the modification on the ground "that the posterior flap being made as a rule of the powerful flexor muscles retracts almost immediately to the point at which the bone is to be sawn through. If, however, the posterior tissues be divided opposite the point selected for sawing through the bone, they immediately retract to a point higher up, and thus leave the posterior surface of the bone projecting and denuded of soft tissues." From this extract it will appear evident that to guard against retraction was the object which Mr. Teale's distinguished father had in view, when he designed the formation of a posterior flap in his mode of amputation. The latter, Mr. Jessop, formerly House Surgeon to the Leeds Infirmary, condemned my proposal, and predicted "that in many, if not in most cases, the cicatrice will become adherent to the immediately subjacent bone;" and again, "that the stumps obtained will consist of cicatricial tissue adherent to bone." A further objection of Mr. Jessop's consists in "the tendency of the end of the bone to protrude in cases of delayed repair, especially when the muscles retract to more than an ordinary extent; the increased risk of pyæmia, where the open medullary canal is placed in the very spot of all others, which pus is most likely to pass over, in making its way through the depending line of incision." In my reply to these communications which appeared in the same journal, dated 21st November, 1868, I answered the objections as satisfactorily to myself as the nature of the case admitted; that is, theoretically rather than practically, because at that time the operation had not been performed on the living subject. I am now, however, in a different position, and have, to some extent, been provided with the means of submitting to the Surgical Society of Ireland a proof that a single flap, as proposed, on the anterior and outer aspect of the limb, is not, or at least has not been, attended with the disadvantage alluded to by Mr. Teale, and *predicted* by Mr. Jessop. Before proceeding farther, I wish to guard myself against being supposed as interested for or against, Mr. Teale's operation, and think it necessary to make this statement, because Mr. Jessop has so forcibly defended it, as if I had made any special charge against it. The fact of suggesting an improvement involves, I admit, that I do not consider the operation perfect, or incapable of amendment. Were the question one of its superiority, I would not hesitate to give my opinion, but with that subject I have, at present, nothing to do. The objections to the modification I have referred to above, have been to my mind so thoroughly disposed of by my friend and former colleague, Mr. Stokes, in his paper on the subject, read before the Society, and published in the *Dublin Medical Press*, dated 21st April, 1869, that I need not intrude upon the time of the Society by reproducing his observations; I need only remind the Society that Mr. Stokes, who was the first surgeon to perform the operation, exhibited a cast of the stump, and that its inspection met with all due approbation. The patient himself was examined, and a very favourable opinion pronounced upon the result. It was said, indeed, that the stump lacked the moveable cushion, upon which Mr. Teale set so high a value, and that consequently there was tension upon its extremity. I do not know whether this want is of any special importance or not. I do not myself believe that it is. In proof, I may mention, that during last year I had an opportunity of seeing a stump, the result of an amputation of the thigh, performed by the late Mr. Porter, according to the old circular method, in which a cuff of skin was raised and tucked up on the limb to a heighth corresponding to the site of the division of the bone, and which subsequently was made to form the covering of the stump, a protection which, according to Mr. Carden, of Worcester, is the best. In this case there was not the slightest intolerance of pressure upon the end of the bone. How far there will be absorption of the structures at the termination of Mr. Teale's stumps, I am not in a position to declare; but I do know that the late Mr. Hutton, whose name and high character are duly appreciated by Irish surgeons, was of opinion that, ultimately a degeneration of muscular structures took place, if such were made to compose the free extremity of the stump. But granting, for argument's sake, that the amount of tension was even excessive, yet it must be borne in mind that in Mr. Stokes's case there was sloughing of the anterior flap; that the disease from which his patient suffered was lupoid ulceration, an affection always associated, according to my experience, with a depraved system, and that the disease had commenced eight years previously. Under such circumstances it was, indeed, a matter of surprise that the bone did not protrude, according to Mr. Jessop's expectation, an expectation which probably would have been realised were it not for the skill displayed by Mr. Stokes in the management of a case so embarassing and unpromising, This case, Sir, I consider as a proof that the modification I have proposed is something more than a mere "dissecting-room operation," as designated by Mr. Jessop.

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* Read before the Surgical Society of Ireland. The discussion will be found at page 440.

I may here remark that the patient upon whom Mr. Stokes operated, is at present engaged as a tide-waiter, I believe, on the quays, as I have been informed by Mr. Stokes.

The next example of this mode of operating to which I shall direct attention, is also an amputation of the thigh through the upper third, "so as to saw the bone near the top of the medullary canal." And what is the testimony of the operator, Dr. Mapother, surgeon to St. Vincent's Hospital? I quote from his communication, as published in the MEDICAL PRESS, dated July 20th, 1870—"The simplicity of the operation, and the adaptation of the flap round the bone to the inner and posterior aspects, where the soft parts were cut straight down by a single sweep of the catlin, were most satisfactory." I had, through the courtesy of Dr. Mapother, the satisfaction of witnessing this operation, the second of the kind performed; and even at the risk of laying myself open to an imputation of prejudice, presume to state that the description quoted above is not exaggerated. I regret that a cast of the stump is not forthcoming, but as the Society may have an opportunity of hearing Dr. Mapother, and his able colleague, Mr. O'Leary, who took charge of the case, its want is of comparative unimportance. The third case is one of amputation of the forearm by my colleague, Mr. Porter, who I may remark was the first to perform Teale's operation in this city. I shall leave in his able hands the narration of the details, and I hope the Society will have the benefit of hearing his opinion on the subject of this paper.

The fourth case is also one of amputation of the forearm by my colleague, Mr. Macnamara. I am, indeed, aware that he thinks highly of the proposal under consideration, but prefer that he should himself express his opinions before the Society. The fifth case, to which I have an opportunity of alluding, is one of amputation of the leg, the first, so far as I am aware, in which the operation has been performed in this situation. I am not in a condition to offer any remarks upon its applicability, so far as I am personally cognisant, inasmuch as I did not witness the operation. It was, however, a source of great satisfaction to have learned from Dr. Mapother, who operated, and Mr. O'Leary who assisted, and advised a more lengthened flap than usual, that it was all that could have been desired, and even more than could have been expected. These gentlemen will, I hope, favour the Society with their views on this part of the subject. I may remark, Sir, that although I fancied the operation would prove applicable to any situation for which Teale's might be selected, yet in my original communication I applied myself solely to the thigh. Indeed, I never tried the operation, now referred to, on the dead subject; nor amputated the leg in the living except by a posterior oval, or a long rectangular flap from the back of the leg, which succeeded admirably. In this case, I was assisted by the late Mr. Smyly, so that some years have elapsed since its performance; the patient made an excellent recovery, and is still living. I believe it was the first case in which this plan of proceeding was adopted in this city. The sixth case to be noticed is an amputation of the forearm, performed by my colleague, Mr. Mayne. This case is still under treatment, and convalescence is well established. In Mr. Mayne's absence, I shall only remark that the subject of the operation was not calculated to raise much hope, in the mind of the surgeon, whether we regard him on account of the nature of his ailment, cancer of the hand, or the very advanced period of life, eighty years, to which he had attained. The last illustration to which I shall allude is also amputation of the forearm by Mr. Kelly, surgeon to Jervis Hospital, who kindly sent me the case for examination. The stump appeared to me to be perfect, although as Mr. Kelly is not present I rather hesitate to express myself so decidedly. I cannot conclude this notice of amputation by a single rectangular flap, without alluding to another case of amputation of the thigh, performed by Dr. Illingworth, of the Royal Artillery, at Portobello Barracks. The limb was removed on account of popliteal aneurism, which had become diffused. Pressure had been in the first instance tried, not only without avail, but with positive detriment—sloughing having followed in more than one situation from the pressure of the instrument, a circumstance due to the unhealthy condition of the limb, and of the system of the patient who had been of very dissipated and dissolute habits. Through the kindness of Dr. Illingworth, I had an opportunity of visiting his patient, and at that time there was every prospect of recovery. I allude to this case rather parenthetically than otherwise because I am at this moment unaware of the exact condition of the patient, nor, indeed, as Dr. Illingworth has obtained leave of absence from Dublin, am I in a position to state positively that the operation was performed in strict accordance with the modification proposed, a statement to which I cannot bind myself in his absence.

I shall not attempt to draw any conclusion at present from the foregoing examples, save that the great dread of retraction, of protrusion of bone, of adherent cicatricial tissue, and of pyæmia, which haunted Mr. Jessop, has happily not been realised, so far as the limited number of cases in which this operation has been performed, enables me to form an opinion. Indeed, that gentleman, in his excessive zeal, has forgotten that a certain amount of retraction is, as has been well remarked by Mr. Stokes, an advantage, because its tendency must be to keep the cicatrice away from all extremity of the bone, the end of which will thus be the more securely protected. I have only further to add, Sir, that this communication is designedly incomplete, in order that the Society by the dicussion which, I trust, will ensue, may he able to express its approval, or condemnation, of the "modification" brought under notice; and to convey my acknowledgements for the patience with which I have been listened to.

NOTE.—We are requested to publish the following in connection with this subject from Dr. Mapother to Dr. Wharton:—

"DEAR MR. VICE-PRESIDENT,—I regretted to hear to-day that the amputation question had been on last Friday (when I was unavoidably absent), instead of next Friday.

"I briefly note on the other side what I would have said, and the cases you may embody in any statistical or other report you are making. "Faithfully yours,

"E. D. MAPOTHER.

"18 Merrion square North, Dublin."

"Dr. Mapother had twice performed the single rectangular flap operation in St. Vincent's Hospital. Last July, in the first case, the spreading aneurism had destroyed the tissues beyond the upper angle of the popliteal space, yet by taking the single flap from in front, he was able to saw the femur below the medullary canal after cutting straight down above the injured soft parts.

"The second case was one of scrofulous disease of the tarsus, and as the upper part of the calcis was affected, while the astragalus was nearly safe, it was advantageous to amputate with a single flap taken from the anterior and outer part of the leg. This flap peeled up from the inter-osseous membrane, carrying the anterior tibial and anterior branch of the peroneal arteries safely in the mass, so there was no risk of splitting vessels as has been asserted.

"Good shapely stumps resulted in both cases."

Hospital Reports.

EDINBURGH ROYAL INFIRMARY.

Excision of the Tongue.

(Under the care of MR. ANNANDALE).

THIS operation which was performed on Friday, the 29th April, was accomplished in the following manner: Mr. Annandale having divided the integuments in the mesial line from the lower lip to the hyoid bone, sawed through the symphysis of the lower jaw, the segments of which being held apart, he proceeded to divide the lateral attachments of the tongue, first on one side and then on the other, and lastly the tongue from the hyoid bone. A portion of the mucous membrane of one cheek implicated in the disease required to be removed. Very little blood was lost in the operation. The divided muscles were carefully fastened together by carbolised catgut, and a hole being drilled through each half of the separated jaw, the segments were united by means of strong carbolised catgut. The edges of the wound, below the chin, were brought together with carbolised catgut, and above the chin with silver wire. The man having been removed, Mr. Annandale related the history of the case: The patient consulted him some time ago complaining of pain in the tongue, and difficulty in eating. On examination, it was found that the whole tongue was affected with epithelioma, and a gland in the neck was also enlarged. The man left, and returned in a month, requesting that something might be done for his relief. Mr. Annandale explained to him the dangerous nature of the operation required, and also that his was not a favourable case for operative interference. In a fortnight he again returned, stating that he had made up his mind to undergo any operation which might afford him a chance of obtaining relief from the sufferings he endured. Mr. Annandale stated that he had performed the operation as advised and practised by the late Professor Syme. He had observed in one of Mr. Syme's successful cases, that considerable inconvenience was experienced by the formation, in the absence of the tongue, of a pouch in which the food rested. To obviate this, the patient before eating was in the habit of filling the pouch behind the jaw with some substance, and by the aid of this artificial tongue was enabled to swallow more easily. Acting on this hint, Mr. Annandale had brought together the extremities of the divided muscles, so as to prevent, as much as possible, the formation of a pouch. The muscles connecting the hyoid bone to the jaw were preserved, as they maintain the larynx in position, and preserve much of the voice. From the position of the wound, he continued, it was obvious that the antiseptic method of dressing could not be fully carried out, but the patient would be placed in a room where carbolic acid was constantly evolved by the method recommended by Dr. Dewar, of Kirkaldy, in quantities sufficient to render the air innocuous without irritating the fauces.

The case is progressing favourably.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

FRIDAY EVENING, APRIL 21ST.

The President of the College, DR. ALBERT J. WALSH, in the Chair.

The Society met at the Royal College of Surgeons on the above date, when MR. STOKES read a paper on

SUPRA-CONDYLOID AMPUTATION OF THE THIGH,

Which will be found at page 435.

The PRESIDENT said the Society was much indebted to Mr. Stokes for his interesting paper. From the statement he had made, the operation appeared to be a great improvement in surgery, and was one that would possibly be generally adopted whenever a case suitable for it arose.

MR. H. G. CROLY said, that but for the comparison made between the rectangular flap amputation, and the supra-condyloid, he would not have spoken, for he had not amputated by the latter method. The first question that arose when comparing the two operations was, for what the amputation was to be performed? In this country amputations for disease were much more frequently required than amputations for injuries, and they all knew that disease of the knee-joint was that which most frequently required amputation of the thigh. In ninety-nine out of a hundred cases of diseased knee-joint, the disease was not confined to the articular ends of the femur, but the periosteum for a hand's-breadth above the condyles was more or less affected. It appeared to him that in such a case the supra-condyloid operation was out of the question. According to Mr. Stokes's description of it, the operation must be performed immediately above the condyles, and the patella should be saved. Thus, in white swelling of the knee-joint it would not be available. At the same time he had no doubt that in cases of disease of the bones of the leg, the supra-condyloid operation would have advantages over other methods. There was some analogy between the supra-condyloid operation, and Pirogoff's, where he cut off a portion of the os-calcis. It was found, however, that in some of those cases the cut surfaces of the bones did not unite, and he should like to know whether this had occurred in any of the cases mentioned by Mr. Stokes. One of the advantages which Mr. Stokes claimed for the operation was, that the pressure of the artificial limb was borne on the end of the stump, and not on the tuberosity of the ischium. Now, it was well known that where the rectangular operation of Teale was performed, the weight would be borne on the end of the stump, and Mr. Heather Bigg said that on no stump could pressure be made, except on those produced by Teale's amputation. Mr. Stokes also mentioned that in Teale's amputation sloughing of the angles of the flaps had taken place. Except on one occasion, when he amputated for a considerable smash caused by a railway accident, where both legs were so torn that he was glad to be able to make a stump in any way, he had not had any sloughing in the cases in which he had amputated by the rectangular-flap method. As to amputation for disease of the knee-joint by the rectangular mode, he had frequently made a long anterior flap, a hand's-breadth below the patella, taking the integument from the front of the leg, and saving a good deal of the femur. He was sure that the supra-condyloid operation would be found advantageous in some cases, but he did not think it would bear comparison with amputation of the thigh by other methods, for he did not think the operation could be done in any disease of the femur, except where it was confined to the articular surfaces. Mr. Stokes said there were no vessels in the flap he brought down, neither were there vessels in Teale's operation, they had all the soft structures Mr. Stokes spoke of, and it was a matter of taste whether they removed the patella.

MR. WHARTON (Vice-President of the College) said it appeared to him that the great value of Mr. Stokes's operation rested on the comparison between Mr. Syme's operation at the knee, and the supra-condyloid method. Mr. Stokes preferred the latter to Mr. Syme's operation, in whatever cases the latter might be applicable. This got rid of some of the objections raised by Mr. Croly, for Mr. Stokes did not lay down that this operation was applicable to those cases where there was extensive disease of the knee-joint. His argument was, that wherever Syme's operation was good, the supra-condyloid was better, in consequence of the even surfaces produced being very like Pirogoff's operation through the *os-calcis*. He had seen the operation performed by Mr. Stokes. He thought at first that there would be great difficulty in sawing off the articular surface of the patella, but the operation was performed by Mr. Stokes with the greatest possible ease by means of a very fine saw. He took it that the operation applied to cases where there was extensive disease of the knee-joint as described by Mr. Jessop.

MR. G. H. PORTER regretted that he had never seen the operation described by Mr. Stokes performed, but he thought the Society would agree with him that four successful operations was a large number, and justified the favourable account which had been given of this method of procedure. He did not think that Mr. Stokes wanted to run down, if he might use the term, Mr. Teale's operation. On the contrary, he knew that Mr. Stokes had often performed it, but he thought his (Mr. Stokes) operations had great advantages in many cases. He (Mr. Porter) had often done Teale's operation and had a partiality for it, but he thought Mr. Stokes had shown them that in some respects his operation had great advantages over Teale's. He had seen sloughing in some of the cases of Teale's operation which he had witnessed. He thought the bringing the patella up against the end of the bone was a great point in order to permit the artificial leg to be borne without any hurtful pressure. He also thought that the open mouths of the vessels not being exposed in the anterior flap of Mr. Stokes's operation was a very important point.

Dr. White said that one or two points struck him when he heard the operation first described by Mr. Stokes which had not been referred to by the previous speakers. A few weeks since he had the opportunity of getting a subject and trying this operation upon it. He was anxious to see the height to which he could cut in the bone and how the parts came together after the operation. He found they could cut with perfect safety three-quarters of an inch above the cartilage of incrustation, and they required to go that height if they wanted to get a section of the femur to fit with a section of the patella. He found that he was able to go higher than three-quarters of an inch without opening into the medullary canal. If they looked at the section exhibited by Mr. Stokes, they would see that some of the opinions of Mr. Croly were not altogether carried out. There might be a considerable amount of disease in the end of the femur, and yet this operation of Mr. Stokes might be a successful one. At the present day he thought the surgeons of Dublin had got tired of excision of the knee-joint; it certainly was not so often performed now as it was some years ago, and in such cases as he had seen operated on for diseases of the knee-joint the result had been invariably unsuccessful. In that class of cases where there was a doubt as to excision being successful, it was worth considering whether at that comparatively early stage of the disease, they would not give the patient the benefit of Mr. Stokes's most desirable operation. He could fully endorse all that Mr. Wharton had said as to the ease with which the patella could be cut, and the beautiful manner in which the flap could be brought down and fitted into its place. He thought the point worth considering was, whether the operation would not be a desirable one where the surgeon was afraid of the long attendance required in excision of the joint and where he feared the disease had gone too far for success in that operation.

Dr. H. Kennedy asked Mr. Stokes to state the exact disease for which he operated in each case.

Dr. W. F. Stoker said that Mr. Croly had drawn a comparison between Pirogoff's operation and that described by Mr. Stokes. He had omitted, however, one important point. The union of osseous surfaces depended on the amount of blood the bone received, and it should not be forgotten that the patella received its supply almost entirely from the anterior surface, few if any of the vessels penetrate its tissue; whereas, in the case of the os calcis, most of the vessels enter the bone, so that by sawing off its anterior portion, it was deprived of its supply of blood. In doing this with the patella, they did not deprive it of its nutritive supply.

Mr. Stokes in reply expressed himself deeply gratified at the remarks which had fallen from the Vice-President, a gentleman for whom they all entertained so much respect. With reference to the non-union of the patella, he could only speak from his experience of four cases, and in all of those cases there had been rapid union between the two bones, and Mr. Jessop mentioned that union took place very rapidly. With reference to the pressure of the artificial limb being borne on the face of the stump after Mr. Teale's amputation, Mr. Croly quoted Mr. Heather Bigg to prove this to be the case. Now, he would read an extract from a letter which he had received from Mr. Bigg on that point:—"You ask me in the first place whether I have, after the rectangular flap operation, found a more advantageous condition for the adjustment of an artificial limb to the stump than when the ordinary circular operation has been adopted. In reply, I am unhesitatingly of opinion that in all cases of thigh operation the weight of the patient's body when placed upon an artificial surface such as the socket of a false limb, must be borne by the tuberosity of the ischium and can never, under any circumstances whatever, be sustained for long on the surface of the stump." With reference to Mr. Porter's remarks, there was one which gratified him much—namely, that it would be an advantage not to have the open vessels exposed on the anterior flap. Mr. White thought the operation would be applicable to many cases of so-called strumous disease, but he took a more sanguine view of the operation than he (Mr. Stokes) did. He did not think that in cases of extensive caries of the bone the operation would be applicable. However, he agreed with Mr. White in thinking that there were many cases of white swelling where the affection in the femur did not extend very far, where they could saw the bone without opening into the medullary canal; but the operation would be more applicable to extensive disease of the bones of the leg or the cartilaginous surfaces of the knee-joint, or in cases of extensive comminuted compound fractures resulting from machinery accidents. In those cases it would be a much less hazardous operation to perform than excision of the knee-joint, and he agreed with Mr. White that the latter operation was becoming unpopular in the Dublin School, and he thought before long the operating surgeons of Dublin would agree with Professor Langenbeck, of Berlin, who has come to the conclusion that excision of the knee-joint should be put aside. In reply to Dr. Kennedy, he had to say that one of his operations was performed for extensive necrosis of both bones of the leg. The next case was one of extensive compound fracture of both bones of the leg, the operation being a primary one. The third was a case of extensive ulceration of the cartilages of the knee-joint in a strumous patient, and the fourth was a case of extensive disease of the bones of the leg. Mr. Croly said that the quotation he made from Mr. Heather Bigg was to be found in Mr. Teale's published work. Mr. Bigg stated then that, by no other method than by Teale's operation, would the pressure be placed on the end of the stump. Of course he might since then have seen reason to change his opinion.

Mr. Wharton then read a paper on

MODIFICATION OF TEALE'S AMPUTATION,

which will be found at page 437.

Mr. G. H. Porter said, as his name had been mentioned, he regretted that the cast of the case on which he had operated was not on the table. The stump appeared to him to be almost perfection. He could bear testimony to the fact that the retraction was not very great. The quickness with which the operation could be performed might not be a very great advantage under chloroform, but certainly Mr. Wharton's operation could be done in a somewhat shorter time than Mr. Teale's. The anterior flap came round and covered the bone quite well, and they must all admit that the fact of leaving a longer bone was a great advantage.

Mr. Stokes did not often disagree with his friend, Mr. Porter, but he must differ from him in reference to the retraction of the posterior tissues. In all the amputations of the thigh by the circular or other methods, he had been struck by the remarkable way in which the posterior tissues retract. The case in which he performed Mr. Wharton's modification of the operation was no exception, and for a considerable time there was an open gaping wound which took a considerable time before it healed. However, the result of the case was everything that he could desire, and as the case had already been exhibited to the Society, and the man was strong and well, and able to perform his ordinary duties, it was unnecessary to dwell upon it. The great advantage of Mr. Wharton's modification over Teale's operation was, the saving of bone and yet having a posterior flap; and he thought they might diminish still more the length of the anterior flap. There was one objection made to Mr. Wharton's modification to which his (Mr. Stokes) case afforded a sufficient answer—namely, that the tissues would be too tense over the face of the bone. At the time the case was exhibited before the Society there was a certain amount of tension of the soft tissues over the bone; but he saw the patient ten days ago and found that it had entirely subsided; the tissues were perfectly loose and moveable, and there was no pressure or tightening whatever.

Dr. O'Leary said that he had performed Teale's operation six times, of which three were amputations of the thigh, and was then quite satisfied with it. He did not find any disadvantage arising from insufficiency of the long flap to cover the end of the bone—in each case it covered it completely. As to saving two inches of the bone in amputation of the thigh, he believed once the medullary canal was opened in its entirety whether in the upper or lower third, the consequences to be feared from being opened were equal in this operation. The higher mortality did not arise (in his Dr. O'Leary's opinion) from the higher division of the bone, but from the high division of the large nertAous a grunks causinruder shock to the nervous centres, there he thought Teale's operation had the advantage. Of Dr. Mapother's case of Wharton's modification of the thigh, he (Dr. O'Leary) could speak from practical observation. He (Dr. Mapother) having kindly placed the case in his care previous to leaving for the American continent; it was watched with interest, and the result was a magnificent stump undoubtedly; but there was very little difference between the position of the cicatrix in that case, and in cases where Teale's operation was performed by himself (Dr. O'Leary) in the same part of the thigh; the operation was simplified certainly, as to the long flap securing a perfect covering for the end of the femur, comfortable to the patient. In Teale's operation in the thigh I can speak with perfect confidence, instance one case after eight months, a soft moveable cushion protected the evidently rounded end of the femur so completely that the patient could place it upon a chair, and poise his body on it without any inconvenience or pain, a decided advantage in favour of Mr. Wharton's modification obtains in amputation of the leg and forearm. Mr. Croly had made him (Dr. O'Leary) a complete convert to Teale's method, and he had performed three operations by that method on the leg, and he expected next week to perform Mr. Wharton's modification of the operation which he thought offered some practical advantages. In Mr. Teale's operation he must confess he had experienced some difficulty working against time, which, in some cases, is an important factor, in dissecting the short flap with the small hold it afforded, and with the tissues very much retracted, it had taken him several minutes to dissect up the posterior flap, and the doing so had always been a source of anxiety to him. In Mr. Wharton's operation, however, the surgeon knew the very place he wanted to divide the bone, one cut suffices, as the danger of injuring the anterior tibial artery during a tedious dissection and division of the inter-osseous ligament is completely avoided, and no time need be lost in bringing the flaps into apposition. Mr. Croly who, indeed, was the introducer and advocate of this mode of amputation into Dublin, had pointed out to him (Dr. O'Leary) the necessity of great care in dissecting up the long flap, carefully guarding against the risk of dividing at the moment the long flap is completed, the end of the tibial artery by which the anterior flap should be nourished, the result of such an accident being that the ends of the flap would slough. He would say, with great respect, to those who said the long flap in Teale's operation frequently sloughed, that, wherever this occurred, it probably is due to some *faux pas* on the part of the surgeon, and not to any defect inherent in the operation itself. There is one practical suggestion I would make to perfect Wharton's operation—viz., immediately before dividing posteriorly to place the finger upon the skin corresponding to the centre of the posterior incision and tightly drawing the skin upwards, so that when the incision is made and the finger withdrawn, the integument will retract to the line of incision and cover the muscular tissues completely, otherwise it presents a semi-lunar edge, the concavity of which looks towards the long flap and to bring them together, disadvantageous tension becomes necessary.

DR. DARBY said he did not understand the observations of some of the gentlemen who had spoken as to what composed the flap. He had several times amputated below the knee, and occasionally amputated above it, but he had been in the habit of leaving no flap except skin and subcutaneous tissue. He did not quite understand the difficulty of dissecting up these flaps. A surgeon, when operating, must have regard to the case he is dealing with. All these operations which had been spoken of were very good if the disease were remote from the place of the proposed operation, or if the injury by accident occurred at a place which gave ample room; but they might have to deal with a terrible smash caused by a railway accident, and the surgeon must then consider whether he could operate below the knee or must take it above the knee, and must also consider where he would get good covering. He had found that stumps did remarkably well when there was no muscle in the flaps at all. It was a mistake to suppose that it was necessary to leave a large mass of muscle to cover the end of the bone, and if he recollected aright the late Mr. Hutton pointed that out. He had several times operated and left no muscular flap at all, and he had been very successful so far as this, that there had never been, in a single amputation of his, a protrusion of bone. Two or three years ago he amputated below the knee, and three weeks afterwards when he went to see the gentleman, he found that he was out driving about the country. In that case there was no protrusion of bone, and the amputation was so high that it was a doubtful point whether he had been discreet in not taking it above the knee. However, the gentleman was now able to walk twenty miles a day without feeling fatigue. The artificial leg he observed, was lighter than the natural one and did not tire him. There was no pressure on the face of the stump. In the same manner he had in two or three cases amputated the thigh by the circular method, and there was no pressure on the face of the stump in those cases, and the patients were able to walk about and earn their bread.

MR. WHARTON thought the value of the modification which he ventured to propose had been shown by the observations of Mr. Porter, Mr. Stokes, and Mr. O'Leary. The suggestion of the latter was a valuable one—namely, to do away with the semi-lunar flap and the means he had suggested to accomplish that end were very simple—namely, by means of the thumb to press down the skin. He (Mr. Wharton) could not but think that the six cases he had noticed furnished an answer to many of the objections which had been raised against his proposal. In those cases the difficulties suggested had not taken place.

The meeting then adjourned until the following Friday evening.

MEDICAL ASSOCIATION OF KING AND QUEEN'S COLLEGE OF PHYSICIANS.

WEDNESDAY, APRIL 26TH.

CASE OF SIMULATED TYPHOID.

DR. GRIMSHAW read a report of, and exhibited specimens removed from a patient who died of symptoms simulating typhoid fever, with perforation of the bowel. The patient was admitted into Dr. Steven's Hospital on March 23rd, labouring under the symptoms of typhoid fever, diarrhœa (the discharges of the usual character of typhoid), pain and gurgling on pressure in the right iliac fossa, tongue with whitish fur and extremely red-edged tip. The following day the characteristic rose spots made their appearance. Dr. Grimshaw noted the case as one of typhoid fever. The patient died on the 27th of March, with the symptoms of perforation of the bowel. On *post-mortem* examination considerable peritonitis was discovered, fluid and fæcal matter effused, considerable enteritis in lower part of ilium and cæcum, no ulceration of the solitary or agminate glands, and no special inflammation of these glands. Intense inflammation and ulceration of the lining membrane of the vermiform appendix, in which a small perforation was discovered, and a hard body, resembling in shape and size an orange pip, was impacted in the seat of the ulcer. This body, a portion of which Dr. Grimshaw exhibited, proved on careful chemical and microscopical examimination, to be a mass of phosphate of lime, with portions of vegetable matter scattered through it. The question arose was this: A case of typhoid fever dying at an early stage, owing to the complication of a body in the vermiform appendix, or a case of mistaken diagnosis. Dr. Grimshaw believed it was not a case of typhoid.

DR. KENNEDY and DUNCAN believed the case to be one of typhoid, complicated by the foreign body.

◆

A Learned "Vet."—The following incident happened in the court room here [says Dr. Dan. S. Burr, of Binghamton, N. Y.] the other day, and may be of interest to such of your readers as are students of comparative anatomy:—The case in point was this:—Mr. A. sold a colt, as a gelding, to Mr. B., which colt had had but one testicle removed, the other remaining within the cavity of the abdomen. The veterinary surgeon who had castrated the animal was sworn, and, on his cross examination, stated the following interesting features in the anatomy of the horse:—Atty: What are, and where are varicose veins found? Witness: I don't know, but I can tell where the bellicose veins are. Atty: Where are they? Witness: Close to the belly. Atty: Where is the scrotum? Witness: I am not quite certain, but I think that it is the film that covers the teeth during infancy. Atty: Have you ever made any examinations in the abdominal region? Witness: No; all of my examinations have been made in the Broome County. Atty: That is sufficient.—*N. Y. Medical Gazette.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 24, 1871.

THE CONSTITUTION OF THE COUNCIL OF THE IRISH COLLEGE OF SURGEONS.

WE insert unhesitatingly the Address of Dr. Denham, to the Fellows of the College which, emanating from the ex-master of the Rotundo Hospital and from a gentleman of such high character, would command attention even, if it did not, in view of Dr. Denham's candidature for the Council, assume the form of an election *pronunciamento.* We have desired to offer no opinion whatever, as to the merits or demerits of candidates, and have, therefore, hitherto noticed the coming election no further than to announce (as we do this week in regard to Dr. Denham), the candidature and qualifications of each claimant.

Dr. Denham makes, however, in his address certain statements which involve the general policy of the Council, and it would not be fair in us to allow such a manifesto to be placed in the hands of the Fellows without also putting them in possession of the answers which may be given to the complaints to which Dr. Denham has given expression.

That gentleman, in the first place, objects to the method by which the Fellowship is granted, and considers that that dignity "should be the reward of high professional character and gentlemanlike conduct rather than extra-professional knowledge." We understand this phrase to convey the usual and well-grounded opinion that Licentiates should be admitted to the Fellowship without examination and in respect to their rank and standing in the profession. We object to Dr. Denham's designating the Fellowship examination as "extra-professional" when, with the exception of comparative anatomy, its subjects are strictly surgical and practical, and we think it cannot fairly be said that it fails to test the surgical efficiency of the candidate; yet, nevertheless, we concur with him, and we believe a majority of the Council coincide in wishing that some power existed to dispense with the examination in the case of candidates of unquestioned character and rank. It was indeed, proposed, not long since, to reduce the examination in the case of such persons to a nominal standard by requiring from them only a thesis, but it was conclusively shown that the Council could not legally frame one form of test for the senior, and another for the junior candidate, and if they lowered the standard in one case, they must apply the same rule to all, nor could they legally introduce into the qualification the ballot or other test of popular estimation.

It is, we think, not proper to lay inaction in this matter at the door of the Council, and whenever the time comes that the reform can be prudently effected, we believe the Council will be the first to act.

We do not think the most ardent reformer will agree with Dr. Denham that to meet this difficulty or any other which has yet arisen, the College Charter ought, at the present juncture, to be surrendered to the Government.

A paraphrase of Dr. Denham's motto, *Fiat justitia, ruat collegium* would more accurately convey the probable result of such an act. Does Dr. Denham know that the withdrawal of all charters and the disestablishment of all colleges is, at this moment, seriously mooted and vehemently urged? and does he seriously mean to say that the Council ought to invite the Government to put its disendowment policy into action by delivering up to them the patent under which the College exists? This and other reforms must wait. A year or two will probably determine all Charters, and then all advisable changes may be made, but it would be suicidal to subject the College to such an ordeal while the heat of revolution is still upon medical reformers. The proposition of Dr. Denham in reference to rotation-retirement of Council is one which commends itself to us and to the College. The right of individuals amongst the Fellows at large to seats on the Council is undisputed. The advantageous effect of changes in the constitution of any governing body is obvious, and, therefore, we entirely concur with Dr. Denham in his desire for a rotatory Council. But the method is difficult. A Councillor is not better or worse because he has been President or because he has been many years in office, on the contrary, if those facts afford any evidence at all, they go to show that he has interested himself in the College and is experienced in its working. We don't think, therefore, that long service or high office ought to determine the removal of a Councillor. We desire to maintain the present system not because it has had the effect of retaining individual Councillors in office, but because it gives the Fellows unrestrained power to effect a rotatory change if they see fit, and because it leaves to them the power of removing a mischievous—or useless—member unrestricted by any rule of rotation. Let Dr. Denham persuade the Fellows to ascertain what members of Council have devoted themselves with most industry to the duties of the College, which of them have advocated views and acts beneficial to it; which of them have professional rank to entitle them to an "ornamental" seat; which of them have reflected wholesome and beneficial opinions; which of them have taken an independent and liberal-minded line of action, and which of them have co-operated in obstructiveness, favouritism, or party policy.

If the Fellows will do this, and, above all things, if they will give force in themselves to the large-mindedness and freedom from personal interest which they expect from their representatives, then we shall see a more wholesome and practical method of rotation than any rigid and impossible rule such as Dr. Denman proposes.

VACCINO-SYPHILIS.—III.

As we have already reported, the Committee of the Royal Medical and Chirurgical Society acted in the way we urged, and therefore the question will be, we should hope, thoroughly and impartially considered. In the meantime, our readers naturally look for the opinions that have already been expressed; and we are happy to comply with the request of those subscribers who ask us for a digest of the discussion.

In our first article we expressed ourselves in terms which we are glad to find have given such wide-spread satisfaction. Last week we gave with great fulness the views of Mr. H. Lee, and we now propose to add a summary of the remarks of other speakers, so that our readers may be able to estimate for themselves the position of the question. To do this it is necessary to turn for a moment to the origin of the whole matter, as first stated by Mr. Hutchinson.

In February of this year, a medical man in London vaccinated thirteen adults from the arm of an infant four months old. The child at the time was apparently quite healthy. The vaccinated persons did not present themselves for inspection; but, so far as could be ascertained, the vesicles ran the usual course, and the scabs had fallen off at the end of three weeks. About a fortnight afterwards—that is to say, five weeks after the vaccination—sores appeared in the vaccinated parts in most of the persons. The circumstances came under the notice of Dr. Seaton, the Inspector of Vaccination, and he requested Mr. Hutchinson to investigate them, which was accordingly done during the present month. As to the infant vaccinifer, when Mr. Hutchinson first saw it, it appeared to be healthy; but, on a close examination, he found four or five condylomata about the anus. No indications of syphilis were present in the mother. The father, a Parisian National Guard, Mr. Hutchinson had been unable to see; the woman would not give his address, and he believed that the man was unwilling to submit to an examination. There could be no doubt that the child itself had not been rendered syphilitic by vaccination; its cicatrices were quite healthy, whereas, if syphilis had been introduced into it at the time of vaccination, they would have presented some of the appearances met with in the persons vaccinated from it. Subsequently to the time when the child was first seen by Mr. Hutchinson, it had fallen into a state of marasmus, with commencing hydrocephalus. Mr. Hutchinson believed that the poison was conveyed by means of blood. Of the thirteen persons vaccinated, two, to whom the lymph taken from the child was first applied, had no syphilitic symptoms. The remaining eleven, when examined about two months after the vaccination, presented indurated sores on the sites of some of—not all—the cicatrices; this partial immunity Mr. Hutchinson regarded as evidence that the syphilitic virus was contained in the effused blood, and not in the proper vaccine lymph—the difference arising from the accidental separate transmission of the two fluids. He had treated all the patients with mercury internally, and the application of black wash; the induration in all had now disappeared, and the sores in most were now healed. None of them had presented any of the permanent syphilitic disorders of the skin, nor had their tonsils been affected; some of them had had transient roseola, and a few some lichenous spots. Perhaps, in course of time, further evidence of syphilitic infection might appear. Mr. Hutchinson believed that the cases showed that it was possible to vaccinate from a syphilitic subject without transmitting the disease, provided that the blood of the vaccinifer were not mixed with the lymph. The transmission of syphilis by vaccination was an extremely rare event in this country; so rare, that its occurrence could form no argument against the practice of vaccination.

Dr. Bakewell thought that the mixture of blood with the vaccine lymph was not the only way in which disease might be communicated by vaccination. The epidermic scales which were removed in the operation on the point of the lancet might introduce syphilis. Infection might also take place in the reverse direction to that under consideration; if the person about to be vaccinated were already syphilitic, the lancet used in making the punctures or scratches on his arm might, when applied to the vaccine vesicle, introduce the syphilitic virus; so that the vaccinifer might be, though healthy, made the medium of communicating the disease.

Mr. Henry Lee said that the idea of the conveyance of syphilis by the epithelial scales was novel, but well deserving of attention. He had no doubt that the epidermis used in the process of skin-grafting might convey disease. Most professed to disbelieve the transmission of syphilis by vaccine matter; and the official reports countenanced this idea. Mr. Hutchinson had said that, if vaccine lymph only were taken from the arm of a syphilitic child, cow-pox alone would be communicated to the vaccinated person. He (Mr. Lee) would go further, and say that if a child after being vaccinated contracted small-pox, and care were taken in vaccinating from it to use the lymph of the vaccine vesicle only, cow-pox and not small-pox would be communicated. He had seen only three cases where syphilis was supposed to have been communicated by vaccination. With regard to the local symptoms of vaccino-syphilis, he thought that the matter was sometimes exuded on the surface instead of being deposited in such a way as to constitute induration. The induration of the glands was a point of great interest; it was unusual for it to occur in the axillary glands.

Mr. de Méric had been often told that the occurrence could not take place. The paper which had been read, however, would change the opinions of many incredulous persons. He thought that it would have been better if the communication had been delayed to give time to see whether any symptoms of constitutional syphilis appeared in the persons whose cases were described. That syphilis could be communicated by vaccination, had been proved on the continent. In one instance, in Brittany, thirty or forty children had contracted syphilis in consequence of being vaccinated from a syphilitic child. The occurrence had been investigated by a Commission of the Academy of Medicine in Paris, who had ascertained beyond doubt that the transmission took place.

Mr. B. Carter thought that syphilis might be communicated without the obvious introduction of blood. It was a common practice in taking lymph from children's arms to wait for some minutes until the vesicles became refilled; the matter then consisted of exudation, which might be capable of transmitting disease. When tubes were charged, they were sometimes partly filled, and contained clear vaccine lymph; in other instances, they contained a greater quantity, and their contents were turbid. In one instance in which he had applied to the National Vaccine Establishment for lymph, he had found the fluid in the tubes inert; and, on examination, had been led to the conclusion that it was *saliva.*

Mr. Simon protested against Mr. Carter's remarks. Mr. de Méric's criticism was no doubt correct; in a hyper-critical sense, it was true, the paper considered historically could not be regarded as quite conclusive, inasmuch as there was no record of secondary symptoms. He had heard comments on the general incredulity as to the transmission of syphilis by vaccination. No doubt there was a great deal of hesitation in believing this occurrence to be possible. In 1857, he had addressed a circular letter on this question to all the leading public practitioners;

and, almost without exception, the answers were that they had not seen anything which supported the idea that vaccination propagated syphilis. Among the exceptions was Mr. Hutchinson, who said that he had seen cases where he believed that syphilis had been conveyed by vaccination. Some years afterwards, in the course of inquiry, he had asked Dr. Balfour, of the Army Medical Department, whether instances of the communication of syphilis by vaccination had come under his notice among soldiers. The answer was, no. He had also again referred to Mr. Hutchinson on the subject, who said that, if he had again before him the cases which he at first believed to indicate transmission, he might now arrive at a different opinion. In England, the instances in which there had been even an imputation of the transmission of syphilis by vaccination were too rare to be analysed; but several undoubted instances had occurred in Italy, France, and Germany. This difference, Mr. Simon believed, was to be explained by the fact that in England the lymph was taken on the eighth day, when the areola was scarcely formed; while on the continent vesicles ten days old were often used for the supply. In the Rivalta case, and in one which occurred in Naples, the lymph was taken on the tenth day. At this period, the lymph had become mixed with migrated white corpuscles and other products of inflammation. He would suggest that the Society should express an opinion as to what was good or bad practice in vaccination.

At the adjourned meeting Mr. Henry Lee opened the debate. We last week gave a full account of his views.

It now, therefore, only remains to glance at the opinions expressed by the other speakers, and then leave the investigation to the Committee of the Society.

Mr. Cooper Forster said he thought that every surgeon would be justified in saying that a patient with secondary symptoms had syphilis. The existence of sores or enlarged glands was not enough. He had seen the sores on the arm in the cases referred to, and they were as unmistakable as any that he had ever seen on any part of the penis. The gland were enlarged in the axilla, and there was that peculiar hardness so often seen in the inguinal region when the sores were upon the penis. In none of the cases had sufficient time elapsed for the appearance of more marked secondary symptoms. In such cases, probably, the secondary symptoms were to a certain extent masked. No one would expect a full crop of secondary eruptions all over the back, shoulders, or arms.

Dr. Anstie said he had long since arrived at the conclusion that there was no sore whatever, indurated or not, with any sort of margin, from the appearance of which any one would be justified in saying that it was syphilitic. By all means let the cases in question be proved syphilitic if they really were so, but in the present state of the matter, so far as regarded the appearance of the sores themselves, he maintained that there was no justification for saying that they were syphilitic. Such sores might have nothing to do with syphilis, and might only be the result of unusual irritation. Again, there was no kind of gland-hardening in the neighbourhood of a sore that might not be equally produced by a non-specific or a specific sore. Unless this was admitted, a new maxim would have to be introduced into pathology, and all his experience of sores in the children of the poor would go for nothing. Of course it was another matter if there were secondary syphilitic symptoms. As Mr. Cooper Forster had stated, the eruption ought not to be expected to be so copious as in ordinary cases of syphilis, and probably the production of secondary symptoms would be sometimes delayed. It was most satisfactory to know that a committee of investigation had been appointed, and he hoped that the committee would take into consideration the new cases mentioned by Mr. Tay. The committee should be instructed to watch the cases for a considerable time, and then to report upon them. It appeared to him that in one case only, or certainly not more than two, was there anything like a clear indication of secondary symptoms following a sore produced in that way, and when one remembered the infinite possibilities of deception, it was going very far to say, as Mr. Forster had done, that the sores were unmistakably syphilitic.

Dr. Althaus said he was surprised at the statement that had been made that a large crop of secondary syphilitic symptoms was not to be expected in such cases. He did not see why there might not be as large a crop of such symptoms in the cases in question as in cases of ordinary infection. He reminded the Society of the experiments made twenty years ago by Professor Waller, of Prague, the first person to prove that secondary syphilis might be inoculated by the blood of one syphilitic patient being transferred into the system of another. The experiments were conducted with the utmost care on a number of idiots. The secondary symptoms appeared in exactly the same succession, and in the same proportion as had been observed after ordinary infection. He looked upon the present cases with great doubt, and until he had seen something more decided he should continue to doubt the occurrence of vaccinal syphilis.

Mr. Hill said as a matter of everyday practice, certain sores were seen, and the patient was told by his medical man that he would have syphilis; but in such cases as those narrated, it was necessary to wait until the general disease was manifested. No doubt, the symptoms of the general disease had been delayed by mercurial treatment, wisely adopted for the benefit of the patients. But could it be supposed that in eleven cases, and three others that had since been added, mercury would prevent the appearance of constitutional syphilis? He did not agree with Mr. Cooper Forster that these unfortunate persons would be likely to have a light course of syphilis. Medical men who were inoculated did not suffer lightly, but as severely as those who contracted the disease on the genital organs and in the ordinary way. He should like to know what was the condition of the instrument used in the vaccination of the eleven patients. Was it possible that one of the adults was syphilitic before the application of the vaccine lymph, and did he act as a source of the syphilis?

Mr. Maunder said that, where a sore had not been tampered with, many surgeons would have no hesitation in pronouncing at once whether the patient would have secondary symptoms or not. He should have been glad to know the nature of the induration which was found associated with the sores; because many persons recognised two varieties of the Hunterian chancre. There was the true cup-shaped chancre, resembling a split pea, and sometimes the size of a nut; and there was the other variety, first pointed out by Ricord, a thin layer of induration immediately underlying the base of the sore, and not easily recognised by the sense of touch. Where there was that condition of the glands associated with an indurated chancre, he had no hesitation in expressing a positive opinion that the patient would be the subject of secondary symptoms. He should also be glad to know whether the glands had been painless, and whether there was evidence of inflammatory action round about them. Unless there was evidence of some accidental irritation from inflammation within or round about the glands, gluing them to the subjacent tissue, these glands were most invaluable as a means of diagnosis.

Mr. Barwell said the public did not care to consider the question whether an induration was thick or thin, or whether an eruption was slight or extensive; they considered any eruption under such circumstances to be a grave misfortune. Lymph taken from a patient was, when pure, probably innocuous, even if the patient were syphilitic. But who was to be sure that the lymph was pure? From turbid lymph and blood many diseases might be introduced. He had had many opportunities of seeing tubes in which the lymph was perfectly milky. But supposing a tube of lymph to appear perfectly pure, could it be ascertained that it contained no exudation-corpuscle? And if ten persons were vaccinated from it, would not one of them receive it? The point about which they ought to be perfectly certain was the distinct recognition of the syphilitic vaccinifer as distinguished from the clean vaccinifer. Mr. Lee spoke of children who presented no appearance of syphilis. This had happened in his own practice, especially where the children were at the breast, and received through lacteal secretion of the mother iodide of potass, which would often get rid of all syphilitic appearance, external and internal, in a few weeks. He did not know whether such a child would, if used as a vaccinifer, communicate syphilis; but he thought that some mechanical means might be employed to prevent the introduction into the tube of any material even as large as a white blood-corpuscle.

Mr. Simon moved "That it be referred to a committee to be appointed by the Council to report what are the best precautions which a vaccinator can take against the possibility of communicating syphilis, and whether those precautions are such as to give full security to the public against any danger of such infection."

The President undertook that the matter should be brought before the Council, with whom the appointment of committees rested.

Mr. Weeden Cooke suggested whether there was not something in the child itself which sometimes produced the disease, rather than the matter which was put into it. Children were vaccinated at a very early age, a month or six weeks, and the hereditary syphilis might not be developed for two or three months.

Dr. Ballard said that no one could now refuse to admit that there was really something in the view that syphilis might be communicated with vaccinia, and both out of the same pock. Mr. Hutchinson had suggested the probability that the syphilitic virus was communicated through the blood accidentally mixed with the lymph. This was the doctrine of the Lyons school. The difficulty in the case arose from the fact of its not having been clearly stated at what period in the vaccination of the thirteen persons the blood began to ooze. [Mr. Hutchinson stated it was not known.] It appeared that the first two cases were not syphilised, but that the others were. It was not known whether the first two cases were not also vaccinated with bloody lymph, nor did the paper state the condition of the vaccine vesicle at the time the lymph was taken. It was stated that the lymph was taken at the usual period, the eighth day; but the vaccine vesicle at that period did not always present precisely the same characteristics. Sometimes it was free altogether from areola, and in other cases it had a broad areola—a point, to his mind, of considerable difference. In the one case the lymph taken would certainly be clear, and in the other it would almost as certainly contain inflammatory products and be opaque. Recently a surgeon called upon him bringing a tube of lymph, and asking to be vaccinated with it. The tube was perfectly clear, but on blowing the lymph out on a piece of glass he declined to use it, for it was quite opaque. In looking over the history of cases of syphilis communicated by vaccination, one could not help remarking the capriciousness with which syphilis followed vaccination from a syphilitic child, even where blood was mixed with the lymph. In this country, where millions of persons had been vaccinated, it could scarcely be imagined that bloody lymph had not been used in a great number of cases, and amongst those cases it could scarcely be conceivable that there were not a fair number of syphilitic children, notwithstanding that Mr. Smith's was, he believed, the first case recorded in this country in which unmistakable syphilis followed the vaccine operation. The curious thing was that Mr. Hutchinson's cases should immediately follow. This, however, was what constantly happened with other diseases; a particular kind of aneurism, that had not perhaps been seen for years, would come into a hospital, and others of the same kind follow immediately after. Reference had been made to the inoculation of syphilis by means of syphilitic blood. In those cases the blood was taken from an adult. Three operations were performed, two of which failed, and only one, that upon Dr. Bargioni, succeeded. The probable cause of the failures was that the syphilitic virus in the blood was dead and effete. In the one case the blood was coagulated before it was used, in the other it had been allowed to become cold; in Dr. Bargioni's case it was warm. There was a case, not referred to by Mr. Hutchinson, detailed by M. Depaul, in which a crucial experiment was performed. Two children were vaccinated from a syphilitic vaccinifer; the first had no syphilis at all; the second had syphilis, but the chancre followed only the vesicle on the spot last inoculated, and it appeared that in that case blood had been taken. Secondaries followed. In Dr. Bargioni's case the inoculation was performed by the use of a large quantity of blood. It was found by former observers that there was a difficulty in inoculating syphilitic blood in small quantities, and therefore in this case a large quantity was employed; in Dr. Waller's cases also a large quantity of blood was used. It was a curious circumstance that there should be so much difficulty in inoculating syphilitic blood, and yet that the very minute quantity of blood which issued from a punctured vaccine vesicle should be capable of causing a chancre. Possibly the inflammatory irritative condition accompanying the vaccine vesicle might impart some unusual contagiosity to the virus issuing with the blood. Another reason might be found in the altered character imparted to the secretion of a chancre by irritating the chancre, by which means it became auto-inoculable. He would suggest whether the blood of a congenitally syphilitic child had not a more contagious power than the blood of a person secondarily affected from a primary chancre.

Mr. Startin said he believed that in thirty years he had seen about thirty cases of syphilis communicated by vaccination, and he had seen hundreds of cases of spurious vaccination, where contagious porrigo had been inoculated instead of the vaccine matter, producing enlargement of the axillary glands, and pustular eruptions in various parts of the body.

Mr. Hutchinson said it would be a great satisfaction to him if the first series of cases proved to be not syphilitic; at the same time, he did not entertain a shadow of doubt upon the subject. Whilst agreeing to some extent with those who thought it difficult to appreciate the conditions of characteristic chancre, he could not go all the way with them. In the present case the evidence was cumulative. If he had seen only one sore on the arm of a patient, he might have entertained a suspicion only; but when he saw thirty places all exactly alike—all presenting characters equally suspicious, and any one of which he should have identified at once as being in all probability an indurated chancre; when he also found in nearly all the cases the characteristic glands in the axilla; when he found the disease yielding at once to mercurial treatment, he thought he was justified in arriving at the opinion he had expressed. Of course he would bring forward any evidence which the future might afford, and would present it with perfect candour. With regard to the committee, he would do everything to assist it, but it would be obvious that in such investigations there might be a little reticence, which he hoped would be attributed to its true cause. Two of his cases had undoubted syphilitic rash. It had been said that they had to be careful not to attribute to vaccination a syphilitic rash which might be due to a latent hereditary taint in the child. Of course that was a fallacy always to be guarded against; but here were two children, one four years of age, and the other one year, both, therefore, presumably past the period at which a latent taint of hereditary syphilis could produce a secondary rash, and, of course, past the date at which it could produce tertiary symptoms. A practical corroboration was found in the condition of the vaccinifer. He admitted that the facts were not very obvious, nor could it be anticipated that they should be. No person would ever dream of vaccinating from a withered, senile-looking child, covered with a characteristic rash. The child appeared to be well-grown, as was often the case with syphilitic children, who sometimes passed through their infancy with very slight symptoms, and grew up without having had anything which could be recognised as hereditary syphilis, but subsequently developed symptoms which were undoubtedly tertiary. In the vaccinifer there was nothing which the vaccinator could detect at the time. The child looked quite healthy. The surgeon had his choice of several children, and he took this as the most healthy of them all. At the same time, he (Mr. Hutchinson) believed that the child was now undoubtedly the subject of inherited syphilis. In the first series of cases, the vaccinifer was transferred from a public vaccinating station by a teacher in vaccination, and it was used the same day. The vesicles were in good condition, the lymph was clear, and no areola was observed. He did not know when the bleeding occurred, but the surgeon stated that the vesicles did bleed. He knew that he had to vaccinate a number of children, and he pricked them near the base—each vesicle only a single time. It had been suggested that the base of the vesicle in a syphilitic child might be a little vascular, and more liable to bleed than in another child—a point which he would leave to those accustomed to vaccination. In the second series of cases, he had not been able to decide whether blood was used or not.

PROTECTION AGAINST POISONING IN ENGLAND.

THE Council of the Pharmaceutical Society of England, has promulgated in the following form, its recommendations for precautions in the storing of poisons :—

"1. That in the keeping of poisons, each bottle, vessel, box, or package, containing a poison, be labelled with the name of the article, and also with some distinctive mark indicating that it contains poison.

"2. Also that in the keeping of poisons, each poison be kept on one or other of the following systems, viz. :—

"(*a*) In a bottle or vessel tied over, capped, locked, or otherwise secured in a manner different from that in which bottles or vessels containing ordinary articles are secured in the same warehouse, shop, or dispensary ; or

"(*b*) In a bottle or vessel rendered distinguishable by touch from the bottles or vessels in which ordinary articles are kept in the same warehouse, shop, or dispensary ; or

"(*c*) In a bottle, vessel, box or package kept in a room or cupboard set apart for dangerous articles.

"3. That all liniments, embrocations, and lotions containing poison be sent out in bottles rendered distinguishable by touch from ordinary medicine bottles, and that there also be affixed to each such bottle (in addition to the name of the article, and to any particular instructions for its use) a label giving notice that the contents of the bottle are not to be taken internally."

The Society, it will be remembered, was entrusted by Parliament with the duty of framing such precautionary regulations, and was invested with the necessary powers to make their decrees final. After "dodging" the question until the Privy Council was obliged to administer a hint, the Council issued its mandate that for the future no risk of accidental poisoning should be run. But the druggists did not want their free and easy style of poison-trading regulated or set in order, and they gave vent to a clamorous shout which, with one honourable exception—that of the President, Mr. Sandford—frightened the Council out of its propriety, and brought it to its knees.

Having humbly digested the leek, the Council escape from the indignity of having to withdraw the regulations by putting them forth as recommendations, and we accordingly find them published by the journal of the Society, with the word *voluntary* in italics, lest any druggist might suppose that they were really intended for adoption.

It is quite plain that Parliament has for the second time made a grievous mistake in confiding the enactment of unpleasant rules to an elective Council. It gave in 1858 to the Medical Council the power to do the same for licensing bodies as the Pharmaceutical Society has been asked to do for druggists, and we find the latter body, accordingly, falling back upon the "recommendation" *ruse*, by which the Medical Council has for thirteen years shirked its duty. It may, perhaps, be salutary to remind the Pharmaceutical Council that, "like cause, like rule," the public may some years hence be driven to deal with them as it is about to do with the Medical Council, and to wipe out of existence themselves, and the "voluntary" trick under which they so complacently shelter themselves.

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Notes on Current Topics.

Non-Vaccination.

LAST week Dr. Lankester held inquests on children who had died of small-pox and had not been vaccinated. These cases excited interest among the Medical Profession, and Mr. C. Claremont, the newly-appointed vaccinator-general for the district, was present. In one case, that of Louisa Tongs, an illegitimate child, two years and three months old, the mother of the deceased said the reason she did not take the child to be vaccinated was because she considered it was too delicate to be vaccinated. Mr. Hopton, surgeon, said it was well nourished, and not at all in an improper condition to be vaccinated. He would never certify in small-pox cases unless there had been vaccination without higher authority, and, therefore, he had left this case for an inquest. The sister to the mother of the child said she had had it from birth, and did not think it her duty to have it vaccinated. The coroner would like to know whether the guardians would be likely to prosecute in this case. Mr. Claremont thought it was doubtful, as the guardians, when they had done so before, were not supported by the magistrates, but defeated. The coroner considered it was much to be deplored. He should continue to hold these inquiries for the benefit of the public, no matter what opposition he met with, until prevented by high authority. The jury returned a verdict of "Death from small-pox, and strongly condemned the neglect of the mother and sister in not having the deceased vaccinated."

Whiskey v. Beer.

THE Scotch Registrar-General defends the national beverage by a comparison of the proportion of deaths from liver disease in his country as compared with England. He says :—"It is a known fact that malt liquor has a greater tendency to produce deranged biliary action than diluted alcohol in its pure state. Beer in all its forms is the national drink in England, whiskey in Scotland, and the effect of these drinks seems to be reflected in the proportion of deaths from liver diseases in the two countries, for while Scotland had only the proportion of thirty-five deaths from all liver diseases in every hundred thousand of her population, the proportion in England was thirty-nine deaths in a like population; and these proportions are pretty constant in both countries year after year."

Art and the Albert Memorial.

THE tendency of the present age, undoubtedly, is to decry modern art, and to continually keep before the public gaze the works of the "masters." We have been repeatedly reminded of their antiquity, of their value, of the greatness of their designs, and the unapproachable perfection in their excution. In fact, we are taught to regard the works of the masters as mirrors that reflect the good old time when the acme of sublimity in art had been reached—if it had? But that true art is not really dead, and that true modern artists are yet to be found in the flesh, and above the earth's surface, we fully believe, having, at the suggestion of the editor of the *Art Journal* visited the marble group—from the studio of Mr. John Lawlor—intended to typify "Engineering," and which has just been placed in the position it is to permanently occupy on the Albert Memorial, Hyde park.

The current month's number of the *Art Journal* gives a full page steel illustration of Mr. Lawlor's chaste creation, and in an accompanying letter-press article pronounces it "appropriate, elegant, simple, and intelligible, blending harmoniously the ideal and the realistic;" and states that 'The central figure typifies science—she is the directing spirit of those who surround her. The foremost of these, and holding a mathematical instrument, and with his face upturned towards the female, exemplifies the designer, unfolding his plan for her approval. In him the creative power is exhibited. The two other figures represent the labour grade; that on the right holds a cog-wheel typical of the mechanical craftsman; the stalwart 'navvy' on the left, with his furry cap, loose necktie, and trousers 'gartered' and tucked up, is the labourer, who, shovel in hand, looks on, waiting the order to commence operations. We have applied the term 'elegant' to this group, and the character of the composition certainly justifies it. Each figure is graceful according to its order, and remarkably easy and truthful in its *pose*."

Hard Water for Tea Making.

A WRITER in the *Food Journal* says there can be no doubt that soft water extracts the colouring matters of tea. It makes it look stronger, and this suits the fancies, doubtless, of a people that love appearance and outside show. But the true tea lover soon discovers that the beautiful flavour of the tea leaf is obtained far more perfectly when a somewhat hard water is used for its preparation than when a soft water is employed. Coarse forms of extractive matter, marked by a very bitter taste, are in this way obtained from tea, which have the power of entirely destroying the aromatic principle, that delicate flavouring, with which consumers are so familiar. It is, however, true that too hard a water is as great a misfortune as too soft an one. There can be no doubt that our London waters are perfect for tea making. This was a subject of Government inquiry. Carbonate of soda makes the tea dark, but if you care for taste and flavour, I should strongly advise banishing the carbonate of soda bottle from the tea table. There is one point to be remembered, and that is, that the brewing process with a hard water is a rather more tedious one. Using three samples of water, one of 2·0, another of 5·0, and a third of 8·0 degrees of hardness, and after boiling and experimenting in each case with the same quality of tea, I should say that five minutes was long enough, in the first experiment with the soft water, for the tea "to draw," whilst at least a quarter of an hour is necessary with that of 8·0 degs., and about ten minutes with that of 5·0 degs.

Illegitimacy in Scotland.

THE vital statistics for 1868, just published by the Scotch Registrar-General, show that 9·8 per cent. of the births were illegitimate. This rate is much about the same as in former years, and, though high, it is not believed to be in excess of the rate in England, if due allowance be made for the greater number of births which are supposed to escape registration in that country, estimated by the Census Commissioners to amount to 36,950 annually. When compared with the rate which prevails in the continental states of which we have data, it is moderate. Of the children born during the year 59,222 were boys, and 56,292 girls, showing that 105·2 boys were born for every 100 girls. It is a somewhat remarkable fact that Scotland, unlike every other country, exhibits the peculiarity of having the proportion of boys in the illegitimate births higher than that of the legitimate.

Drug Copyrights in America.

THE confessions of trade "acuteness" which are sometimes to be found in the *Chemist and Druggist* are very *naïve*, and often very startling. Its last number contains in the letter of its American correspondent an uncompromising assertion, that the forgery of the labels and trade-marks of celebrated English and French manufacturers, and the putting forth by these means of filthy rubbish under their names, is in America universal and lucrative. The correspondent states unequivocally that many wholesale druggists of credit and reputation are avowedly engaged in this occupation, and that the trade in these forged labels is very extensive. The same journal contains a suggestive corollary to these facts in the following items of intelligence:—

> Our income-tax lists exhibit a number of handsome incomes in the drug trade. Among them that of Mr. Kemp, which is put down at over £40,000 in 1870. Mr. Kemp is the proprietor of "Florida Water," as well as largely engaged in the import and export drug trade.
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> The eminent and wealthy patent medicine proprietors, Messrs. Ayer and Co., of Lowell, Massachusetts, have lately purchased the "right, title, and goodwill" of "Hall's Sicilian Hair Renewer," for which they paid £20,000. This article is an entirely new one within six or seven years.

Relapsing Fever at Leeds.

DR. M. K. ROBINSON, Medical Officer of Health for the borough of Leeds, read a paper before the Epidemiological Society, on the 12th of April last, in which he showed that out of 361 cases of relapsing fever, it was ascertained that in 219 instances there had been previous communication with infected persons; and as there is always great difficulty in tracing the cases, he has no doubt many contagious sources escaped detection, and that the spread of the epidemic was largely owing to its propagation by contagion.

He found further that in 261 instances privation existed, the indigence in many cases resulting, not from want of work, but from the dissolute habits of themselves or their parents, Poor-law relief returns in such cases affording no guide. In 28 of the cases the drainage of the houses where they occurred was found defective, and in 26 other instances the ashpits and privies adjoin the houses.

Although, in one instance, typhus was associated in the same family with relapsing fever, typhoid has been the prevailing fever during the recent epidemic of relapsing fever in Leeds. As soon as any cases were discovered, early removal to the House of Recovery was practised, isolation as far as possible secured, and thorough purification of the houses and clothing, &c., carried out.

The following tables submitted to the Society by Dr. Robinson show the mortality from relapsing fever, typhus, and enteric fever in the borough of Leeds during the five years 1866-70, and in the different months of 1870 :—

Deaths from Relapsing Fever and from Typhus in the Borough of Leeds during the five years 1866-70.

Year.	Relapsing Fever.	Typhus.	Enteric Fever.	Other forms of fever, and "fever" so stated simply.
1866	...	407	73	10
1867	...	221	31	3
1868	...	170	143	1
1869	1[*]	134	100	2
1870	13	131	182	19

Deaths from Relapsing Fever and from Typhus in the Borough of Leeds during the different months of 1870.

1870.	Relapsing Fever.	Typhus.	Enteric Fever.	Other forms of fever and "fever" so stated simply.
January	...	6	11	2
February	...	7	7	...
March	...	4	9	3
April	...	9	6	2
May	...	11	4	2
June	...	13	3	1
July	1	16	17	3
August	3	15	14	2
September	6	16	32	2
October	3	25	37	1
November	...	4	31	1
December	...	5	10	...
Total	13	131	182	19

Early Marriages and their Fruitfulness.

THE proportion of legitimate children to each marriage was, in the year 1868, much larger in Scotland than in England, in Scotland giving a proportion of 4·76 children for every marriage, in England, 4·18 children to every marriage. The system of military conscription in France and Austria in particular, seriously interferes with early marriage, in the men throwing it to a later period of life. Of the men who married in Holland, Sweden, and Belgium, the proportions under twenty-five years of age were nearly alike, about 21·12 per cent. In Norway, where it might have been expected to have been the same as Sweden, the proportion was higher, 23·93 per cent. France and Austria, lying in the same parallels of latitude, and having nearly similar laws as to military conscription, have a still higher proportion, but proportions closely approximating, seeing that of the men who married about 28·75 per cent. were under twenty-five years of age. It is worthy of notice that not only at this, but at each several age, the proportion of men who married at an early age was closely alike in France and Austria.

Among the Anglo-Saxon race the proportion of men who married when under twenty-five years of age was very much higher than on the Continent. Thus, of the men who married in Massachusetts, 39·46 per cent, in Scotland, 41·32 per cent., and in England, 50·95 per cent. were under twenty-five years of age.

It is singular that in England, which has eighty-two marriages annually to every 10,000 persons (a proportion which closely corresponds with that in France, Austria, Belgium, Holland, and Norway), the proportion of men under twenty-five years of age who married annually was nearly 30 per cent. higher than in these countries. This striking fact of the earlier age of marriage of the men of the Anglo-Saxon race seems not to have been previously noticed by writers on vital statistics, and even they have always assumed it as a proved fact that the young men of the United States married at an earlier age than those of England, whereas the contrary is the case.

As women are not liable to military conscription, nor to be drafted into the navy or to merchant shipping, it might have been expected that the proportions in which they married at the several quinquennial periods of life would have been much more uniform than those of the men in the several countries of Europe and America. The proportions at different ages in which women marry in the several countries, vary as much as do those of the men, for while in Holland only 36·58 per cent. of the women married were under twenty-five, in New York, 72·89 per cent. were under that age.

In the countries inhabited by the Anglo-Saxon race, the proportion of women married under twenty-five was higher than in Europe; in Scotland, 58·43 per cent.; in England 63·33 per cent.; in Massachusetts, 65·78 per cent.; and in New York, 72·89 per cent.

The Influence of High Temperature on Female Maturity.

THE statistics of the Scotch Registrar-General seems to throw light on another question relative to our race, viz., the influence of climate, and in particular of heat, in forwarding the age at which the female arrives at maturity, and the influence of cold in retarding that period. If we arranged the countries in the order of mean temperature, beginning with the coldest, they would arrange themselves in the order of Norway, Sweden, Holland, Belgium, Scotland, England; and, as nearly the same mean temperatures, France, Austria, Massachusetts, and New York. If we regard the comparative early maturity of the females in each of these countries to be represented by the proportion of marriages under twenty years of age, then t females would arrive at maturity in these countries in the exact order as indicated by mean temperature, the maturity of the female being most retarded in the cold northern country of Sweden, and most forwarded in the warmer countries of France, Austria, Massachusetts, and New York. Thus, in Sweden only 4·88 per cent. of the women who married were under twenty years of age. In Scotland 12·59 per cent. of the women were under twenty years of age; while in England 14·06 per cent. of the women were under twenty. The mean temperature of France, Austria, Massachusetts, and New York is considerably above that of England, and the proportion of women under twenty years who marry annually is accordingly considerably higher.

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[*] From an enquiry made at the time, it seemed that the cause of death recorded in this case was erroneous. The patient was afflicted with phthisis.

A Novel Nosology.

The *Chemist and Druggist* in its last issue publishes a very amusing selection from the *Medical Investigator*, a homœopathic medical journal. It says:—

> Without the smallest attempt to make a sensational extract, we clip an inch out of the middle of this sample chapter, merely premising that the sentences are supposed to name diseased symptoms, and the abbreviations, in italics, name the medicines which are indicated.
>
> Gnawing hunger: with empty sensation in stomach. *Senega.*
> Greasy food: repugnance to. *Carbo an.*
> Ham-fat: longing for. *Mez.*
> Hasty eating, with inclination to hate everything around him. *Plat.*
> Herring: longing for. *Lit. ac.*
> Headache, from eating a little too much; hunger soon satisfied. *Lyc.*
> Honey: longing for. *Sabad.*
> Hot: cannot eat anything. *Ferr.*
>
> Among the curiosities of this complete repertory we find a few other lines, which can hardly have been inserted by the author without a smile. For instance, "Eggs, longing for. *Calc. C.*," or, in English, the remedy for a desire for eggs is, not as we should have guessed, to provide one or more, but to give the patient an infinitesimal dose of egg-shell. That is asking for bread and getting a stone with a vengeance. "Aversion to bread" is to be cured by *Hippo. M.* The idea is evidently derived from recent French experiences. "Aversion to food in general" is to be attacked by the following broadside of physic:—*Acon.*, *Ant. c.*, *Arn.*, *Ars.*, *Carbo an.*, *Cham.*, *Cocc.*, *Colch.*, *Ipec.*, *Mang.*, *Nux v.*, *Opii.*, *Petrol.*, *Platina.* A "longing for brandy and chalk" (!), which we should say is most undoubtedly a disease of the first magnitude, should be treated by *Nux. v.*; and a "great desire for coal," by *Cic. v.* Ipecac. is recommended, if a "desire for dainties" should manifest itself; and rhubarb is required whenever there is an "aversion to coffee if not well-sweetened."

Convulsions and Spoonmeat.

The Scotch Registrar-General, in his lately published returns for 1868, remarks:—Even the customs or habits of the peoples of each of the countries are reflected in the deaths. Thus, the English people are in the habit of stuffing their babies with spoonmeat almost from birth, while the Scotch, excepting in cases where the mother is delicate or the child is out nursing, wisely give nothing excepting the mother's milk till the child begins to cut its teeth. The English practice occasioned the death by convulsions of 23,198 children under one year of age during the year 1868 out of 786,858 births; in other words, caused one death from convulsions in every thirty-four of the children born during the year in England. In Scotland during the same year only 312 infants under one year of age fell victims to convulsions out of 115,514 children born during the year; in other words, one death from convulsions in every 370 born during the year.

The Enormity of our Small Vices.

The consumption of tobacco exhibits an unparallelled rapidity of increase and extension. In 1689, the United Kingdom received 120,000 lbs. of tobacco, and it is questionable whether even that amount was actually smoked; in 1857, suppressing intermediate returns, the amount had risen to very nearly 33,000,000 lbs.; and in 1865, even this enormous total had *doubled*, being 66,000,000 lbs., an increase far in excess of that of population; and political economists may dwell thoughtfully on the fact that England now spends about as much per diem for tobacco as she does for bread! The *Food Journal* points out that, corn and cotton excepted, tobacco stands first in commercial importance. About 1858, nearly 6,000,000 of acres were devoted to tobacco culture; the average crop being some 800 lbs. per acre, which at an uniform rate of only 2d. per lb., yielded a gross value of £37,000,000. The hop, on the contrary, which is a most representative English plant, and worth six times as much as tobacco per pound, only yielded a value of £4,000,000.

The Medical Council.

We are informed on authority that the General Medical Council will meet on the 4th July. It has also transpired that Dr. Sharpey has been reappointed by the Privy Council, his term of office having expired. No one would wish to see Dr. Sharpey out of the Council so long as he chooses to take a seat there; but it may well be questioned whether the Council is not in urgent need of new blood. It is commonly stated in professional circles that a fair proportion of the members themselves are desirous of seeing their ranks reinforced by a few active reformers. We should be glad to see any improvement. At present, the Council does not enjoy the confidence of either the profession or the public, and therefore meets under great disadvantage, and this at a time when Medical Reform seems in danger of being made a laughing-stock. The Council has had grand opportunities, but they have been lost. Is it possible even now to redeem its position? This is a question which naturally is being asked in all directions. There is also a talk of further amalgamation schemes, and possibly some plan or other may come up for discussion in July.

Medical Papyrus with Ancient Prescriptions.

A medical papyrus has been lately presented to the British Museum by the Royal Institution. It is about 7 ft. 6 in. long by 7 in. wide. It is unfortunately much mutilated, and has been considerably worm-eaten. The commencement is wanting, but its contents are a series of recipes or modes of cure for different maladies, unaccompanied by any diagnosis or account of the disease itself. The *Pharmaceutical Journal* describes the papyrus. It it written on both sides, and is a palimpsest, and on the endorsement is the commencement of a second series of cures for a malady, the nature of which is not known, but the remedy for which is said to have been miraculously found in an old book discovered in a hole in the wall of a certain temple by a priest. The book so found was written in the days of Cheops, the celebrated monarch of the 4th dynasty, and the builder of the great pyramid. The remedy for this malady consisted of incantations and prayers, and no drugs were employed. Other recipes are given for the eyes, both right and left. Amongst the drugs mentioned for some maladies are wax, fat, and incense. One remedy is for a stoppage of hæmorrhage from the head and other parts of the body, —shavings or twigs of acacia, grains of a substance called *kaspr*, to be burnt, also milk, branches of olive, the hair of a cat, and honey. One prescription orders the chapter to be said, and the breast to be rubbed with drops of the water of an animal called *tesh-tesh*, some extract of a material called *matn*, and wax and honey mixed with a preparation called *tart*. Another mixture was a preparation of sycamore and lizards. Fig leaves, gum, and excrementitious matter were also employed, and eked out with prayers and adjurations, but the meanings of the names of many of the substances are as yet not interpreted. This papyrus has not, like that of Berlin, the quantities attached, but many of the recipes date from an early period, as that of Amenophis III. of the 18th dynasty. The papyrus is, however, very remarkable for its mention of these drugs at all, as some of the other medical ones known, as that of Leyden, have prayers and adjurations only.

Dr. Murphy.

THERE must be many hundreds to whom the name of Dr. Murphy is a household word. We have previously drawn attention to the fund being raised for the purpose of providing an annuity for the ex-Professor at University College, and we hope that it will be thoroughly successful. The fund will shortly be closed, and any who desire to make an offering in so good a cause may send their subscriptions to the Union Bank of London (Argyle street, W.). It is sad to see one who has filled such a position in need of the assistance of his brethren, but we know it will be freely given. We hope the public, too, will be asked to join in the subscription.

Contagious Diseases.

THE Royal Commission has adjourned until June the 5th, after which the Report will have to be discussed, and agreed to, before Parliament can take up the subject. It is not possible to form an opinion as to what the report will recommend as the evidence before Royal Commissions is taken privately, and therefore the suggestions made by our contemporary can only be based upon their knowledge of what one or two witnesses may have said as to the tenour of their evidence and the impressions they formed. Such notions cannot but be very one-sided.

The Yellow Fever in Buenos Ayres.

AN important letter from Dr. Hardwick appeared in the *Daily News* last Thursday. The writer's experience and position as a medical officer of health entitle him to be heard, and we have much pleasure in extracting the principle portion of his communication.

The science of disinfection, says Dr. Hardwick, is a new one, and there has been much groping in the dark without that careful observation and collection of reliable data which can alone prove unerring guides to medical men. Dr. Angus Smith is probably our ablest authority on the subject, and in using the term colytic, instead of disinfectant, he aims at opening our eyes as to the precise action we must seek for in agents calculated to check the development of foul emanations and the dispersion of organic poisons. In a word, we must arrest action, arrest development and reproduction. Carbolic acid has been found of great service for this purpose; but my experience with regard to the use of this substance may be summed up under three heads:—1. Being a poison of the greatest activity, carbolic acid should not be distributed indiscriminately over a populous city. This objection holds good even with the once popular chloride of zinc. 2. I have found houses rendered almost uninhabitable owing to the persistent odour of carbolic acid when it had been used in sufficient quantity to be effectual in disinfecting cesspools and drains. 3. Obstacles arise in using carbolic acid for the disinfection of clothing, and if it be mixed with sewage it destroys vegetation. In Buenos Ayres it would be most important at this time to deluge the streets with disinfectants, to wash the houses out with them, and to use an abundance in the cesspools, which contain the accumulations of years, and are favourable soils for the ready propagation of yellow fever poison. During the past year a very powerful and harmless agent of the colytic class, calculated to arrest all decomposition and effectually to check the diffusion of organic poisons, has come to light. We owe its introduction in medicine to a gentleman who has for years been a leading authority on contagion, viz., Professor Gamgee, and he communicated his observations on it to the *Lancet* last August. It is the chloride of aluminium, or, as Professor Gamgee calls it popularly, chloralum. I have used it in urinals, sewers, and gully-holes, and it is being largely employed to deodorise sewage. It is an active antiseptic, and yet in no way affects the value of sewage if this has to be poured over land. Some assert that by fixing the ammonia it enhances the value of manure. Chloralum should be used in water carts, and can be freely employed in washing fever patients and disinfecting all their discharges. I have had some difficulty with it in clothing, from the fact that unless well washed out by pure water before soap is applied, the soap is rendered insoluble; but all trouble is removed by an abundance of fresh water and the use of a little soda in steeping the disinfected clothes. When contagion has fairly seized a town in bad sanitary condition, when tons of putrefying matter are evolving at all points the pestiferous germs, which the people are well prepared to absorb, the only means that can be suggested are to render everything inert for the time, and that this can be done with the disinfectant I deem it my duty to bring under your notice is unquestionable. I should have been tempted to enter at length into the subject of fever prevention, with especial reference to isolation and the removal of patients. The continued prevalence of small-pox demands that all publicity should be given to sanitary rules, which should be enforced for the effectual protection of our people.

The Irish Benevolent Fund.

WE learn with satisfaction that the council of the Royal Medical Benevolent Fund Society of Ireland will be able to present to the society a very satisfactory report, albeit very far short as indicating the prosperity which such a society deserves. We earnestly hope for better and more universal liberality. Last year Dr. Robert McDonnell set a noble example in pledging to the society an annual gift of £36 11s., his pension as medical officer of the Mountjoy Prison. An annuity of this amount represents a gift of about £700, and as an unsolicited and unexpected act of generosity deserves credit as much for its spontaneity as its liberality.

Local Government and Sanitary Reform.

In a letter to the *Standard*, Dr. Rumsey says, It is well that the curious changes in local authority, proposed by the Royal Sanitary Commission and by Mr. Goschen, in Parts IV. and V. of his Local Government Bill, are not to become law during the current session.

Legal provisions for disinfection, ambulances, and hospital or tent accommodation in contagious epidemics, might easily be enforced in emergencies by summary legal process without a revolution in the local government of the country. But, Dr. Rumsey says, no one well informed on matters of provincial administration could admit that every petty local or parochial authority, called in Mr. Goschen's bill a "sanitary board," having under it a population of 3,000 and upwards, ought to be compelled or even empowered to appoint one or more officers of health as proposed in the report of the Sanitary Commission (p. 175). "Those who call for the immediate compulsory appointment of medical health officers by such authorities really do not know what they are about. I can conceive of no measure more confirmatory to local jobbery, more opposed to independent scientific inquiry, more obstructive of sanitary progress, or more ultimately injurious to the *status* of the medical officers themselves. The fact is, we are not yet prepared for the compulsory appointment of officers of health. Various important conditions and pre-requisites must first be settled. Authorities competent to select such officers are not yet in existence. I regret to find that the sanitary commission does not propose that any such authorities should be constituted."

On the other hand, Dr. Rumsey maintains that Mr. Goschen's bill contained two great principles which deserve vigorous support by all friends of administrative reform—1. The establishment of a central board with comprehensive jurisdiction (and of certain defects in the bill, on this head, it is unnecessary for us to write at present). 2. The formation of proper county authorities.

A good county board, elected partly by the justices and partly by parochial representatives, with the addition of a few selected members, he thinks, would be of incalculable benefit to the country. Numerous and highly important functions in aid of efficient and economical local government might be committed to boards of this wide jurisdiction. The vexed question of health officers would be immensely simplified. Many other desirable reforms facilitated. We should then possess in every county an instructed and comparatively independent authority for all higher purposes of administration.

Multiple Births in Scotland.

During the year 1,443 twin births and fifteen triplet births occurred, indicating that one in every seventy-nine mothers bore twins, and that one in every 7,602 mothers bore triplets.

Tardy Fruitfulness of Marriages..

In Scotland, in the year 1868, one woman had been twenty-seven years married before she bore her first child, two had been married twenty-eight years, one had been married twenty-nine years, one thirty and a-half years, one thirty-two years, one thirty-three and a-half years, and one did not bear her first child till thirty-seven years after the date of her marriage.

Density of Population in Scotland.

The Registrar-General for Scotland has issued his statistical report of births, deaths, and marriages for 1868, and the return, though tardy, amply atones for the delay by the value of the analyses and comparisons which it contains. On the question of density of population, the registrar says:—"The influence of density of population on the proportion of births is seen in the eight divisions into which Scotland is divided. Thus, in the north-west, where there are only twenty-three persons to a square mile, the births were 28·38 to every thousand persons; in the south, with sixty-six persons to a square mile, there were 31·20 births; in the north-east, with ninety-seven persons to a square mile, there were 33·98 births; in the east midland division, with 120 persons to a square mile, there were 35·14 births; in the south-east division, with 219 persons to a square mile, there were 38·14 births; while in the most densely populated south-western division, with 441 persons to a square mile, there were no fewer than 40·92 births.

London Bread and its Impurities.

Dr. Muter gives, in the last issue of the *Food Journal*, the result of many analyses of London bread. During the month the *Journal* collectors have been at work in the west of London, and have purchased and forwarded twenty samples for examination. This has been carried through, and our metropolitan readers will be glad to see that the results are better than those given last month. Only two contained copper, and even then it has been either introduced with a more sparing hand or more equally distributed through the mass of bread. There is, however, a slight increase of alum, as six samples were so contaminated. Up to the present the total state of the bread examined is as follows:—Pure bread, 15; alumed bread, 11; coppered bread, 18.

Pathological Society.

The meetings have closed for the season. At the last meeting the report of the committee on Lardaceous disease was produced. This is the name recommended for adoption in the change that has received other names also. An increase of cholesterini and of chloride of sodium is said to be present while the affected organs are deficient in potash. It was long ago pointed out by Dr. Dickenson that deficiency of alkali was probably dependent on its removal from the blood by profuse suppuration, after which the disease is most frequently met with.

The new County Asylum at Macclesfield has been opened. Dr. Deas is Medical Superintendent.

Dr. Thorne Thorne has resigned the lectureship on psychology at St. Bartholomew's Hospital.

Dr. Pavy has been promoted to the full physiciancy at Guy's Hospital, and Dr. Pye-Smith has been appointed assistant-physician.

Sir John Herschel was interred last Friday in Westminster Abbey, in the presence of many scientific and literary celebrities.

The Prince of Wales presided at the anniversary of the Earlswood Asylum last Wednesday, £4,197 being collected.

Small-pox is epidemic in Berlin, and the huts which had been run up during the war have been removed to another locality to serve as small-pox infirmaries.

Professor Schweigger, a pupil of the late eminent ophthalmologist, has just been appointed to succeed Graefe at the Charité Hospital of Berlin. Dr. Schweigger had hitherto occupied a chair in Zurich.

M. Gustav Bischof has been appointed to the "Young" chair of Technical Chemistry in the Andersonian University at Glasgow. M. Bischof is son of the late Professor of Chemistry at Bonn, and well known as the author of "Chemical Geology."

We find it stated in the Registrar-General's Report for Scotland, there died in Glasgow, in 1868, a wine merchant, only twenty-seven years of age, of such extreme obesity that he weighed 27 stones, though only 5 feet 4 inches in height. The circumference of his chest was 75 inches, and that of his thigh 37 inches. He was thus 1 stone 6 pounds heavier than the fattest man at the celebrated "Fat Men's Ball," New York, who weighed 388 pounds, or 25 stones 8 pounds.

The General Medical Council has been summoned for meeting at the London College of Physicians on the 4th of July. *Per contra* the *Lancet* "Medical Bill," which is to demolish everything and everybody, including the Medical Council, is to be proposed for a second reading on the 14th of June. The journalistic parent of this bill makes a little demonstration every week, and hysterically entreats by its own voice and that of its correspondents all M.P.'s to attend and vote for it. Paradoxically, the Medical Council is fixed to meet a fortnight after the *Lancet* has expunged it from existence, but the initiated know that the Medical Council has not the least intention of doing anything at all, and that the *Lancet* bill is the concentration of legislative moonshine. The motion for a second reading is *pro forma*, and the feebleness of the steam which the *Lancet* has got up is proof evident that that journal is perfectly well aware that its attempt at law-making is only bringing it into ridicule. If the second reading be got through the two bills may be referred to a Select Committee, meanwhile the fatuous Council will talk and talk and talk.

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SCOTLAND.

EDINBURGH.

Chalmer's Hospital for the Sick and Hurt.—The directors of this institution have declined to open the wards for the clinical instruction of the female medical students.

GLASGOW.

Death of Dr. A. Dunlop Anderson, F.R.C.S. Lon., F.F.P. and S., Glasgow.—It is with very great regret we record the death of this gentleman, which took place at his residence in Glasgow on the 13th inst. Dr. Anderson was in the 77th year of his age. After serving for some years as assistant surgeon in the 49th regiment, he settled in Glasgow in 1820, and speedily acquired an extensive practice. In 1823 he was appointed surgeon to the Royal Infirmary, and in 1837 he was elected physician to that institution. In 1853 he was elected President of the Faculty of Physicians and Surgeons, an office which he retained for three years, and a few months ago his portrait was placed in the Faculty Hall, in recognition of the services he had rendered the Corporation. Conscious of the increasing infirmities of age, he, last year, relinquished his practice to his son, Dr. McCall Anderson, Professor of Physic in the Andersonian University, choosing, for the sake of rest, to reside in Edinburgh during the winter months, and he had but recently returned to Glasgow for the summer, when he was seized with his fatal illness. Dr. Anderson was one of whom all men spoke well, and, unconsciously perhaps to himself, maintained for a period of forty years the dignity of the Profession in the West of Scotland, not only by his professional ability, but by his consistently honourable and christian character.

Dr. J. C. Douglas, Glasgow, has been appointed house-surgeon to the Greenock Infirmary.

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Literature.

ON THE TEMPERATURE IN DISEASES.*

The significance of variation in the temperature as a symptom of the course of disease was fully recognised by Hippocrates and by many of the ancient writers, yet it was not till the early part of the seventeenth century that the thermometer was first applied by Sanctorius to the determination of temperature. Some important contributions were made during the eighteenth century to the nature and theory of animal heat, but the appearance of Currie's well-known work† at the close of the last century marked the first exact application of thermometry to therapeutics. During the first forty years of the present century the additions to our knowledge were but scanty, and to Andral is due the credit of clearly recognising and teaching the clinical value of medical thermometry. From time to time various physicians and physiologists devoted themselves to special features of animal temperature, but in 1850 the investigations of Traube and Bärensprung gave a new and vigorous impulse to this inquiry, and, since 1851, Wunderlich, induced by Traube's advocacy, has introduced the use of the thermometer into his clinique. The attention which Wunderlich has directed to this subject for the past twenty years will appear from the fact that the number of individual cases of disease in which the temperature had been noted, amounted, in 1868, to nearly 25,000, and the number of separate temperature-readings to some millions. The thermometer was regularly employed at least twice daily, and in febrile patients from four to eight times a day, and even oftener, according to circumstances.

The present work is designed to give a connected and complete account of the practical results of this prolonged inquiry, and in the preface no fewer than seventeen reasons are enumerated, showing the paramount utility of thermometric knowledge to the Medical practitioner. Of these, besides the special diagnostic and prognostic value of thermometry, it is well to remember that the temperature can neither be feigned nor falsified, and hence may be often useful in distinguishing between a true and spurious disease.

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* "On the Temperature in Diseases: a Manual of Medical Thermometry. By Dr. C. A. Wunderlich." Translated from the second German Edition by W. Bathurst Woodman, M.D. The new Sydenham Society. London, 1871. Pp. 468.

† Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Fever and other Diseases.

The volume may be considered as divisible into two parts. The first eleven chapters treat of the science and art of Medical thermometry, and minute directions are given to ensure accuracy of observation. We do not think, however, that every busy practitioner will set so much value on the habit as to follow Wunderlich's advice that, if he have not time or opportunity to make daily observations in acute diseases, "he had better not undertake the cases."

The general semeiology of thermometry having been discussed, the twelfth chapter deals with the temperature in special diseases, and a very detailed account is given of the thermal variations in enteric fever and in pneumonia especially. Even some of the rarer affections, such as osteomyelitis, glanders, and trichinosis come in for a share of attention, and the whole chapter is a valuable mine of reference respecting the temperature in fevers and acute inflammatory affections.

The last chapter gives a short account of the effects of altered temperatures upon the system, and in the Appendix a very complete table of thermometric equivalents is furnished. The Centigrade scale is retained throughout the work, but in all cases the corresponding Fahrenheit term is placed side by side. Forty woodcuts and seven lithographic charts of the temperature in special diseases add to the value of the text, and afford a graphic conspectus of the thermal phenomena of the most important diseases.

Since the thermometer is now in every one's hands, it is a source of satisfaction that we have at length a treatise at once complete, reliable, and scientific on the principles and method of use of this instrument, and the Sydenham Society has done good service in presenting Wunderlich's "Manual" in an English dress. So far as can be judged, in the absence of comparison with the original, Dr. Woodman has done his part well, and the translation, on the whole, reads smoothly, though the idea of uncertainty on the part of the translator is suggested by the frequent introduction of the German words and phrases in parentheses.

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Correspondence.

THE MARQUIS OF SALISBURY AND VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A copy of your paper of the 17th inst. has been sent me, in which it is stated that I have proposed to enforce vaccination by laying the fine on the doctor instead of the parent.

I shall be much obliged to you if you will correct this statement, as it is entirely without foundation.

I am, Sir, your obedient servant,
SALISBURY.

[We are much pleased his lordship repudiates the idea attributed to him of "fining the doctor instead of the parent, in order to more effectually enforce vaccination." We had not the privilege of attending the discussion in the House of Lords, but gleaned our information from the Parliamentary Reports in the daily journals. In the *Daily News* of the 13th instant, on page 2, column 2, line 19 and following, we find—

> "The Marquis of Salisbury said there was something more that might be done to enforce vaccination—let the fine be laid on the doctor instead of on the parent. (A laugh)."

Being equally anxious to give space to the contradiction as to the report, which his lordship states "is entirely without foundation," we, at the same time, are particular to mention the basis upon which our comments were founded, and to state that if it "is entirely without foundation,"—and we have no reason whatever to doubt his lordship's word—our contemporary ought never to have given currency in its Parliamentary Intelligence to a statement which is absolutely untrue, and calculated to bring the gentleman to whom it is attributed into ridicule.—ED. M.P. & C.]

VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Although it is agreed on all hands that cow-pock affords a protection against small-pox, yet, medical men are not unanimous as to the nature and extent of the protection, some asserting its permanency, others limiting its protective quality within certain periods, as seven years, or the age of puberty. Internal diseases, &c., &c., have been suggested, weaken or altogether remove from the constitution the vaccine defence, and leave it liable to future small-pox infection. To remedy this alleged defect, the practice of re-vaccination has been recommended, and the apparent success which has attended the re-vaccinations performed, would seem to prove the necessity of the precaution; but, it may be fairly asked—were the subjects of those experiments correctly vaccinated previously? and if so, is the appearance of vaccine vesicles on their arms to be considered as sufficient proof of a returning susceptibility in the constitution to variolous infection? I think not; it is well known that vaccinated patients after resisting the strongest exposure to small-pox, have, on re-vaccination, exhibited perfect vaccine vesicles. If the protective influence of cow-pock gradually declines, and finally wears out, as has been asserted, we should find that the number of cases of small-pox after vaccination would increase with the distance of time from the period of vaccination, which, however, is not the opinion of those well qualified to judge. The re-vaccinists maintain that if, in a person who has been previously vaccinated, a re-insertion of vaccine lymph produces a well-marked vesicle, a proof is thereby obtained that the anti-variolous influence has worn out of the system, and that the individual has become susceptible of small-pox. The correctness of this position I peremptorily deny. By a parity of reasoning we should conclude that vaccination succeeding in a person who has before had small-pox, is a proof of liability to a second attack of that disease. I also disapprove of using lymph after passing through subjects who had previously been vaccinated. I have seen cases of small-pox imported into this district where vaccination has been extensively performed for nearly thirty-six years, and I can with strict truth state, that I never witnessed a single case of small-pox after vaccination. If vaccination lost its saving energy, and the protective powers of vaccination decay in the manner that has been imagined, surely in this district where re-vaccination is not countenanced there were many favourable opportunities for the development of variola; but I am happy to state that all who have been vaccinated perfectly have resisted small-pox. I think I am justified in asserting that perfect vaccination is permanent in its influence, and sufficient proof has been shown that cow-pock protects the human constitution from the infection of small-pox, not merely for a few years, but for life, and that periodical re-vaccination is uncalled for. Before quitting this part of my subject, I would beg to suggest that practitioners would closely review their early vaccinations; and whenever there is any doubt as to the correctness of the previous vaccination, to repeat the operation; but where no such doubt exists, I do not think re-vaccination necessary, and I apprehend the practice of systematic re-vaccination would prove injurious. Practitioners and parents would thereby be led to pay less attention to the first vaccination, under the impression that any irregularity would be rectified by the intended re-vaccination. This dependance upon a future operation would lead to imperfect vaccination and consequent failures. Then again, should we fail to produce a proper vesicle—as will often happen in such cases—we leave the person in a state of doubt and constant alarm.

It is of the greatest consequence to be particularly careful in the selection of vaccine lymph—an irregularity so slight perhaps as to leave the individual liable to small-pox may produce in the next transition a further irregularity, and thus vaccine vesicles, doubtful as to the extent of security they afford, are indefinitely propagated. A very proper question may be asked here—Is cow-pock in passing indefinitely through subjects liable to a diminution or total loss of its anti-variolous property, though every care be taken to preserve its integrity? This opinion of the failing efficiency in the vaccine is, as far as I know, unsupported by facts, inconsistent with the laws of morbid poisons, and opposed by a most respectable weight of evidence. I am quite satisfied that lymph will not suffer in quality by passing through subjects indefinitely, if due attention be paid to preserve its purity in every successive transmission, and we shall not be under the necessity of seeking fresh supplies from the cow; and I prefer the produce of the origina virus furnished by Dr. Jenner, which has now passed happily through successive generations of subjects, to any of which may have been taken recently from the cow.

Pustular eruptions, in cases where the arm through neglect continues in a state of ulceration for any length of time, there not unfrequently appears an eruption of pustules, which may be mistaken by inexperienced practitioners for small-pox, whereas they occur from absorption of matter into the system, as may happen from any sore if neglected. Were such a case to happen to any of our anti-vaccinists, it would be brought forward as a striking instance of the inefficiency of cow-pock; also a prolific source of error may be afforded by confounding chicken-pox with small-pox. A patient who has gone regularly through the cow-pock may be seized with an eruption of pustules, which may be termed the small-pox, when in fact the disease was varicella. Dr. Willan, no mean authority, assures us that in a short time he saw seventy-four cases in which varicella had been mistaken for small-pox, occurring after vaccination. It is absolutely necessary to be very accurate in the diagnosis of these two diseases, otherwise we shall be guilty of errors highly injurious to the reputation of cow-pock. It is not always so easy as many suppose to distinguish small-pox from chicken-pox. There is no difficulty in distinguishing a fully-developed small-pox, with high fever, copious pustular eruption, swelled face, and closed eyes, from mild chicken-pox with slight fever, and a vesicular eruption which shrivels and dies off before the fifth or sixth day; but, the case is different where the former is mild, and the latter assumes a more severe form, with high fever, and active cuticular inflammation, disposing the vesicle to suppurate, enlarge, and make slow progress. A correct diagnosis in such cases is extremely difficult, if not impossible. The idea of varicella never being a severe disease has been productive of much mishief, many examples of chicken-pox being mistaken for small-pox are on record even by men of eminence in the Profession. Ring mentions many instances of small-pox not distinguishable by their appearance from varicella. Foreseeing, then, the fatal consequences that may arise from any ignorance or oversight in conducting the practice of vaccination, we should make ourselves well acquainted with the true character of cow-pock, so that no neglect or want of skill on our part shall tend to lessen the advantages to be expected from vaccination. A spurious disease is easily propagated; one small deviation engenders another, until the original nature of it is entirely changed; but let it be remembered that by attention to minutiæ alone, can an accurate knowledge be acquired in any department of science. Let us not be deterred by the multiplied varieties which occur in the practice of vaccination, nor be apprehensive that it is encompassed with insurmountable difficulties, for a little practice in vaccine inoculation, attentively conducted, impresses on the mind the perfect character of the vaccine pustule. Having vaccinated many thousand persons since I was appointed medical officer to the Pomeroy Dispensary in 1835, with the success I have mentioned, I think I am justified in stating that my confidence has at all times remained, as it now remains, unshaken, as to the defensive virtue of vaccine matter, not only throughout the brief season of a few years, but during the full period of human existence. Surely if its influence was not thus protective, I must have seen variola amongst adults of all ages, in whom, according to the new assumption, the prohibitory agency of vaccination may be presumed to be worn out, but on the page of my experience there is no such record written.

I am, Sir, your most obedient servant,

Robert Henry.

Pomeroy Dispensary, Tyrone, 20th April, 1871.

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TO THE FELLOWS OF THE ROYAL COLLEGE OF SURGEONS, IREEAND.

Gentlemen,—As we are soon to be called upon to listen to the annual report of the college and record our votes for the election of President, Vice-president and Council, allow me briefly to bring under your notice, a few changes which, in my mind, would greatly tend to advance the honour and the interest of our body.

I shall only touch upon three subjects at present, namely—The Fellowship examination. The stereotyped characters of the Council, and the mode of election for vice-president. The Fellowship should, in my mind, be the award of high professional character and gentleman-like, rather than that of extra professional knowledge, conduct.

As matters now stand, licentiates may be professors or lecturers on any or all of the subjects required for the Fellowship examination, and consequently the instructors of the men preparing for such examination, and thus when those professors are about to become fellows, they may, and probably must have for their examiners their former pupils, the very men they had lately prepared for the same examination. Further, licentiates may not only be professors, but hospital surgeons of high standing. If in the army, they may attain to the highest honours and appointments, even to those of Inspectors-general. And yet such men if they wish to obtain our fellowship, must submit to a public examination and run the chance of being rejected by men, perhaps much their juniors, and far below them in professional standing.

With regard to the second subject alluded to, the permanent character of the council; it seems like the laws of the Medes and Persians, never to change, or if it does, the change is so slow and imperceptible that it escapes observation. We find men there for ten, twenty or thirty years, to the exclusion of hospital surgeons and eminent practitioners. I blush to tell it, that surgeons of the highest celebrity and of European fame, have been excluded from that Council by party feeling or petty jealousy; need I mention the names of such men as Robert Smyth, Sir William Wilde, or John Hamilton.

The third and last point I would beg leave to direct attention to, is the mode of filling up the Vice-president's chair. At present, any fellow may come to the conclusion, that he is peculiarly and pre-eminently qualified for the situation, and that his name would lend dignity to the office. In offering himself as a candidate, he is actuated, of course, by a deep sense of duty, and a sole desire to promote the interests of the college. And now for the remedies we would propose.

First, as to the examination for Fellowship if, as most of us admit, this examination has been from the first a mistake, and if, as we all know, many good men and true shrink from the ordeal, and keep aloof from us or join themselves to other bodies, rather than submit to such a test, then I say it is a duty we owe to them and to ourselves, to press for a change at any cost, at any hazard, *fiat justitia, ruat cœlum.* In reply to this, it will be said by some of our old conservative friends, all very true. There is a great deal in what you say, but our hands are tied up by the charter; let us wait a little, this is not a time for change. It will be waiting for the river to flow by, the time for reform will never come, and our charter, if left to such men, will never be changed.

In regard to the second subject spoken of, namely, the all but life tenure of membership in the Council, I believe a very salutary and satisfactory change might be effected without altering the charter. Let the college in her collective capacity pass a resolution, or by-law, to the effect that it is expedient and desirable that, at least, two members of council should retire every year, say the out-going president, and the member who has attended the fewest numbers of meetings of council. Or, if the college has not the power to pass such a resolution, or by law, and I fear their power is very limited, then what would be better and more graceful still, let the Council come to an arrangement among themselves, that two of their number shall annually retire, such retiring members to be eligible for re-election after one year.

By some such arrangement the dignity of the Council would be elevated, and its usefulness greatly increased. It would no longer be looked upon with suspicion and distrust, as a secret conclave to which none but the chosen few have access.

On the third and last point, that relating to the Vice-presidentship, I would suggest that no member of the body be allowed to offer himself as a candidate for the office, but instead thereof, that two or more names be put forward, say one by the Council, and one by the College, at the annual meeting, such names alone to be eligible for election to the chair.

By this arrangement we would insure the appointment of men who would command the confidence of the public and the profession.

In all such matters our great aim and object should be not so much to pay a compliment or confer a favour, but to choose the man who would best promote the interest of the body and uphold the dignity of the college, the chosen candidate conferring rather than receiving a compliment in the appointment.

The department of the profession with which I am more immediately connected has, I think, just reason to complain of the studied neglect with which it has been treated, both by the College and the Council. It will be conceded I think, that midwifery has contributed its fair proportion to the high position which the Dublin School of Medicine and Surgery justly holds in public estimation, and yet midwifery has now no representative man in the Council, nor has she had for many years. If we look to the College of Physicians, we find a very different state of things. There, every midwifery man of mark, has been called to the presidential chair, or placed in situations of honour and emolument. Among the Fellows of the College of Surgeons, we have, or have had, four ex-masters and several ex-assistant masters of the Rotundo Hospital, and yet so far as I know, not one of those men have ever been admitted to a seat on the Council, or raised to the Presidentship of the College. The same statement may, I believe be made, respecting the medical staff of the Coombe Lying-in Hospital.

The importance of the subjects brought under consideration, must plead my apology for having trespassed so long on the time and patience of my fellow members. I feel assured that a large majority, both of the Fellows and Licentiates will agree with me, that the matters complained of are blots on the fair face of our college, grievances not imaginary, but real and substantial.

The remedies proposed may not be the most suitable, but if this letter suddenly conceived and hastily written be the means of directing attention to the subject, and inducing men of more talent and experience to give their minds to it, I feel assured it will lead to changes largely calculated to increase the influence and promote the usefulness of the Royal College of Surgeons, Ireland.

I am, Sir, yours &c.,

JOHN DENHAM, F.R.C.S.I.

Merrion square, North, Dublin.

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Medical News.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 16th inst.—viz. :—

Powell, Lionel, L.R.C.P. and L.M.Ed., Melton Mowbray,	Students of University College.
Atkinson, Alfred James, L.R.C.P.Ed. and L.S.A., Kew Green.	
Norbury, Thomas William, Macclesfield.	
Horsford, Joseph Alphonsus, Penzance.	
Newington, Herbert Francis Hayes, Ticehurst.	
Iredell, Charles Lesingham Maynard, L.R.C.P.Ed. and L.S.A., Cheltenham.	Of St. Bartholomew's Hospital.
Turner, Willoughby, Brighton.	
Nunn, Phillip Wm. Gowlett, Caversham road, N.W.	
Cottle, Ernest Wyndham. B.A.Oxon., Southampton.	St. George's Hospital.
Trent, Thomas, Lower Tooting.	
Waldo, Henry, M.B. Aberd., Clifton, Somerset.	Bristol School.
Bath, Aloysius Joseph King	
Law, William Thomas, L.S.A. Edinburgh.	Guy's Hospital.
Bovill, Edward, James street, Buckingham gate.	
Thorpe, Lewis, L.R.C.P. and L.M.Ed. and L.S.A.Lond., Walsall.	Birmingham School

Morris, Richard Thomas, Rochdale, Manchester School.
Smith, George Augustus Cooper Vernon, Paddington, St. Mary's Hospital.
Drake Cecil, St. Ives, Cornwall, Charing-cross Hospital.
Jones, Hugh Thomas, Gaerwen, Anglesea, Dublin School.
Johnston, William Murray, Newcastle, Newcastle School.

The following obtained the diploma on the 17th inst—viz. :

Edmundson, Thomas Robert, L.R.C.P. and L.M.Ed., and L.S.A. Lond., Masham, Yorkshire.	Guy's Hospital.
Collins, Henry William, L.S.A., Wrington, Somerset.	
Blaker, Walter Campbell, L.S.A., Crawley, Sussex.	
Ewart, John Henry, Upper Norwood.	
Lloyd, William, M.B. Dublin, and L.S.A. London, Carmarthen.	Dublin School.
Allen, Patrick Joseph, L.R.C.P. Ireland, Mullingar, Co. Westmeath.	
Stephens, Augustus de Brouquens Capel Mordaunt, M.D. Philad., Paris.	King's Coll.
Kendall, Walter Benger, Stratford-on-Avon.	

Cory, Robert, B.A. Cambridge, Carlisle, St. Thomas' Hospital.
Mayor, William Lewin, Highgate, London Hospital.
Rouse, Ezekiel, L.R.C.P.Ed. Bradworthy, North Devon, Edinburgh School.
Ling, John Mitford, L.S.A., Saxmundham, University College.
Simon Arthur Charles, L.S.A., Jersey, St. Bartholomew's Hospital.
Whistler, William McNeill, M.D. Pennsylvania, Brook street, Grosvenor square.

Seventeen candidates having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their hospital studies for six months.

An Ink Plant.—There is in New Granada a plant, *Coryaria thymifolia*, which might be dangerous to our ink manufacturers if it could be acclimatised in Europe. It is known under the name of the ink plant. Its juice, called chanchi, can be used in writing without any previous preparation. The letters traced with it are of a reddish colour at first, but turn to a deep black in a few hours. This juice also spoils steel pens less than common ink. The qualities of the plant seem to have been discovered under the Spanish administration. Some writings, intended for the mother country, were wet through with sea water on the voyage; while the papers written with common ink were almost illegible, those with the juice of that plant were quite unscathed. Orders were given in consequence that this vegetable ink was to be used for all public documents.—*Pall Mall Gazette.*

Presentations at Her Majesty's Levee.—The following members of the Profession had the honour of presentation at Court on Saturday last:—Doctors: G. H. Porter, surgeon to the Queen in Ireland, M. Baines, R. H. Bakewell, Beamen, Fraser, Francis, Hawkins, Minter, Norwood, Lockhart Robertson. Messieurs Prescott Hewitt, Gilborne, (surgeon major), A. P. Hicks, Harry Leach, Macnamara, Paget, Spencer Wells, and W. C. West.

Embezzling in a Medical Partnership.—At the Marylebone police court recently, Mr. John Pattison, of 37 Gloucester place, appeared before D'Eyncourt, in answer to a summons, issued on the complaint of Mr. Thomas Somerville Davey, charging him with embezzling ten guineas and other moneys, which he had received for, and on account of, a partnership to which the said Mr. Davey was a partner. Mr. Williams, the counsel for prosecutor in opening the case stated, that the parties had been for some time practising together as surgeons in partnership. The defendant had, it appeared, been struck off the register of qualified medical practitioners by the Medical Council. The first witness called for the prosecution was Mr. Spencer Clarke, solicitor, of Whitchurch, Hants, who stated that he paid £57 15s., by check drawn to Dr. Pattison's order for medical advice which his aunt, Miss Martha Parker, now deceased, received from the defendant in October and November, 1869. Mr. James Walters, of Wolverhampton, stated that his wife was suffering from cancer in December, 1869. Dr. Pattison attended his wife and charged him a fee of £21, which he paid in gold. After similar evidence from other witnesses, the further hearing was then adjourned until to-day.

The Moning Congou Tea.—Lord E. Cecil asked the Secretary of State for the Home Department whether his attention had been drawn to a statement recently made by Dr. Letheby, before the Commissioners of Sewers, to the effect that 600 half chests of so-called Moning Congou tea, described as composed of broken down and rotten leaves of tea and other plants mixed with earthy matter, and iron filings, had been sold by public auction at the Commercial Sale Rooms, Mincing lane, during the last month. And whether, in view of a very similar sale having been made the subject of legal proceedings only last year, the right hon. gentleman, proposed to do anything towards the protection of the health and pockets of all classes of her Majesty's subjects, both by assisting to bring the present offenders to justice as well as by redeeming the assurance given by him to the house last session that he would give the whole subject of adulteration his best consideration, in order to bring about an improvement of the existing law. (Hear hear.) Mr. Bruce said he had not had time to make proper inquiry into the facts of the case, but, supposing them to be as represented, he saw no reason why the persons concerned should not be prosecuted by the solicitor to the Excise. The second part of the question would be best considered when they came to deal with the report of the Royal Commissioners.

A new Cure for Rheumatism.—We wonder how many infallible "cures" there are for "rheumatism," just as we wonder how many diseases there are called "rheumatism." because the doctors can think of no other name for them. The last treatment for this mysterious complaint is to give the patient a teaspoonful of salt and water, and then to place a pinch of salt in each of his stockings. As no medicine is good for anything which will not overthrow at least two entirely different diseases, we are happy to announce that the salt and water and the salt in the stockings have been found equally efficacious in cases of fever and ague. The general principle seems to be that if salt will cure meat it will cure anything, and it is about as sensible as a great many medical principles now in vogue.—*New York Tribune.*

The Sanitary Condition of Germany.—Rumours have been circulated that some parts of Germany, and especially the towns on the Rhine, have been visited by infectious diseases in consequence of the war, the numerous hospitals, and the transport of sick and wounded. The *Daily News* has been requested to state, that investigations set on foot by the several German Governments have proved that these reports are entirely without foundation. According to Dr. Frerichs, the eminent physician of Berlin, the present sanitary condition of Prussia is satisfactory. There is no report of epidemic and other infectious diseases, and small-pox, which prevailed among the French prisoners of war, and in some places also spread among the civil population, has everywhere decreased. According to the same authority there can be no reason to fear infection from the railway carriages, as special ambulance trains, composed of goods carriages, have always been used for the transport of the sick and wounded. Even these carriages have been carefully disinfected after every occasion of using them. The results of investigations made by the Governments of Bavaria, Wurtemburg, Baden and Hesse, are equally satisfactory, as is testified by eminent medical authorities, such as Dr. von Scanzoni and Dr. von Bamberger, in Wurzburg, Dr. von Franqui and Dr. Ehrhardt, in Kissengen, Professor Friedreich in Heidelberg, and Professor Kussmaul in Freiburg.

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NOTICES TO CORRESPONDENTS.

Dr. Bell Taylor's letters in type are unavoidably crowded out with other matter from this number.

Dr. Basham's Clinical Lectures will be continued in our next. The subject being "Diabetes."

M.D.—We will ascertain from a competent authority and let you know by private note or in our next number.

Mr. T. J. Eames Brown.—Thanks.

Dr. Tuthill Massy, Brighton.—In our next.

Dr. R. E. Dudgeon.—"On Subaqueous Vision," received.

"Practical Obstetrics." No. II. By Francis E. Clarke, B.A., M.B., &c., next week if possible.

Mid.—The writer you name has been dangerously ill with typhoid; he is progressing favourably.

The Spectroscopic Analysis of Blood.—The engraver having disappointed us with the wood-cuts, we are reluctantly compelled to hold over Dr. Letheby's paper on this subject until our next.

TINCTURE OF HYOSCYAMUS.

To the Editor of "The Medical Press and Circular."

Sir,—Referring to an article which appeared in a recent number of the Med. Press and Circular on "Tincture of Hyoscyamus," by Mr. Donovan, we wish to point out that he is mistaken in the statement that "the '"British Pharmacopœia"' gives no information as to what should be the age of the hyoscyamus from which the tincture is to be made."

The instructions of the "Pharmacopœia" are as follows:—"Hyoscyami Folia. The fresh leaves, with the branches to which they are attached of Hyoscyamus Nigri, Linn., also the leaves separated from the branches and carefully dried, gathered from wild or cultivated British biennial plants when about two-thirds of the flowers are expanded." By which it is plain that as the biennial plant flowers only when two years old, it can only be plants of a year old that are to be employed in the preparation of the extract and tincture.

We cannot too earnestly supplement Mr. Donovan's remarks as to the importance of using only the tincture and extract which are made from *British biennial plants of the second year's growth.* A very large quantity of inferior and cheap hyoscyamus leaf and extract, produced from the *annual* plant, is yearly introduced into this country from the Continent, and the fact that it is sold and dispersed throughout the country shows that some pharmacists of the United Kingdom do not follow the "Pharmacopœia" so closely as they might.

Yours very faithfully,
Southall, Son, and Dymond,
Birmingham. Manufacturing Druggists, &c.

VACCINO-SYPHILIS.

To the Editor of "The Medical Press and Circular."

Sir,—I am not able to enter into details this week on the subject of small-pox and in reference to Southampton vaccination, although there are some of a peculiar character. I hope soon to relate them to you in full. To-day I will simply inform you of the number of deaths reported to me by the Registrar, who has at all times given me the fullest information on the sanitary condition of the town. The number of deaths from small-pox during the four weeks ending respectively:—

April 29th	27	
May 6th	22	
	—	49
May 13th	13	
May 20th	19	
	—	32
		—
		17

making 17 less during the fortnight ending May the 20th than that of the preceding fortnight. The number of cases in the public hospitals about the same (69) as at the end of last week, but those I have visited much milder.

I am, dear Sir,
Yours sincerely,
Southampton. Edwin Hearne, M.D.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Our Baths and Wells. By John Macpherson, M.D. London: Macmillan.

Official Blue Book for the Army Medical Department. Vol. XI.

The Co-Operative System of Society. By Henry Travis, M.D.

The Rapid Cure of Aneurism by Pressure. By Wm. Murray, M.D. London: J. and A. Churchill.

Handy-book of the Treatment of Women's and Children's Diseases. By Dr. Emil Dillnberger. Translated by P. Nicol, M.B. London: J. and A. Churchill.

The Surgery of the Rectum. By Hy. Smith, F.R.C.S. London: Churchills.

Three Pamphlets "On the present State of the Sewage Question."

Annual Report of the Broadmoor Criminal Lunatic Asylum.

Nature; Gazetta Medica di Torino; Glasgow Medical Journal; Journal of the Gynæcological Society; Glasgow Medical Examiner; Boston Medical Journal.

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VACANCIES.

Queen's Hospital, Birmingham.—Resident Physician and Medical Tutor.

Salford Hospital, Manchester.—House-Surgeon. Salary £120, with board.

Salop Infirmary, Shrewsbury.—Resident House-Surgeon. Salary £100.

Dundee Infirmary.—Joint House-Surgeon. Salary £50, with board.

Dental Hospital, London.—Assistant Dental Surgeon. Honorary.

London School of Dental Surgery.—Lecturer on Mechanical Dentistry.

Samaritan Free Hospital, London.—Physician for Out-patients.

Victoria Hospital for Children, Chelsea.—House-Surgeon. Remuneration, board and residence.

Cape Copper Mines.—Assistant-Medical Officer. Passage out and home provided

North Stafford Infirmary.—Resident Medical Officer. Salary £80.

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APPOINTMENTS.

Calantarients, J. A., M.R.C.S.F., House-Surgeon and Secretary to the Scarborough Dispensary and Accident Hospital.

Langford, Mr., Resident Medical Officer to the Norwich Dispensary.

Lotti, Mr. C., Surgeon-Dentist to St. George's Dispensary, London.

Madeley, E., M.R.C.S., Resident Medical Officer to the Royal Portsmouth Hospital.

Mathews, J., L.R.C.P.Ed., Medical Officer to the Tullyvin Dispensary District of the Cootehill Union, Co. Cavan.

Nicholson, W., M.D., L.R.C.S.Ed., has been appointed (temporarily) Assistant Medical Officer to the Stockwell Fever Hospital.

Phillips, H. H., M.B., L.R.C.S.I., Medical Officer for the Caversham District of the Henley Union, Oxfordshire.

Reston, H., L.R.C.P.L., Physician's Assistant, Royal Infirmary, Manchester.

Roe, W., M.D., F.R.C.S.I., Examiner in Midwifery and Diseases of Women and Children to the Royal College of Surgeons in Ireland.

Thomson, E. B., M.B. C.M., House-Surgeon to the Essex Hospital.

Thomson, J. R. M.D., Physician to the Bournemouth Dispensary.

Watling, J. W. H., M.R.C.S.E., Medical Officer for the Childwall District of the West Derby Union.

Wilton, J., L.R.C.P.Ed., Medical Officer for the Sutton and Cheam District of the Epsom Union, Surrey.

Wood, T. O., L.R.C.P.Ed., Medical Superintendent of Dunston Asylum, has been appointed Lecturer on Psychological Medicine in the Newcastle College, Durham University.

Wykes, E., M.R.C.S.E., Medical Officer for the Fontmell District of the Shaftesbury Union.

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Marriage.

Stevenson—Evans.—On the 11th inst., at St. Mary's, St. Neots, Wm. Stephenson, M.R.C.S.E., of Beverly, to Harriet Emma, daughter of John Jewel Evans, Esq.

Irish Poor-Law Intelligence;

UNDER AUTHORITY OF THE

IRISH MEDICAL ASSOCIATION.

THE IRISH MEDICAL ASSOCIATION.

The Annual Meeting of the Irish Medical Association will take place on Monday, the 5th of June, at the Royal College of Surgeons, when the chair will be occupied by Dr. Darby, the outgoing president. We understand that the Report and resolutions to be submitted to the meeting contain much important matter, and a large meeting is expected.

The Association will dine together on the same evening at the Albert Hall of the College, which the Council has granted for the purpose.

The President has also invited the members to meet him at breakfast, and we trust his invitation, and the important nature of the work to be done, will induce a large and influential attendance.

Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your issue of "Irish Poor-law Intelligence," of the 3rd instant, in the report of the proceedings of the Sligo Board of Guardians, a discussion takes place as to the right of Dr. Tucker (a medical officer of the Sligo Dispensary), to receive remuneration for giving evidence at Petty Sessions against defaulters under the Vaccination Act. The following passages occur:—

"The Chairman having read the law on the subject, told the board they had no option but to pay Dr. Tucker." And, "After some further discussion, it was agreed to pay Dr. Tucker."

Now, I am obliged to attend half-yearly a distance of three miles for the above purpose, and hitherto have received no remuneration; but have been told very *authoritatively* that I am not entitled to any—the prosecution being *in my own interest*."

I, therefore, shall feel obliged if you will so good as to inform me what is the law, or how I can ascertain it, on the subject, as I am quite unable to understand how Dr. Tucker should be entitled to a guinea for performing, at his own door, a public service, whilst I have to travel six miles, half-yearly, to perform a service in every respect similar, *gratuitously*.

I am, Sir, your obedient servant,
May 10, 1871. M. O. Rusticus.

[We submitted the report to which our correspondent refers to the Poor-law commissioners and asked respectfully for their ruling as to the legality of such payments. For reply, we received a curt and uncourteous intimation that the commissioners had been in communication with the Sligo guardians on the subject, but would afford us no information on the subject. We are, therefore, unable authoritatively to reply to our correspondent's query, but we have searched the rules for the guidance of Poor-law medical officers, and find in them no clause which imposes the duty on them gratuitously. The prosecution of offenders is, in point of fact, no part of their business, and it ought in all justice to be paid for, but it seems to us that if the usual summons be issued by the police to the medical man to attend and be examined, he must, as a matter of law attend, just as he would be obliged to do if he was able to afford information as to any other matter of fact. It is a matter for debate whether the guardians could legally pay a witness for attending as a police witness. If they could it is more than doubtful that they *would* do so, because it would, no doubt, be urged that these prosecutions were partially for the benefit of the doctor himself, and he should, therefore, not be paid for helping himself. There is no legitimate force in this argument, inasmuch as the prosecutions are plainly instituted solely for the public protection, but the argument would have its weight nevertheless, in a discussion of the question. It is a question whether the magistrates could order payment of the doctor as the judges are enabled to do. The subject is a very important one and comes home to every Poor-law medical officer, and we shall wait for the dictum of the Commissioners in their correspondence with the Sligo Guardians.—Ed. M. P. & C.]

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MEDICAL SUPERINTENDENTS OF HOSPITALS FOR THE INSANE.

It will have been seen that an effort is being made to improve the position of medical superintendents of Irish District Asylums. These gentlemen have pre-eminent claims on the consideration and sympathy of Parliament and the public. Their office is one of difficulty, often accompanied with danger. From day to day, they are in constant contact with a most embarassing disease. Their life is one whole tissue of worry and excitement. It is equally burdened with care and responsibility—care and responsibility unshared and unassisted by others. Unlike other practitioners they are compelled to bear the weight of a great establishment, and, for all its errors and inequalities, they are required to give an account. As Lord Shaftesbury very fairly stated before a Parliamentary Committee, "the wear and tear upon their nervous system is such that it may be considered a miracle that so many of them could bear it." Yet no class in the community has been so hesitant in preferring the recognition of its claims. The utmost modesty has been shown by the medical superintendents of our hospitals for the insane. In England, they have been treated wtth much more indulgence and generosity. After fifteen years' service they are entitled to a superannuation allowance of three-fourths of their salary and allowances, and, on remaining in office after that time, an additional sum is given. What is the position of the Irish superintendents? Will it really be believed that, in this country, they are compelled to serve for forty years before they can ask the Government for the same retirement? The partiality of the law in this, as in other circumstances, is positively provoking. If Ireland forms an integral part of the British

Empire—and we are constantly being reminded of this fact—why are we not governed by the same measure of justice? It does seem that British statesmen are indifferent to our wants—that penal enactments are not yet altogether repealed. Such irregularities may appear very insignificant and unoppressive; but, when we gather together the many unequal provisions of British law, and examine them in the aggregate, it is really no wonder that our people are oftentimes discontented. Our medical superintendents have a just right to be treated in the same way as their English brethren. The same rule should prevail here as across the water. The contrast in the period of service required in each case to qualify for superannuation must really appear startling; and we trust that Lord O'Hagan, in advancing his Lunacy Regulation Bill, will correct an anomaly which cries for amendment. The medical superintendents in Ireland are appointed by the Government, though their salaries are paid from the county rates. It is surely the duty of the nominator to protect the interest of his nominee.—*Down Recorder.*

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CARLOW UNION.

TRANSFER OF THE COUNTY FEVER HOSPITAL TO THE POOR-LAW BOARD.

The Chairman called the attention of the Board to Mr. Arthur Fitzmaurice's notice of motion "That the County Carlow Fever Hospital be taken under the management of this Board, and that those parts of the Union not included in the Tullow and Bagenalstown districts, shall form the district for the Carlow Hospital."

Mr. Fitzmaurice read the correspondence between the Corporation of the Fever Hospital and the Poor-law Commissioners relative to the proposed transfer of the hospital to the Board of Guardians. The Commissioners recommended them to communicate with the Guardians, who were empowered to assume the tenancy of the fever hospital. In accordance with that letter, he (Mr. Fitzmaurice) would move a resolution, but before doing so, might mention that the matter had been two or three times before the Corporation of the Fever Hospital. One of the reasons, in a financial point of view, for the change proposed was, that Bagenalstown and Tullow pay for their own fever hospitals, and had also to pay for the county fever hospital, which was supported out of the county cess. That was one of the arguments in favour of the change. Some of the Governors were very much in favour of keeping it still as a county hospital, because they felt that many persons would not wish to enter it under the Poor-laws. He had, however, obtained from Dr. Connor a return of the patients admitted from October, 1869, to October, 1870, and he found that the cases from the county were 27, cases from the union 37, and cases sent by Relieving Officer 70, making in all, 107 from the Poor-law Board, and 27 from the county.

The Clerk said this portion of the Union also contributed to the support of the Bagenalstown and Tullow fever hospitals, as they were on the Union at Large.

Mr. Fitzmaurice said at present all the expense of the county hospital was defrayed by the county, except what was received for union patients. He then read a resolution passed by the Governors of the fever hospital, to the effect that, it having been declared that the hospital should be made over to the Poor-law Board, no application should be made at next sessions for the support of the hospital. Under the Fever Hospital Act the Grand Jury were empowered to present for double the amount of the subscriptions, but the Grand Jury Act enabled them to present, up to a certain amount, for the support of the hospital. It appeared to him that the Board would be acting properly in taking the hospital under their supervision, and he had no doubt the change would be for the benefit of the public. If they did not do so, the hospital should be closed, as, according to the resolution he had received, no more money could be applied for off the county. Mr. Fitzmaurice then moved his resolution.

Mr. Pack Beresford.—Was it not some difficulty in the management that induced the Governors to suggest the change?

Mr. Fitzmaurice.—There were long charges made by the officers against each other, and for two days the Corporation sat and did their utmost to inquire into those charges. It was very much in consequence of that, that the members of the Corporation, who were in favour of a county hospital, changed their minds, and the resolution to have it transferred to the Poor-law was passed unanimously. We have no power to examine witnesses on oath; but, under the Poor-law, the Inspector can come down and examine witnesses on oath.

Mr. Pack Beresford said he gladly seconded Mr. Fitzmaurice's resolution. The only possible objection to the change was a sentimental one, that a certain class of patients would not accept relief under the Poor-law, but that was quite set aside by the report of the medical officer as to the number of patients in the hospital, and also by their experience of the Bagenalstown and Tullow Fever Hospitals.

The resolution was then put to the Board, and carried unanimously.

NEWRY BOARD OF GUARDIANS.

DR. DAVIS'S SALARY.

The Board had been summoned to consider a motion that the salary of Dr. Davis be increased from £135 to £150 per annum.

The Clerk read the following statement from Dr. Davis:—

1. All the dispensary doctors in this Union have had their salaries increased from £25 to £40 per annum. There is a precedent in the Rathdown Union in my favour, where the salary of the Workhouse doctor was increased from £100 to £150 per year, which was sanctioned by the Commissioner. All the dispensary doctors in the same Union got an increase of £20 per annum. These augmentations were given last year.

2. The way in which I have performed my duties for the past thirty years, my method of compounding, and economy in expense for medicines, will bear a favourable contrast with any other Workhouse. A reference to my report to the Guardians, of 5th May, 1866 (as taken from the Commissioners' annual reports), will prove this. In the Downpatrick Workhouse the excess for medicines, &c., above Newry, for four years, was £416 15s. 1d., which report is inserted on the minutes.

3. As a general rule I do not administer whiskey or wine to the sick, and the saving yearly is nearly double the amount of my salary, as compared with the houses where those stimulants are used. As a proof of this, the expenditure on wine and whiskey, in the Downpatrick Workhouse, for the year ending 29th Sept., 1868, was £161 9s. 5d.; 29th Sept., 1869, £190 8s. 11d.; 29th Sept., 1870, £249 3s.—total, £601 1s. 4d. As the result of my practice in this respect, I am happy to say that the mortality is less in the Newry Workhouse than in most other workhouses in Ireland.

4. My duties have been much increased within the last few years, owing to the fact that our hospitals have been the receptacles for most of the fever cases within the Union, as well as a number of accidents, many of these being very bad cases, requiring more than ordinary care and attention.

5. My salary being paid from the whole Union, the increase would not be more than one-twentieth part of a penny in the pound, the half of which would be paid from the Consolidated Fund.

Mr. Fegan said he could not press the motion on the meeting inasmuch as he found Dr. Davis's present salary was more than was paid to the medical officers of many other workhouses.

The Clerk, in reply to Mr. Quinn, stated that Dr. Davis's salary had about a month since been increased by £15 a year.

Mr. Fegan—I was not aware the increase had been sanctioned. I have inquired into the salaries paid in seven unions, and I find £120 is the highest paid in any.

Mr. Wm. Henry seconded Mr. Fegan's motion, and he would not allow that gentleman to withdraw it. Dr. Davis's services in connection with this Union fully entitled him to an increase of salary.

Mr. Fegan replied that he would withdraw his motion. When he put it on paper, he was not aware that the Commissioners had sanctioned the former increase.

Mr. O'Neill moved that Dr. Davis's salary be increased to £150 per annum.

Mr. Gillespie moved, as an amendment, that the salary be left at its present amount. The increase was unasked for by Dr. Davis, and he thought that it would be an unprecedented occurrence to increase a gentleman's salary £30 a year without his ever having asked it.

Mr. Glenny held there was a far greater amount of duties imposed on Dr. Davis than on any of the other doctors. All the fever cases that occurred in the union were sent to the hospital to be treated by Dr. Davis. He asked every man in that room if Dr. Davis's duties were not more onerous than any of the other doctors. He was not a man to move for an increase to anybody if he did not think the person deserved it, and he believed Dr. Davis was worthy of getting one. In the use of drugs alone, Dr. Davis had saved the union last year, when compared with other unions of the same extent, no less than £106. He had alluded to those matters just to show how futile was Mr. Gillespie's statement. Out of sixty-two unions in Ireland, Dr. Davis's outlay for drugs was the least.

The Chairman then put the question, and the number of ayes having been much in the majority—in fact, there were only a few dissenting voices—the motion for the increase was carried without a poll being asked for.

LETTERMORE DISPENSARY.

Our attention was called to an advertisement for a Medical Officer of the Lettermore Dispensary, near Oughterard, in which it was required that the Medical Officer should give a certain period of notice before resigning his office. Conceiving that it was not competent for the guardians to impose such a requirement, except as private understanding, we wrote to the Poor-law Commissioners asking information. We have been favoured with the following reply:—

"Poor-law Commission Office,
"Dublin, 18th May, 1871.

"Sir,—The Commissioners for administering the Laws for Relief of the Poor in Ireland acknowledge the receipt of your letter of the 12th instant, enclosing a copy of an advertisement inserted in the *General Advertiser* for a Medical Officer for the Lettermore Dispensary District in Oughterard Union; and in reply to your inquiry as to the condition imposed by the Board of Guardians on the Medical Officers to be appointed—viz.: "that he be required to give a month's notice, or forfeit a month's pay, before resigning such appointment," the Commissioners have to state that the condition set forth in the advertisement is not connected with any existing rule or regulation of the Commissioners.

"By order of the Commissioners,
"R. Banks,
"Chief Clerk."

WATERFORD UNION.

THE CHARGE AGAINST DR. KANE.

There was a letter from Dr. Kane, stating that at the request of the board he had withdrawn his action against Phelan, on the latter paying all costs, and withdrawing all the charges which he had made.

THE PROPOSED INCREASE OF THE DOCTOR'S SALARY.

The Commissioners wrote with reference to the recommendation of the committee to increase the salaries of the medical officers, and compel them to pay half expense of substitutes, saying they would sanction the increase to £120 in the Waterford, Kilmackevogue, and Tramore districts if recommended by the guardians. The remuneration of substitutes for medical officers who were absent on leave or otherwise could not be paid by deducting from the salaries of the doctors, but only from the rates after due consideration of all the circumstances.

Captain Power—It is not too high to pay a doctor £120 a year.

Major O'Gorman—It is an utter impossibility for the doctors in some districts to discharge their duty, no matter what you pay. In Dr. Kane's district there are 32,000 acres, and it is sixteen Irish miles in diameter, and no man can do all the duty.

Alderman Redmond also considered it impossible for one man to do the duty there.

After some discussion, on the motion of Major O'Gorman, a committee was appointed to inquire into the necessity of dividing the districts of Ullid and Kilmackevogue into three, and appointing an additional medical officer.

ADDRESS AND PRESENTATION TO DR. BRADSHAW, OF BANSHA.

The *Clonmel Chronicle* publishes an address, which has been presented to Dr. Bradshaw for so long a period medical officer of the Bansha dispensary district, together with that gentleman's reply. Compelled by declining health to resign the office he so worthily filled, his numerous friends in every class of the community availed themselves of the fitting opportunity thus afforded of expressing their grateful sense of his professional services and their regret at his departure. Dr. Bradshaw and family has left Clonmel for Southampton, and will embark this month for Cape Colony.

To Benjamin W. Bradshaw, Esq., M.D., late Medical Officer of the Bansha Dispensary District.

Dear Sir,—We, the undersigned, on the part of the Committee and Subscribers, beg that you will accept at our hands the accompanying purse, containing £100, as a small token of our esteem and regard.

Having with much regret learnt that you have resigned your medical charge in this neighbourhood, we cannot allow our intimacy and friendship, which has lasted for more than twenty-three years—to come to a close without marking our deep sense and appreciation of your valuable services for that period; and this feeling must be considerably enhanced when we bear in mind that, notwithstanding your onerous duties and the extent of the district, not one complaint has been recorded against you.

We are aware of the difficulties and responsibilities attendant on the duties of a medical officer; but in the discharge of yours, you have, we are fully persuaded, exercised the healing art not merely as a skilful physician, but as a kind considerate friend—always ready and anxious to afford relief or mitigate suffering.

We regret that continued illness has compelled you to resign, and may necessitate your leaving this country for a warmer climate; but wherever you go, you will carry with you the kindly feelings and good wishes of all classes of this neighbourhood.

Praying that you and your family may be long spared to each other, and be the recipients of every good and perfect gift, we beg to remain your very faithful friends.—

(Signed on behalf of the Committee and Subscribers),

Francis Wise Low, High Sheriff, co. Tipperary, Chairman.
Wm. Massy, J.P., Bansha Castle, Treasurer.
B. H. Banner, Precentor of Cashel, and Chancellor of Emly, M.A. } Secretaries.
David O'Leary, A.M, Vicar of Kilshane and Curate of Templeneiry, (*alias* Bansha). } Secretaries.

[REPLY].

Mr. High Sheriff and Dear Friends.—Your very kind and flattering address has filled me with feelings which are, perhaps, more easily understood than described.

I assure you I find it almost impossible to convey to you my thanks, not only for the generous gift you have just handed to me and the very beautiful address—but what I value still more, the kindly expressions contained in it.

An intimacy brought about not merely by professional intercourse, but—with some at least—by stronger ties, cannot be severed without exciting feelings of regret; yet I need scarcely add that any sorrow arising from the parting with those we value and respect must, in this case, be lessened by the sentiments your address to me to-day conveys.

You have spoken of my professional skill in terms I feel I scarcely deserve. You have also referred to a desire on my part to discharge my duties with tenderness and consideration. This latter statement I don't feel ashamed to accept; and I would add in reply, that, while conscious of many shortcomings, I will take credit for at least endeavouring to fulfil those duties in a spirit of kindness and brotherly feeling.

I cannot conclude without again thanking you not only on my own, but also on the part of my family, who join with me in appreciating your kindness on this and many other occasions; and I earnestly pray that you and yours may have the enjoyment of every blessing, spiritual and temporal.—I am, Mr. High Sheriff and gentlemen, yours very sincerely and obliged,

Benjamin W. Bradshaw.

LIST OF ENTRIES IN THE REGISTER OF THE BRANCH MEDICAL COUNCIL, IRELAND FOR THE MONTH OF APRIL, 1871.

April 1st—Samuel Clarke, Clones, County Monaghan, Lic. R.C.S.I., 1869, Lic. 1869, and Lic. Midwy., 1869, K.Q.C.P.I.

April 1st—Thomas Elwood Lindesay Bate, Belmullet, Co. Mayo, Lic. 1870, and Lic Midwy. 1870, K.Q.P.C.I., Lic. R.C.S.I., 1870.

April 5th—William Frier, Ballyvally, Banbridge, Co. Down, M.D., 1870, and Mast. Surg. 1870, Q.U.I., Lic. Midwy. K.Q.P.C.I. 1871.

April 8th—Stewart Alexander Wilson, Drumnakilly house, Omagh, Co. Tyrone, Lic. R.C.S.I., 1868.

April 10th—William Joseph Volatti, 2 Daly Mount, N. Circular Road, Dublin, Lic. R.C.S.I. 1870

April 12th—Blennerhassett Montgomerie Tincler, Cove House, Sandycove, Co. Dublin, Lic. K.Q C.P.I. 1870, Lic. R.C.S.I. 1871.

April 12th—Francis Meagher Harricks, Brockley, Worcestershire, Lic. R.C.S.I. 1870.

April 20th—William Henry Stacpoole Westropp, 2 Idrone terrace, Blackrock, Co. Dublin, Lic. R.C.S.I. 1870, Lic. R.C.S.E. 1871.

April 22nd—John Allen Bolton, Ballyduff, Killena, Co. Wexford, Lic. R.C.S.I. 1870.

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At a meeting held at Dobbyn's Hotel, Tipperary, Dr. H. W. Bradshaw, M.D., was presented with a purse containing one hundred sovereigns, on the occasion of his retirement through ill-health from the situation of medical officer of the Bansha Dispensary district.

WATERFORD UNION.

INCREASE OF SALARY TO THE MEDICAL OFFICERS.

The Committee appointed to consider a motion of Ald. Redmond in reference to the payment of medical substitutes during the illness of their officers met on Monday last. *Resolved:* "That we recommend the board to raise the salaries of the seven Medical Dispensary officers of this Union from £100 to £120 per annum, and that in future one half the expense of substitutes, when such are required, shall be deducted from the said salary of £120."

Captain Power gave as his reason for supporting the increase of salary that the guardians during the past twelve months had paid £70 for substitutes, and by increasing the salary to £120 the government would pay the one-half of that amount, and that would cause the guardians to pay £70, the exact amount they were out of pocket last year for medical substitutes.

Major O'Gorman did not think the commissioners would sanction the increase.

The Chairman said the principle was a right one, to give a man a fair salary and make him pay for his substitute during illness.

Captain Power said that if a man was sick three weeks he would have to pay a substitute three guineas per week, while he himself received but thirty shillings.

The resolution was marked read, and the Clerk was directed to ask the Commissioners whether they will grant the increase.

CROOM UNION.

Sir David Roche proposed the following resolution:—"That Dr. Murphy, having resigned (through bodily infirmity) his appointment of medical officer to Croom workhouse and Croom dispensary, I hereby propose that he get a superannuation of two-thirds of his salary as medical officer to Croom dispensary." Captain Smyth and William Cox, Esq., J.P., rose together to second the proposition, but the board feeling that it would be more complimentary to pass the resolution by acclamation, that was accordingly done.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

The Committee held the usual monthly meeting on the 6th inst.—Professor Harvey in the chair—when two subjects, that of the monstrous outrage offered to the Poor-law medical officers of Ireland in Lord O'Hagan's Lunacy Bill, as ably shown in a leading article of the *Irish Times*, of Thursday, April 27th, 1871, as well as an equal outrage still practised on the Profession at large, in reference to the remuneration given, or rather not given, for skilled medical evidence in courts of law and equity, were deemed of such importance as to induce the members present, to recommend an adjournment of the meeting to Saturday, the 13th inst., at 4.30 o'clock.

The routine business having been arranged, the meeting adjourned.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY.

The annual meeting of the Armagh Branch of this Society was held at Dr. Lynn's on Tuesday, the 2nd of May—Dr. Cumming, President, in the chair. The report presented was satisfactory, although a large proportion of the medical practitioners of the county have not yet subscribed. By the lamented death of Wm. Kirk, Esq., M.P., one subscription has been lost, but three new subscribers have been obtained.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 31, 1871.

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ON SPECTRUM ANALYSIS OF BLOOD-STAINS.

By H. C. Sorby, F.R.S., &c.

The *Lancet* of last Saturday (May 20th, 1871, p. 693) contains an article on the above-named subject, the whole bearing of which is to the effect that this method cannot be relied upon in such inquiries. Now, I think myself entitled to express a very decided opinion on the subject. I have for some years devoted the greater part of my time to investigations by means of the spectrum-microscope, have examined many hundred different spectra, and seen those of the colouring matter of blood and of the various compounds derived from it, times without number, and all that I can say is that, as my experience has increased, so much more has increased my confidence in the recognition of blood by this method. Of course, an inexperienced observer could not be trusted, no more than anyone ignorant of chemistry could be relied on in detecting poisons. I must be pardoned for saying that I can only explain the remarks in the *Lancet* by supposing that the writer is not conversant with the subject; for how otherwise could he say that "no discovery has yet been made by means of these (absorption) spectra," when so much light has been thrown on the behaviour of blood in presence of oxygen and other gases; and when there have been discovered in some of the lower animals, other substances than hæmoglobin, having similar properties, and supplying its place, besides some hundreds of different colouring matters in animals and plants, which could not have been studied in any other manner. Moreover, it appears to me that, if the writer ever saw the spectra of blood, it must have been under most unfavourable circumstances—he must have examined a bad preparation, with an unsuitable instrument, perhaps out of focus. I cannot otherwise understand how he could say that "all that is to be observed is a little *dimness* here and there in the spectrum. The dim spaces, which are not sharply bounded, have been dignified with the name of absorption bands." Now, I would undertake to show the writer in a few minutes, that the absorption-bands seen in the spectra of oxidised hæmoglobin and deoxidised hæmatin, instead of being a mere *dimness*, are as black and distinct as could be desired. He would see that they are as well defined as if we had a piece of a rainbow on paper, and marked bands on it with the blackest ink. I willingly admit that, in the case of some substances, absorption-bands are indeed faint, or quite absent; but that fact, amongst many others, only serves to distinguish them still more certainly from blood.

My general conclusion is that it is the fault of the experimenter himself, if, except in a few special cases, he fail to recognize a blood-stain containing only the hundredth of a grain of blood, and if he do not easily recognise one that has been kept dry, even for a period of fifty years. For a description of the method to be employed in various cases, I refer to my paper on this subject in *Guy's Hospital Reports*, 3rd series, vol. xv., 1870, p. 274, and to Dr. Letheby's paper in the third volume of the *London Hospital Reports*.[*] Of course, I do not pretend to say that human blood can be thus distinguished from that of other animals, but I unhesitatingly say *that we can distinguish blood from all other animal and vegetable colouring matters.*

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SURGICAL NOTES FROM THE FRANCO-PRUSSIAN WAR.

By J. C. P. Widdup, L.R.C.S.I., L.K.Q.C.P.I., L.M.

(Irish Ambulance.)

The great mortality following amputations during the late war on the Continent, has been noticed by many ambulance and military surgeons attached to both contending armies, and accounted for by them in various ways, viz: The prevalence of pyæmia where numbers of suppurating wounds are in close contact.—The shock to the system from the severe nature of the wound made by the conical bullets.—The inferior accommodation in many cases, and scarcity of medical comforts for the suffering soldier after operative interference, besides the general unhealthy state of his constitution from irregular diet, and various other hardships consequent on active military service during times of war. Much reason may be deduced from such observations, and to a certain extent their philosophy holds good. At the same time it must occur to any one who reads a statistical account of a number of mixed cases, that very favourable results are yielded by resection, as compared with amputation in different members ; this has been the universal experience of all foreign surgeons I have come in contact with, as well as of my *confrères* in the Ambulance, and to such an extent has the idea gained ground, that amputation during the latter months of the war became less frequent as compared with the beginning in the proportion of one to two, and wherever it was possible to practice resection, even though the wound would appear larger, the laceration of parts considerable, and apparently more productive of pyæmia, the operation was preferred, and deemed to be more successful in its results than the greater loss of substance consequent upon removal of the limb. This was especially shown in secondary cases, and in bullet wounds of the head and neck of the humerus. I have frequently seen over three inches of the bone taken away, followed by a considerable amount of power in the arm, and the constitution of the patient not suffering nearly what might be expected from the gravity of the operation ; indeed, I have noticed more than one instance where the patient recovered without displaying a bad symptom, even in secondary cases where the discharge from the wound and the disorganisation of the joint had previously caused much constitutional disturbance, and the emaciated appearance of the subject would almost deter the surgeon from interfering in a case offering such little promise. The statistics I have collected from different towns I passed through, though imperfect in themselves and taken by the hospital officials with perhaps but little regard to accuracy, may serve in a small degree to illustrate what has been the experience of the war. The statistics taken from the hospitals at Chateaudun, where the Ambulance was located, I can alone vouch for being correct, as is evidenced by their corresponding with the official report sent in to the French Government of the wounded which have passed through our hands. Of course it does not include those attended to at different scenes of action, where, from the pressure of work, it was impossible to note down the precise operations performed, or to know their subsequent history, in consequence of their being changed into other hands. In the General Hospital, Orleans, during the month of December, thirty-five amputations of all kinds were performed, of which but nine recovered. Of forty-eight resections, thirty succeeded. In the neighbourhood of Loigny, eighteen amputations were performed by military surgeons, four of these were at the hip-joint, and died within a few days ; of the remainder, five recovered. Twenty-five resections were performed in the same locality by M. Beaumetty, Professor of Military Surgery in the French army, nineteen of which succeeded, owing, perhaps, to the superior skill of the operator, for most of them were of the shoulder and elbow-joints. In the General Hospital, Chartres, during the same month of December, out of twenty amputations performed, but one case of removal of the fore-arm survived. I could get no better account of their resections than that they had many deaths, but most of them got on well. In the hospital of the Grand Hotel, Paris, they could only say that their amputations were nearly all fatal, but they spoke of their resections as having progressed favourably. In their wards I was shown two cases of resection of the knee-joint and one of the hip almost completely cured. As may be supposed, the most fruitful cause of death in each locality was pyæmia, marked, however, with a few peculiar symptoms which I have not before observed. After the usual rigors and hectic had passed over, the patient became bathed in the most profuse perspiration ; the water would keep continuously dropping from his hair, and even the blankets covering him would sometimes become soaked. All the tissues surrounding the wound would soften down into a dark sanguineous discharge, coming away in the greatest abundance on the charpie dressing. Overcome by exhaustion the patient would at length sink, and after death the large pyæmic abscesses would be discovered in his lungs.

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[*] Dr. Lethby's paper, which we had previously announced, is postponed until our next.

The class of wounds most productive of this disease and least amenable to treatment, are bullet wounds of the tarsus and small bones of the foot. They are very frequent, and sometimes rather puzzling to deal with, for it is not always easy to say the amount of injury done, or the proper measures to adopt when seen for the first or second time. If the wound be far back, or in close proximity with the ankle-joint, or if there be any evidence to show that the astragalus has suffered, it is rather a hopeless matter trying to save the foot ; on the other hand, if the orifice of entrance and the aperture of exit of the ball be not large, and if there be no external sign of the injury done to give the patient an adequate idea of his danger, he may not be willing to submit to amputation, and from the cancellous structure of the bone in this neighbourhood, delays are dangerous, as the case becomes a secondary one, and pyæmia will very likely set in. Inflammation may also extend itself and the joint being disorganised, thus precluding the possibility of performing a good "Syme." Sometime after the battle of Druay I received four cases of this kind. Three of them appeared very hopeless looking. In one case the ball entered from behind, passed through the ankle-joint and came out anteriorly smashing up the tarsus. In another, the ball passed through the external malleolus obliquely downwards through the joint and came out about the instep. In a third, it entered a little in front of the ankle and passed out by the tendo-Achillis. In all the three there was much inflammation, suppuration following up the sheathes of the tendons, and considerable suffering both night and day. Each of them I amputated below the tubercle of the tibia. The first case got pyæmia and died on the third day. The second suffered considerably, from the crest of the tibia having accidentally protruded itself through the skin anteriorly, also from a large abscess about the stump. Eventually, however, the small crust of bone came away, and he recovered. The third got well without any bad symptom whatever.

The remaining case was a young lieutenant of the Mobiles. With him the ball entered a little posterior to the spur of the fifth metatarsal bone, and came out directly under the tip of the internal malleolus. I considered this one a favourable case for Syme's operation, and accordingly performed it. For some time he proceeded favourably, but unfortunately, during the third week after operation, when I looked forward to the case having a most successful issue, he got pyæmia and died.

From time to time I have had several cases where the wound was not so directly connected with the ankle-joint, and where it was possible to extract the fragments without necessitating amputation. For instance, if the os calcis alone was the seat of injury, it is quite possible to excise that bone and leave the patient a useful foot, notwithstanding the fearful concussion of parts occasioned by the conical bullet. I had one case of this kind, where the bone was split up into small fragments, which I carefully removed with the assistance of a bone forceps, and afterwards kept the wound constantly sponged out with a solution of carbolic acid. In three weeks it had granulated up, and I left him doing well.

In another case, the ball passed across the foot through the cuneiform and cuboid bones without making any aperture of exit. This was rather a difficult one to deal with, in that the fractured bones became locked in such a manner as not to admit the entrance of a probe ; and it was impossible to say what direction the ball had taken, or what was the amount of injury done. In order to preserve the extensor tendons, I was obliged to make longitudinal incisions and retract the parts. It was only then I could perfectly understand the nature of the case, and what was required to be done. After much trouble I had unreserved use of the bone forceps, I succeeded in leaving the wound tolerably clear, though at the same time leaving a complete gap between the remaining tarsal and metatarsal bones. In about a fortnight after the operation, having each day kept the parts well sponged out with carbolic acid solution, the wound took on a healthy action; the foot became shorter, the incision more contracted, and two months after the receipt of the injury, when I last saw him, he had dispensed with his crutches, and was walking about as if nothing had happened.

(*To be continued.*)

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OBSERVATIONS ON THE CLIMATE OF SYDNEY, AUSTRALIA.*

By W. Walter J. Carroll, L.R.C.S.I., &c.

In regard to our climate, and its influence on consumption, I think I did not put my views clearly before you. From experience I find that there is rather less consumption in Sydney than in Dublin *pro rata*. Further, that cases with phthisis well-marked do, on landing here from England, improve very much. Though this would be sufficient to make the reputation of any sanitarium in France or Italy, it does not equal the advantage which the same or similar cases derive from a lengthy sojourn on our Tablelands. The air on the chain of mountains which form our barrier range, which runs somewhat parallel to the East Coast, and at an average distance of 60 or 100 miles, is particularly dry, crisp, and invigorating. Persons who have time or means generally contrive for health or recreation to get a few weeks in this delightful climate every summer. Touching on this subject, I may notice the great benefit I have gained in cases of undoubted phthisis by the use of arsenic. Another peculiarity of this climate is, when persons are resident here for sometime, they sink very quickly under acute diseases, and require very much more support by diet and alcohol than at home. In fact, it is rare to find true sthenic disease. Of pneumonia, I never saw a case improve by depletion; whereas, in my practice in five years, I have not lost a single case. You will wonder, perhaps, when I tell you my first effort in cases of this disease is to cinchonise the patient. This may be done in twenty-four hours by giving 5 grs. quinine every third hour.

If you have never tried this means of treatment, I would wish you to select the very worst case you meet, and let me know your experience. My experience of this drug in very large doses is, that it reduces the pulse 30 or 40 beats in the minute after cinchonism is established; it relaxes the skin, the tongue cleans, expectoration is easy, and quickly becomes normal in colour and quantity. From the half of a lung being in a state of perfect hepatization, and the expectoration a bright crimson, I sent the patient to work on the sixth day quite well.

Just at present I am unable to furnish you with a paper as desired; I hope, ere long, to have a little more leisure for a digest of my work. This is our pleasant season (October)—a time of transition—our short and very welcome spring. We will soon have the very hot weather, with the dreadful hot winds and sudden variations of temperature; in one hour the glass has shown a fall of 40° Far. Still, the climate is very salubrious. I am satisfied most of the diseases in Sydney are miasmatic, and consequently, under good sanitary arrangements, might be much lessened. The municipal body have here, as all over the world, a great relish for the *vis inertiæ;* as a consequence, a living is provided for the profession, and typhoid fever meets us everywhere. The mortality from this disease ought not to be great, I fear there are many in practice who do not understand it, or fail to recognise it, until it has produced some severe lesion.

CLINICAL MEMORANDA.

By James Martin, F.R.C.S.I.

Mrs. D—, a farmer's wife, æt. thirty-four years. I was sent for to see her, about midnight, February 17th, 1871. I found her sitting up in bed in a state of great alarm, and violent dyspnœa; anxious face; loud bronchial râles, and complaining of severe pain between the lowest points of the scapula. She stated that she was about seven months gone in her fourth pregnancy; that nothing remarkable had occurred during the three previous ones, but that two months ago her legs had become œdematous; that during the last month her respiration had been gradually getting more difficult, but was worse on this night than at any previous time. She complained of weight about the loins, and great sense of lassitude, with cramps occasionally in her legs.

Urine scanty; pulse, 100—full and firm.

On examining the chest, I found that the bronchial tubes were free, and though the murmurs were loud and the dyspnœa so great, there was not sufficient congestion or effusion into the tubes to account for it. I then examined the urine, and found it so albuminous that the coagula amounted to two-thirds. Under the microscope it was found full of tube casts and epithelial cells. I ordered mustard plasters between the shoulders and over the kidneys, a smart dose of compound powder of jalap, and a mixture of the acetate of ammonia and citrate of potass.

I continued this treatment for three days, when finding that she was again attacked with paroxysms of dyspnœa, I applied two leeches over each kidney, followed by hot linseed poultices, and twenty-five grains of hydrate of chloral at night.

On the 21st February she was much relieved by the leeching, and had some good sleep after the chloral draught; could lie down all night. Pulse, 105, full and firm; urine still highly albuminous. Continue the poultices; to have six grains of iodide of potass every four hours; a draught containing twenty-five grains of hydrate of chloral occasionally, and three leeches over each kidney.

She continued improving, but not quite free from dyspnœa, and her legs still greatly swelled, until March 5th, when she was prematurely confined. The labour went through naturally and easy, and the child, though delicate, lived for some weeks.

I continued the treatment steadily for three weeks, when I substituted the perchloride of iron for the iodide of potass. The urine became gradually normal; the dyspnœa left her, the swelling of the legs disappeared, and I saw her to-day, May 14th, perfectly recovered.

This case shows the advantage of ascertaining the state of renal congestion in an early stage, as in all probability had not the treatment pursued been adopted, she would have had bad convulsions during her labour.

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PHYSICAL EXERCISE.

By Henry McCormac, M.D., L.R.C.S.,

Consulting Physician to the Belfast Hospital.

The Oxford and Cambridge Boat-race has come and gone, and the young men have gone back to College or gone home. I do not wish to appear cynical, but the display, at least, appears to me in excess. The multitude, of course, will flock to any exhibition, boat-racing or other, as they did a few years since, when the Hammersmith Bridge gave way under the immense crowd that collected to see a clown in a tub drawn by some kind of birds; but why ought people needlessly to make an exhibition of themselves at all? It is all very right for the young men to row, and for people to look at them too, if they will; but let it only be done in some quiet, unobtrusive, private fashion, now in one place and again in another, but not always on the Thames. A life with some excitement in it is very proper; but neither as means or end do I think boat-racing exactly the right basis for producing it, at least, on such a tremendous scale, and in such subjects.

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* In a letter to Dr. Hayden, Dublin, and read at the Meeting of the Medical Society of the College of Physicians, May 17, 1871.

I cannot imagine any sustained mental study or discipline at all compatible with such boat-racing and its preparatives; and a gymnastic exercise, involving such an expenditure of effort, at an age so early, can hardly be conducted and sustained without the risk of some, more or less, injurious after-consequences. I am myself an advocate for moderate gymnastic effort, as a means mostly, as an end only partly. I believe it is a consummate blunder to neglect the body, its health, and development; but I do not see anything in it needlessly to make a show of. The young men are sent to Oxford and Cambridge not precisely, I submit, to learn to row. Rowing, indeed, is capital, by the way; but not, as in this case at least, to become, for the moment certainly, the very aim and end of one's existence. It is needless here to cite or parody the language of the oar, but if one could dissect these young men's minds, the terms appropriate to boat-racing, to boats, and those engaged in boating, or concerned as actors or spectators, would certainly and necessarily be found to constitute almost their only thought. The pursuit, I conceive, is too costly, and the prize too small, for such an enormous expenditure. There is a misdirection of effort, to the extent, at least, to which, under the given circumstances, it is unavoidably carried, and there is the risk of other excesses quite as undesirable. In short, anything that interferes unduly with mental culture, after all, I believe, the real end and object of Oxford and Cambridge life, cannot, or at least ought not to, receive our unqualified commendation. I would gladly yield these noble young men of Oxford and the Cam my heartiest commendation, not for racing in boats, however, but for races in the sciences of mind. I would like to consider them as I would my children, and, like my children, rescue them from harm. Boat-rowing, as a form of manly effort, has my hearty commendation, but hardly to the extent of making it the end and aim of one's academic career. There is strain enough on the period of early adolescence, without consuming the energies of body and soul to such an extent on boat-racing. It was said among the Greeks of old that those who in youth had much excelled in the Olympic games never excelled in anything else subsequently. It is very well to feather one's oar, but not, as thus, to feather one's brains. And if our early years be given up to earn distinction in mere boat-racing, it will hardly be found very compatible with academic or, indeed, other distinction afterwards.

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DESCRIPTION OF DR. CASANOVA'S TOCOLOGICAL FLEXIBLE FORCEPS.

By Dr. Tuthill Massy.

During one of my friendly or professional visits to the late Dr. Casanova he drew my attention to two woodcuts illustrative of his flexible forceps, which he felt anxious to bring before the profession in England. The illustrations were intended for a work in part printed, but not published. The chief part of these sheets, which were named *A Compendium of Tocology*, were worked into and published in his *Contributions to Physiology and Medical Jurisprudence*, which has had a very large sale on the other side of the Atlantic.

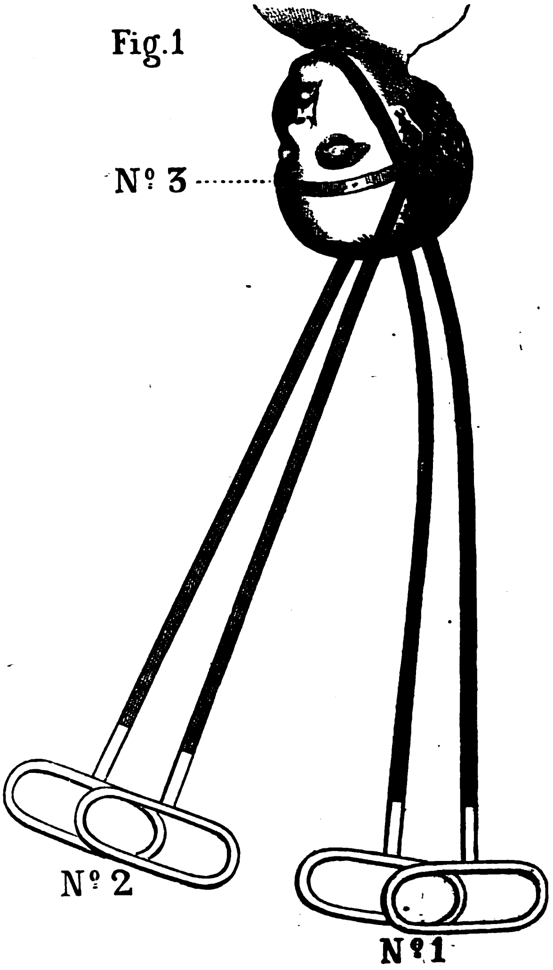
In the fifth chapter of the *Compendium*, "On Instrumental Labour," the flexible forceps is thus introduced:—

"When medicines have failed, and the efforts of nature are insufficient to bring forth the child, instruments must necessarily be employed; *e.g.*

"1st. When there are protracted unnatural presentations of the head:—2nd. When disproportion exists between the child's head and the passages, or when there is a deformity of the pelvis;—and 3rd. In cases of extra-uterine conception.

"In long-standing locked-head in the pelvic strait, the head is locked or impacted when it has advanced some distance into the pelvis, and cannot proceed further; and when it is immoveable, except upwards in the cavity. Whenever the head becomes thus impacted, it acquires the form of a wedge, or like the key of an arch. In this case the *flexible forceps* should be applied as follows:—

Fig. 1



"The patient lying on her left side over the edge of the bed, or on her back, as circumstances may require, you should bend one of the branches of the instrument and hold the two extremities together with your right hand; the bent part, being pressed and guided by the left, will be introduced over the face of the child, or over the occiput, according to its position, that you may reach the inferior part of the chin, or that of the occiput. The head being thus seized, you will be able to extricate it by pulling towards you in the most favourable direction: should one branch be not sufficient, introduce the other on the opposite side of the former; and when you are assured that both branches are properly placed, you can move them in any direction you please, and perform the necessary rotations to extract it with safety. (See Plate I, fig. 1, and its corresponding numbers.) The simplicity of this instrument and its flexibility render its application much more easy and more safe than the old iron forceps. There is no force required to accomplish this operation, nor is any compression exerted on the child's head laterally. If you be patient and watch a favourable opportunity, when pain is present, you will succeed in bringing forth the infant without any injury to it or to the mother.

"For more than twenty years I have been in the habit of using this kind of forceps exclusively, and the experience of that time has taught me to appreciate its utility from the successful results I have obtained with it. (See the description at the end of this work.)"

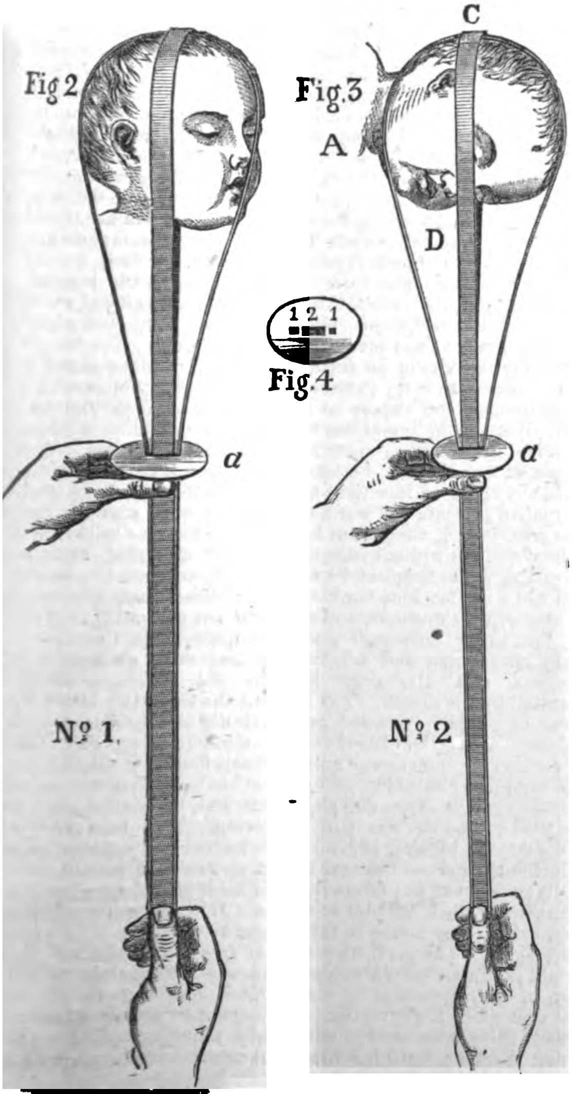
This description has not been printed, but we have got a few sheets in manuscript by which our readers can fully comprehend the utility of this discovery. Dr. Casanova writes:—

"*Description of a Tocological Flexible Forceps and a Flexible Cephalo-extractor, showing their use and application, with engravings.*

"For want of a better term I am compelled to retain the name of forceps, though forceps, literally speaking, means a pair of pincers or tongs, differing in every respect from the one which I am about to describe.

"The first of these instruments (Plate I, Nos. 1 and 2) can be used in almost every case in which the common metallic forceps is generally employed to remove the head when locked in the pelvic strait.

"The second (Plate II, figs. 2 and 3) has for its object to seize the head and to extract it when it has been separated from the trunk.



[redacted]ry for me to praise the utility and advan- of these instruments have over those previously invented for the same purposes, such as the horrible crotchet, hook, or fork; the lever, prop, or fulcrum, and the iron forceps or tongs, whose forms and dimensions have been considerably and successfully improved by accoucheurs of different nations. The successful results obtained in my practice, as well as in that of others, is a sufficient evidence in favour of the flexible forceps as to the easier application, and to the security and safety of its results, both to the mother and child, where no injury whatsoever can possibly be effected in the hands of a skilful operator.

It was quite accidentally that I became acquainted with this valuable discovery, and yet I cannot claim the merit of originality, for I have seen, since that time, a description of a similar one published by a Spanish physician, whose name I have not been able to ascertain, though I possess his memoir on the subject, which I have obtained without title-page. In this memoir I see that the first operation successfully performed with the flexible forceps, by its original inventor, was on the 13th of June, 1796, in Barcelona, capital of the province of Catalonia, Spain, where he treated many similar cases up to the year 1798.

"My discovery was as follows:—During a visit to a friend in the country, near the city of Manilla, Phillipine Islands, in 1830, I was requested to see a native woman, thirteen years of age, who had been several days in labour and unable to be exonerated from the child. On examination I found the head was locked in the passage, owing to the narrowness of the pelvic outlet, in the form of a wedge or like the key of an arch; that the position of the head was laterally on the right, with the face towards the pubis, and that from the weakness of the expulsive efforts of the uterus unaided nature was unable to effect the expulsion of the child. It was, then, absolutely necessary to employ mechanical means to assist nature; to effect which I made several manual attempts to remove that impediment, but all efforts were in vain. Being destitute of instruments, and too far from the reach of any, I took a piece of green rattan, the native name for a kind of reed or genus *Arundo*, about three feet long, and reduced it to three-tenths of an inch in breadth and one-tenth in thickness. The natural flexibility of this material allowed me to bend it in different directions without breaking it. Having previously smoothed round its edges, and watching a favourable opportunity, I was able to introduce it into the passage and seize the head under the chin by its middle and inferior part; but its lateral position prevented me from making any rotatory movement in order to bring it forward as much as it was required, the instrument having slipped several times from under the chin towards the throat. I was obliged to introduce another piece of rattan similar to the former, towards the opposite side of the former, seizing it round the occiput. Thus having the two pieces introduced and placed as above stated (see Plate I, Nos. 1 and 2), to my great astonishment I succeeded in removing the said impediment and bringing forth the child alive without the least injury to it or to the mother.

"Since that time I had several opportunities in which I have successfully employed the same method in similar cases, and also for extracting the head when separated from the trunk. Both instruments have been improved in the material, the description of which is as follows:

"PLATE I.

"FIG. 1—Represents the head seized with the double forceps, and the manner in which it is extricated from the pelvic strait.

"No. 1. A single forceps seizing the head round the middle and inferior part of the chin.

"No. 2. A do. do. seizing the head round the occiput.

"No. 3. A frontal safety check-band, to prevent the forceps from receding, and choking the infant.

"Each of these forceps is composed of a piece of whalebone about three feet long, three-tenths of an inch in breadth, and one-tenth do. in thickness; of two silver rings at their extremities, well fastened, and the whole well polished.

"The frontal safety check-band ought to be placed at about four inches from the centre of the forceps No. 1, on each side, and it must be well secured. A piece of silk, or any other smooth cloth, will answer. Its length is from seven to eight inches.

"PLATE II.

"FIG. 2—Represents the cephalo-extractor seizing the head of the infant after its death and separation from the body.

"This instrument is made of two pieces of whalebone of the same dimensions, in every respect, as those of the forceps, without rings in their extremities. These two pieces are fixed by their centre with a silver pin riveted on both sides, flat and smooth, to allow the pieces to move, or open and close, as the blades of a pair of scissors. (See fig. 2.) When closed and held by the two extremities, they represent one of the forceps. When opened, and holding the four extremities in one hand (see *a*), they represent Fig. 2.

"FIG. 3—Represents the head seized in a different manner; as the diameter is generally found to be less from A to B than from C to D, I have found it much easier to seize and extract it in that way (when such a difference is clearly manifested) than otherwise.

"FIG. 4—Represents a plain silver plate of an oval shape, with three holes in its centre, to allow the four extremities of the cephalo-extractor to pass when it has seized the head. The lateral extremities pass through holes Nos. 1, 1, one by each, and the anterior and the posterior both pass through the hole No. 2. (See Fig. 2, *a*.) This plate renders the instrument open and immoveable, and it serves to press the head as much as may be required, to extract it without injury to the mother."

The latter part of this description is taken from a paper read before the Medical and Physical Society of Calcutta in 1834. The woodcuts are engraved from original drawings by Dr. Casanova, who excelled in this accomplishment as well as in surgery, physiology, and pharmacodynamics.

The originality and good practical results which may be obtained from Plate I, cannot be so from Plate II. fig. 2. To my mind it is quite theoretical, yet the accoucheur will have his thoughts exercised, and new idea given from the illustrations.

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Transactions of Societies.

THE SURGICAL SOCIETY OF IRELAND.

THE concluding meeting of this Society was held on FRIDAY EVENING, May 5th.

DR. ALBERT J. WALSH, President of the College, in the Chair.

The PRESIDENT expressed his regret that two gentlemen who had intended to bring forward papers were unable to attend. One of them, Mr. Croly, was prevented being present by the lamented death of his brother; the other was Mr. Tufnell, who had been called away from town. Perhaps, under these circumstances, Mr. Stokes would favour the Society by mentioning the particulars of two interesting cases which had recently come under his observation.

HERNIA.

MR. STOKES said the two cases referred to came under his observation at the Richmond Hospital, and one was still there. Both were illustrative of the difficulties that sometimes attended the diagnosis of strangulated hernia. The first case was one that had been admitted to hospital ten days ago. The patient, a female, aged thirty-five years, stated that three days before her admission she received a kick in the groin; that it was followed the next day by a lump, which was somewhat larger at the time of her admission than when she first observed it. All the symptoms of strangulated hernia were present. There was constipation; continual vomiting and retching; nothing would stay on her stomach; there was great tenderness over the abdomen; and there was in the situation of the femoral ring a globular tumour, which had all the external appearance of femoral hernia. In fact, at first sight, no one would question that that was the nature of the case, especially when the symptoms that accompanied it were considered. The only thing that made him doubt as to the nature of the case was the history which the woman gave—namely, that it came on after the injury she described. He was not alone in the diagnosis he made; and, indeed, it was illustrative of the great difficulty attending the diagnosis of this complaint that his colleague, Mr. Smith, was of opinion that it was a strangulated hernia, and that Mr. Hamilton entertained a similar opinion. Mr. Adams, he thought, did not see the case. It was determined to cut down to the tumour; and, if it was strangulated hernia, to deal with it in the ordinary way. He made the usual incisions, and came down in a short time on what was nothing more or less than a large glandular tumour in a state of great inflammation. This he removed, and the patient's symptoms subsided immediately, the wound healed, and the patient returned home perfectly well. The next case was one of true strangulated hernia. The patient, a female, was admitted into hospital three days previously. She stated that she had had hernia over sixteen years; that it never gave her any uneasiness; that it sometimes returned of itself; that when she awoke in the morning she found it had gone back, but when she rose it came down again. About four days ago she said it was accompanied with a great deal of pain, did not go back, became hard and painful, and she had some sickness of the stomach. She applied to Dr. Torney, who put her under the influence of chloroform, and succeeded in returning the hernia. Shortly afterwards it came down again, and he made a second attempt to return it, this time failing. He then sent her to the Richmond Hospital, and her condition when admitted was one of extreme prostration; there was continual vomiting of greenish matter in great quantities, great pain over the tumour and abdomen, the knees were drawn up, the pulse was feeble, and her general state one of great exhaustion. The hernia was of enormous size, and this was an important point in the case, for large femoral hernia in females was rare. Every month, at the hospital, when distributing trusses, they had an opportunity of seeing herniæ of all descriptions; but he had never seen such a large femoral hernia as was presented by this woman. The tumour was fully the size of an infant's head. They determined to have recourse to every expedient rather than lay open such a large tumour, and expose so great a surface of peritoneum; and, although the symptoms were of such extreme urgency, as would have induced many surgeons to operate early in such a case, it was thought better to defer operative proceedings until the effect of injections and warm baths had been tried. Purgative enemata and warm baths were given, and the taxis was tried in bed, the patient being put under the influence of chloroform, but without success. The next morning, however, on calling at the hospital, he was glad to learn that the patient had had a motion from her bowels. This made him determine to continue the enemata, and also to follow the advice given by Sir Astley Cooper of giving purgatives by the mouth. They gave senna and sulphate of magnesia as purgative enemata, and also gave her the red mixture of the hospital, by the mouth. The moment she took the latter the vomiting completely ceased, and that day she had two more motions from the bowels. On the following day (last Thursday) the tumour was quite soft and flaccid; all the pain had completely subsided, and the patient's countenance had lost the anxious expression she had at first, and that day he was glad to find she was still improving. The bowels were now perfectly regular, and, although he had not succeeded in reducing the normal tumour, he had no doubt it would eventually do what it was formerly in the habit of doing—namely, returning of itself without any taxis. If that occurred they would take every means in their power to prevent it coming down again. The particulars of this case showed that they should not in all cases absolutely follow out the rule of Mr. Hey, of early operation in strangulated hernia. It showed that even where the symptoms of strangulation were extremely urgent, there were cases in which they were justified in deferring operation until less hazardous means had been had recourse to.

The PRESIDENT said the Society was much indebted to Mr. Stokes for having brought forward these important cases.

Some years ago he (the President) had a case similar to the last case mentioned. The tumour was larger than a child's head, and, when he first saw the patient, her symptoms were constant vomiting, constipation of the bowels, from which she had not had a motion for four or five days, and extreme tenderness over the tumour. The treatment adopted was purgative enemata, and purgatives by the mouth, and she got perfectly well. He was unable, however, to return the bowel afterwards, and hoped Mr. Stokes would be more successful in his case, but feared he would be disappointed.

Professor Hargrave asked whether the tumour in the first case was in the ring?

Mr. Stokes.—It was just over the ring, not in it.

Professor Hargrave said that some years ago a woman was admitted to the City of Dublin Hospital with most urgent symptoms of strangulated hernia. Dr. Geoghegan was rather chary in operating; but on consultation it was determined to perform the operation, and he did so in the usual way, skilfully and steadily. He came down upon a small tumour that was just outside the femoral ring. He freed the stricture, but the tumour could not be returned. He then laid it open, and it was found that it contained but a very small quantity of serum, and that it communicated with the cavity of the abdomen by a small opening. The case went on remarkably well. Any surgeon would have said, on seeing it, that it was a case of strangulated hernia. With respect to the second case, he should like to know whether it resembled the tumour under which the celebrated Gibbon suffered for many years, and which was so large that it went down to his knees. That, however, was an inguinal hernia. He remembered when, in Trinity College, the case of a lamplighter, who also had a tumour that went down to his knees. He should like to know was cold applied to the tumour by Mr. Stokes?

Mr. Stokes.—No.

Professor Hargrave said that in the City of Dublin Hospital they found that cold applied judiciously was a good application.

Mr. Wharton, V.P., said it must occur to every surgeon that there was extreme difficulty in deciding between a tumour in the groin and a hernia. It was a remarkable fact, illustrated by the first case mentioned by Mr. Stokes, that there might be symptoms of hernia, and yet no hernia present. That tended to show that symptoms of hernia might depend on certain conditions not peculiar to hernia itself, and this was calculated to make the diagnosis of hernia not complete. In Mr. Stokes's case, as soon as the gland was removed all the symptoms of hernia disappeared. With regard to the second case, it was very remarkable, because the great rule laid down with regard to femoral hernia was to operate early, and this case showed that there was scarcely anything positively true in surgery. Almost every case the surgeon had to deal with was subject to more or less exceptions. The only rule that invariably held good was that when a man had a stricture he ought to have an instrument passed, or the stricture would return. Many surgeons would have operated almost at once in the second case; but the course Mr. Stokes had taken had been attended with great success, and showed that there were some cases of femoral hernia in which it was not desirable to operate immediately. He should think, from the exhibition of purgatives by the mouth and purgative enemata, and the fact that the bowels had been acted upon, that the strangulation was gone. He hoped Dr. Jameson would favour the Society by giving the particulars of an interesting case which was under his care some years ago.

Dr. Jameson said the patient referred to, was an elderly woman, a nurse in Merçer's Hospital. She was seized with symptoms of strangulated hernia, and on examination, a tumour was found in the groin in the femoral region. Various means were tried unsuccessfully, and it was then decided on consultation that he should cut down upon the tumour, and relieve the hernia. He performed the operation in the usual way, and cut down upon the tumour, which, when covered by integument, was about the size of a walnut. He dissected it very carefully, and opened, as he thought, a sac, but it was merely some of the fascia. When he came down on the tumour, he thought it did not look like hernia, and he cut very cautiously into it, cutting fully above a quarter of an inch into the tumour; it was solid, and he then turned it up and dissected round the back of it, and was very near dissecting it out. They concluded that this was an inflamed gland, and that the symptoms of strangulation were caused by some internal constriction. The case went on from bad to worse, and the woman died. On making a *post-mortem* examination, they found that there was a knuckle of intestine, about the size of a hazel nut, enclosed in the gland, and the incision which he had made, was not more than the thickness of a shilling from the gut, which was in a gangrenous state. It was one of those difficult cases sometimes met with in hernia.

Dr. Kirkpatrick remembered, when he was studying under the late Dr. Wilmot, a case where great amelioration of symptoms followed an operation, although the operation had no effect upon the ultimate result. It was the case of a woman who had constipation, and all the symptoms of hernia. There was a large protrusion at the umbilicus, but not much tension. He asked Dr. Wilmot to see the patient, and was advised by him to cut down and see whether there was any constriction. The operation was performed accordingly, and they found no obstruction whatever. The wound was sewed up, and the woman put back to bed. The hernial symptoms subsided as far as the vomiting went, and after six weeks of constipation the woman died. It was found on *post-mortem* examination, that there was an indurated stricture in the intestine some six inches from the anus, as broad as a goose egg.

Dr. Benson said the case of Dr. Jameson suggested that in Mr. Stokes's case there might have been a small knuckle of intestine which was pressed upon by the gland. The symptoms were so accurately those of strangulated hernia, and were so completely removed by the removal of the tumour that one could hardly conceive all that to occur, and yet no such thing as a hernial tumour could be there. In the case mentioned by Dr. Jameson, the little knuckle of intestine happened to be in the interior of the gland, and was found afterwards, but it might have escaped in the operation performed by Mr. Stokes, so as not to have been observed. He merely suggested this that they might make a distinction between the symptoms of strangulated hernia, and those that arose from a tumour.

Mr. Stokes, in reply said, with regard to the size of the tumour, as large herniæ ordinarily go, the hernia he had described was not so very large; but what he thought remarkable was, in the first place, its being a femoral hernia, and in the second, its occurring in a woman. He had seen hernial tumours four and five times as large as this one, but they were inguinal and scrotal herniæ. The cases mentioned by Dr. Jameson, and Dr. Kirkpatrick were interesting as bearing a great resemblance to his, as regarded the existence of glandular tumours in the situation of hernia. As regards his case, however, he differed from Dr. Benson. Where strangulated hernia existed, there was not any difficulty in recognising it when cut down upon, and had it existed in this case, he could not have failed to see it. The principal interest in his case was, that certain local inflammation gave rise to symptoms of strangulated hernia. They were aware that inflammation of the spermatic chord occasionally gave rise to symptoms of strangulated hernia, and they knew that simple glandular inflammation would give rise to symptoms of strangulated hernia in a marked degree. Why this should be the case he could not undertake to say.

(To be continued.)

EPIDEMIOLOGICAL SOCIETY.

Wednesday, May 10th, 1871.

Edward C. Seaton, M.D., President, in the Chair.

Inspector-General Lawson read a paper

ON CHOLERA IN SHIPS AT SEA.

The author was of opinion that the concurrence of three classes of causes was necessary for the development of every epidemic. These were: (1) general causes, experienced over large portions of the earth's surface at the same time, and usually alluded to as epidemic causes or influences; (2) causes connected with locality; (3) causes connected specially with persons. If the two latter classes were fully developed, intense disease might be excited under the influence of the general causes; while if they were less developed, notwithstanding the operation of the general causes, sporadic cases, or small groups only might make their appearance, or the inhabitants of certain localities might escape altogether, while those of others in their vicinity, and often mixed up with them might display a large amount of sickness. Mr. Lawson had investigated the nature of one of the general causes in connection with fever and cholera, and from its wave-like character and progressive motion, had denominated it a pandemic wave. The waves followed each other every second year, and proceeded from south to north according to a fixed law, so that their position could be indicated on the map for any given date. Their influence was experienced in England the sixth year after it had been manifested at the Cape of Good Hope; and, as regarded cholera, in a year with an odd number there would always be the crests of three waves between England and the Cape, and in a year with an even number the crests of two only. Ships proceeding from England to the Cape must pass through these waves, and, when circumstances were favourable for the manifestation of cholera in them, the disease should be intensified where their geographical position corresponded with that of the wave at the time. The tracks of four ships proceeding from England or Ireland, and one from Gibraltar, to the south, were given, while cholera existed on board; and these, with the attacks of the disease each day, were shown on charts, together with the estimated position of the waves at the time for each. Three of the ships left this country when cholera was prevailing on shore; the *Apollo* in 1849, and the *Windsor Castle* and *Lord Warden* in 1866. Each had one or more cases soon after sailing; the first had two distinct outbreaks during the voyage, the other two had one each, but the *Windsor Castle* had, in addition, a single fatal case after she had got far to the south-east of the Cape. The fourth vessel, the *Jumna*, started from England in 1867, when there was no cholera in this country, neither was there any at St. Vincent, one of the Cape de Verde Islands, where she touched on her voyage; but four days after leaving the island one case of malignant cholera occurred, and numerous others of choleraic diarrhœa, and these continued to crop up for ten days. In all these instances the ships' positions when these outbreaks commenced agreed very well with those assigned to the waves moving in the opposite direction. The ship from Gibraltar, the *Renown*, left after the epidemic of 1865 had declared itself there, and a case occurred on board the day before she sailed; an outbreak commenced when she was south of the Cape de Verdes, under the same wave in which she was at Gibraltar, but it ceased after some days, and another commenced in 4½ deg. S. soon after she reached the position of the following wave. Similar results were obtained from examining the progress of cholera in ships in the Indian Ocean. The *Gertrude* sailed from Calcutta in 1859, and sixteen days after leaving the land had a case of cholera, and in the next four days four others. Another outbreak commenced four days afterwards, when upwards of seven hundred miles from her last position, and two other cases occurred when she was south of Mauritius, where cholera was frequent at the time. The steam-ship *Oriental* left Bombay for Mauritius on June 29th, 1859, and put into Galle in Ceylon on July 5th; seven deaths from cholera had occurred up to this time, and four more up to the 11th, after which it ceased. The *Queen of the North* left Bombay on January 22nd, 1864, and had some cases of diarrhœa, bilious cholera, and four of malignant cholera up to February 5th. On the 8th, when in 5° 38′ S., an outbreak commenced which, up to the 15th, produced thirty-seven cases of malignant cholera, of which twenty-four proved fatal. No case presented itself after the 15th. The *Salamanca* left Kurrachee on May 7th, 1865. She had one case of cholera on the 9th, one on the 10th, and a very decided outbreak of choleraic diarrhœa on the 11th, which continued for some days, with three cases of cholera on the 11th, one on the 12th, and two on the 14th, after which it ceased. On the 11th, the vessel was in 14° 14′ N. Another ship, the *Durham*, left Calcutta in 1866; ten days after leaving the land, when in 10 deg. N., a case of cholera occurred. Nine days afterwards, when she had just crossed the line, an outbreak commenced, which, in a few days produced nine cases, of which six died. In all these instances, the positions of the ships corresponded satisfactorily with those of the waves advancing in the opposite direction at the time when the various outbreaks manifested themselves. The wave experienced by the *Queen of the North* in 5° 38′ S. in 1864, was the same as that met by the *Salamanca* in 14° N. in 1865, and by the *Renown* in 4½ deg. S. in the Atlantic in the same year; this, again, was encountered by the *Windsor Castle* and *Lord Warden* north of the Cape de Verdes in 1866, and in 1867 the same wave overspread the North of Africa and South of Europe, causing a severe epidemic; and the increase of common cholera in this country in 1868 was connected with its onward progress.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 31, 1871.

THE EXAMINATION SCHEME OF THE IRISH COLLEGE OF SURGEONS.

THE following Report has been submitted by the Council of the Irish College of Surgeons, to the Fellows previous to its adoption. It deals, as will be perceived with the whole system of examination for the Diplomas of the College and its principal object is, to afford to the candidate the amplest opportunity to prove his conversance with his profession. With that object, it is proposed to institute three sessional examinations instead of two as at present—the first, Elementary, the second, Theoretical, and the last, Clinical and Practical. We cannot do the report the justice which it deserves. It is an honest attempt at educational reform, and all the more creditable to the Council, because it boldly faces the temptation to cheapening of diplomas and lowering of curriculum, by which expedients some Colleges drag on an existence. The only complaint to which we have to give expression is, that from the 4th of August last it has been in discussion in the Council, and is not yet legalised by its adoption. We accept it as an earnest, that the College refuses to pursue further the path of downward competition, and takes its stand at length on the basis of a common sense, practical and sufficient examination :—

Report of the Committee of Council appointed by Resolution of the 4th day of August, 1870.

YOUR Committee having had before them communications from the Secretaries of the Royal College of Surgeons of England, and the Royal College of Physicians of Edinburgh, and a draft scheme, proceeded to the consideration of the subject with which they were charged, in the following order :—

1. The re-organisation of the Sessional system of examination.
2. The re-distribution of subjects of Education and Examination in reference to that system.
3. The re-adjustment of the Marks given by examiners for the answering of candidates.

4. The Fees to be paid by the candidates in respect of each examination.
5. The re-organisation of the Courts of Examiners, and the fees to be paid to them.

RE-ORGANISATION OF THE SESSIONAL EXAMINATIONS.

In reference to the re-organisation of Sessional Examinations, your committee make the following recommendations :—

1. That the Sessional Examinations essential for the granting of the Letters Testimonial shall be three instead of two, as at present, and that they shall be passed by the candidate within the following periods :—

(a) The Primary Examination, at any examination after the termination of the Second Summer Session.

(b) The Secondary, at any examination after the termination of the Third Summer Session.

(c) The Pass or Practical Examination, at any examination after the termination of the Fourth Summer Session.

2. That examinations shall be held periodically, as hereinafter provided, and that any student who may produce the certificates required for each examination shall be at liberty to present himself in the subjects of his year at any such examination held subsequently to the completion of the term of study herein specified.

3. That each examination shall occupy two days, of which the first shall be devoted, in the Primary and Secondary Examinations, to the writing of answers to printed questions; and in the Pass Examination, to clinical examination and operative surgery; and the second day, in all cases, to *viva voce*.

4. That for the written examination four hours shall be allowed to candidates on the first day,—two in the forenoon and two in the afternoon.

5. That the *Viva Voce* Examinations shall commence on the day following the written examinations, and shall be continued from day to day for two hours in the forenoon and two in the afternoon. That four candidates shall be examined, as heretofore, in each hour, and that questions on at least two separate subjects shall be given to each candidate by each examiner.

Re-distribution of Subjects of Education and Examination.

In reference to this subject your Committee beg to recommend :—

That the subjects of examination and education be apportioned as follows :—

FOR THE PRIMARY EXAMINATION—

a. Anatomy (bones, muscles, ligaments, chest, abdomen, urinary and genital organs).
b. Physiology of digestion and of absorption.
c. Chemistry (chemistry and physics, as applied to pharmacy and medicine).
d. Materia Medica and Medical Botany (not including prescriptions or pharmacy).
e. Principles of Surgery (inflammation and its consequences).

For this examination it is recommended that the candidate shall be required to produce the following certificates :—

(a) Practical Anatomy, with demonstrations and dissections, two winter sessions; (b) Physiology, one course; (c) Theoretical Chemistry, one course; (d) Practical Chemistry, one course; (e) Materia Medica, one course; (f) Botany, one course; (g) Surgery, one course; (h) Eighteen months' Hospital attendance,

FOR THE SECONDARY EXAMINATION—

a. Anatomy (Regional and Surgical).
b. Physiology and Histology.
c. Surgery, general and theoretical.
d. Medicine, practical.

It is recommended also that the description of anatomical specimens, and of microscopic histological preparations shall form part of the written examination.

For this examination it is recommended that the candidate shall be required to produce the following certificates, in addition to those required for the Primary Examination :—

(a) Physiology, two courses; (b) Practical Anatomy, one course; (c) Surgery, one course; (d) Practice of Medicine, one course; (e) Medical Jurisprudence, one course; (f) Nine months' Hospital attendance.

FOR THE FINAL OR PASS EXAMINATION—

a. Clinical Examination.
b. Surgical Operations.
c. Surgical Appliances.
d. Prescriptions.
e. Medical Jurisprudence.

Clinical Examinations.

6. That the forenoon of the first day of the Pass Examination shall be devoted to Clinical Examination, and the afternoon to Operative Surgery.

7. That the candidates shall assemble in one of the rooms of the College, having been previously informed of the hour at which they are to attend by means of a note forwarded to their addresses through the post, and that at the conclusion of the examination the result shall be communicated to them in the same manner.

8. That the candidates shall attend at the College half an hour before the time fixed for the Clinical Examination, and that four candidates, previously selected by lot to attend each hospital, shall be then informed as to the hospital at which they are to be examined, and shall proceed thither at once to meet their examiner.

9. That a member of the Council shall attend at the hospital with each examiner, and that each candidate shall be examined on a different case or cases, and for not less than a quarter of an hour.

Operative Surgery and Surgical Appliances.

10. That on the afternoon of the same day the examinations in Operative Surgery and Surgical Appliances shall take place, and that not less than two operations and three surgical appliances shall form the subjects of examination for each candidate.

Prescriptions and Medical Jurisprudence.

11. That the second day of the Pass Examination shall be devoted to the writing of prescriptions and to Medical Jurisprudence; and each candidate shall be examined for one hour, as at present.

12. That the attendance of Councillors on examinations shall be continued as at present.

Midwifery Examination.

13. That an Examination in Midwifery be held at the same time as the Pass Examination; the passing of which shall, however, not be compulsory on candidates for Letters Testimonial. But any candidate presenting himself for examination in that subject shall, if passed, receive the Midwifery Diploma without extra fee.

It is recommended that the candidate be required to produce the following certificates, in addition to those required for his two previous examinations—(a) Midwifery, one course; (b) Surgery, one course.

The Marks to be given by Examiners for the Answering of Candidates.

In reference to this subject, your Committee recommend—(a) That the maximum number of marks which it shall be possible for any candidate to receive at any examination shall be fixed at forty; (b) That he shall not be allowed to pass unless his aggregate marks amount to twenty-five; (c) That no examiner shall give a higher number than ten.

That a record of the *Viva Voce* Examination shall be kept by each examiner, in a form to be provided for the purpose, as below, of the subjects on which each candidate shall have been examined, the character of the answering on each subject, and the marks awarded to each candidate; and that these records shall be regularly filed, for reference in case of dispute, and shall not be open to inspection, except by order of the Council.

Royal College of Surgeons,

………day of…… ……………187

EXAMINER'S REPORT.

…… ……Examination in…………………

Name of Candidate.	1st Quest'n. and character of answering.	2nd Quest'n. and character of answering.	3rd Quest'n. and character of answering.	4th Quest'n. and character of answering.	Marks.
Smith, John	Nerves of Tongue. 2	Eye, 3	Knee-joint, 2	Sinuses of Brain. 0	7
Wilson, Robert	Muscles of Pharynx, 3	Ankle Ligaments, 0	Stomach, 2	Brachial Plexus, 3	8

Signed,………………………

Examiner in……………

Your Committee are of opinion that it is not at present advisable that the number of marks obtained by any candidate shall be made public; and they are further of opinion, that the passing or rejection of a candidate shall be decided solely by the marks he obtains, the total of which shall be communicated to him, if he requires them.

Fees to be paid by the Candidate in respect of each Examination.

In reference to this subject, your Committee recommend—

1. That each registered pupil shall be admitted to the Primary Examinations on payment of a fee of £5 5s.
2. That the fees for the Second and Final Examination shall be £5 5s. *each*, and that a fee of £5 5s. shall be paid, in addition, previous to the Final Examination for the Diploma.
3. Any rejected candidate seeking re-examination shall pay an additional fee for such examination of £2 2s.
4. That no fee shall be charged for the Midwifery Diploma to any candidate who may pass in Midwifery at his Final Examination, or the next following periodical examination.

Fees to be paid to the Examiners, and Re-organisation of the Court.

In reference to this subject, your Committee make the following recommendations—

1. That, in accordance with the by-law of the 9th of March, 1853, the number of examiners for the Fellowship and Letters Testimonial, and for the Midwifery Diploma, shall be respectively seven and three, as at present.
2. That five examiners on the subjects already approved by the Council for each examination shall attend and conduct it, and that these five examiners alone shall receive the fee, as at present, for each examination of each candidate.
3. That, in compliance with By-law 13, page 65, the examiners in Preliminary Education shall in future be Fellows of the College.

Your Committee are of opinion that the dates of Sessional Examination, as at present held, are inconvenient, and they recommend that, for the future, the examinations shall commence on the second Tuesday in April and July, and the first Tuesday in December, subject to alterations in date, to be ordered by Council (in accordance with By-law 5, page 71), should occasion require.

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Notes on Current Topics.

The "Lancet" on Spectroscopy.

In answer to the flippant remarks of our contemporary, the *Lancet*, of the 20th inst., as to the value of the spectromicroscope in the discovery of blood-stains, we publish in another part of the current number of the MEDICAL PRESS AND CIRCULAR a paper by Mr. Sorby, F.R.S., on this important subject, he being the very highest authority on spectroscopy in this country; and we hope that, for the scientific reputation of the *Lancet*, the writer of the article in question will furnish some proof, if he can, of the unreliability of the spectroscope as a means of distinguishing blood, giving, if possible, a single instance of any substance that would be confounded with blood in the hands of a skilful operator.

New Asylum for Cheshire.

The new lunatic asylum for Cheshire, at Macclesfield, was opened for the reception of patients last week. The building has cost about £120,000, and covers an area of nine and a-half acres, and there are surrounding it some seventy acres of pleasure grounds and land for agricultural pursuits. It has been between three and four years in course of erection, and is calculated to accommodate 700 patients. The superintendent is Dr. Deas.

Indirect Murders of Children.

A REMARKABLE statement has been made by Mr. T. H. Broughton, one of the surgeons of the Bradford Infirmary, at an inquest held at Bradford, on the body of a child which had died suddenly, and in which a verdict of "Died from natural causes" was returned, the jury being unanimously of opinion that medical assistance ought to have been obtained. In the course of his evidence Mr. Broughton remarked that there was no place in England where there were more indirect murders of children than in Bradford through the negligence of parents. The children, almost as soon as they were born, were mostly entered in sick clubs, then neglected, and if not murdered at least indirectly murdered. If every child were taken to a medical man when taken ill these inquiries might be saved.

Baby-farming.

The Select Committee on Baby-farming met for the first time last week. Present—Dr. Brewer, Mr. Charley, Sir Thomas Hesketh, Mr. W. Johnston, Mr. Keown, Mr. Kinnaird, Viscount Mahon, Dr. Lyon Playfair, Mr. Sclater-Booth, Mr. R. Shaw, and Mr. Spencer Walpole. On the motion of Mr. Charley, who said that Mr. Winterbotham, on behalf of the Government, concurred in the choice, Mr. Spencer Walpole was elected chairman. The Committee met again on Monday, when Dr. Wiltshire, Sergeant Relf, and Superintendent Gurdon, were examined.

Vaccination.

"PATHOLOGUS," writing to the *Times* says that at present not only is there no security that every child born shall be vaccinated, but there is no security that the result of vaccination (if done) is seen and registered as successful or the reverse. To remedy this defect in carrying out the Vaccination Act there ought, he suggests, to be a public referee or inspector of vaccination for limited districts. To him, on the 7th or 8th day after vaccination of a child or adult by the public vaccinator, the child or adult operated on ought to be forthcoming (under some penalty for non-appearance). The inspector of vaccination ought then to judge as to the success or the reverse of the operation, and enter the result in a formal register accordingly. Thus the separate registers (1) of the vaccinator, and (2) of the inspector ought to check each other by the names and dates, and so yield reliable *data* as to the efficiency of vaccination—*data* which we do not at present possess. The vaccine vesicle, "Pathologus" declares, is so characteristic that those experienced can classify the results as successful or as failures.

Opening of New St. Thomas's Hospital by the Queen.

PREPARATIONS for the opening of this magnificent building by Her Majesty next month are now being made. All the masonry work was finished a month or so back and the scaffolding removed, and since then the internal finishing of the building has been proceeded with, and is now so far completed as to be ready for the beds. The grounds of the hospital have also been laid out most tastefully, and the terrace fronting the river planted with trees similar to those on the Embankment.

Companion to the Pharmacopœia.

QUICKLY upon the heels of its predecessor, the eighth edition of this marvellously complete and useful volume is now free of the press. The arrangement of matter has been, where possible improved, and under the several drugs, we notice many additions of non-official medicines not to be found in the preceding editions, thus considerably adding to the size of the work by several pages; although to remedy its constantly increasing bulkiness, the Author states in his preface that he has omitted many remarks and directions which he considers to be no longer necessary. We heartily congratulate Mr. Squire upon the perfection to which he has now brought this work, and the profession upon the possession of a book of reference which is unequalled in any other language. That it is appreciated by those for whom it is designed, cannot be more fairly demonstrated than by this demand for the eighth edition in so short a time.

The Irish Medical Association.

THE Annual Meeting of the Irish Medical Association will take place on Monday, the 5th of June, at the Royal College of Surgeons, when the chair will be occupied by Dr. Darby, the outgoing president. We understand that the Report and resolutions to be submitted to the meeting contain much important matter, and a large meeting is expected.

The Association will dine together on the same evening at the Albert Hall of the College, which the Council has granted for the purpose.

The President has also invited the members to meet him at breakfast, and we trust his invitation, and the important nature of the work to be done, will induce a large and influential attendance.

Worcester again!

WE have had occasion several times to comment on the Worcester Guardians and their ideas of medical duties. It now appears from a correspondence in the *Worcester Chronicle*, that a certain Mr. Stallard, after failing to substantiate any charge against Dr. Woodward before the guardians, has laid a formal complaint before the Poor-law Board. The Board has, however, completely exonerated the doctor, and we should hope that the snub official administered to the accuser, will suffice to protect the medical men of the district from reckless charges.

The Small-pox Epidemic.—Progress of the Epidemic.

THERE is no abatement of the small-pox epidemic in London. The sudden diminution of fresh cases which occurred in the week ending May 6th has not been maintained, and was probably due to obscure exceptional causes. In the week ending May 13th, the number of fresh cases rose from 480 to 599, and the returns for last week will considerably exceed 600. There were 267 fatal cases in London last week—265 being the weekly average for the last six weeks. In nine permanent and temporary small-pox hospitals 110 deaths were recorded last week, 16 occurring in the Western, 77 in the Northern, 20 in the Central, 51 in the Eastern, and 101 in the Southern district. Somers town, St. Pancras, Bethnal green, Mile-end Old Town, Southwark, Walworth, Lambeth, and Battersea were the places of highest mortality—Battersea during the last seven weeks having no fewer than 96 deaths. For the six weeks ending the 20th inst., 4 per 1,000 was the average death-rate for all London.

It is said that the Lords of the Admiralty have again offered to place the *Ajax* at the disposal of the Metropolitan Asylums Board, and have arranged that she shall not cost any large sum for moorings. The Poor-law Board have urged the managers to accept the offer, and to take steps for fitting her for convalescents, with the object specially of relieving the overcrowding at Stockwell and Hampstead. The hospital accommodation has been augmented by the addition of fifty beds on board the *Dreadnought*, the occupation of six tents at Homerton, and the occupation of some new wooden huts at Hampstead. The cost of these huts is very low, about £5 per bed.

Death of Dr. Charles Armstrong, of Cork.

THERE have been few amongst the unpretending provincial members of the profession in Ireland, whose death will be regarded with more heartfelt regret than that of Dr. Charles Armstrong, and the suddenness of the event lends to it additional regret. A conscientious and kindly worker amongst the poor—an upright and honourable friend—an uncompromising and ardent advocate of the best interests of his profession, it will be difficult, indeed, to replace him either in the sphere from which he has passed, or in the affections of his fellow men. The committee and members of the County and City of Cork Medical Protective Association, as a tribute of respect to the memory of their late valued secretary, Dr. Armstrong, attended in a body with crapes, and followed his remains to the grave. We express most heartfelt sorrow for his loss on the part of the Irish profession, and especially of the Poor-law Medical Officers.

GUY'S HOSPITAL *conversazione* takes place this evening (Wednesday).

Machine-made Bread.

We have received a little pamphlet from a Mr. E. Steevens on the subject of "Machine-made Bread," and his Bread Making Machine. As the question of adulteration is again coming forward, we beg to offer a few remarks on the subject.

The Author, while admitting that his pamphlet is a trade advertisement, states that it is the result of twenty-five years' experience among the journeymen bakers. The author's object he frankly states is, to introduce machine-made bread, and to emancipate the journeymen bakers. He also comments upon the open, shameless and wide-spread adulteration of bread. It is a strange misnomer to call bread the "Staff of Life," when it frequently contains so many injurious, nay, even deadly and poisonous ingredients.

We believe that Mr. E. Steevens has introduced a *very valuable invention*, and only hope that he will meet with the support he deserves. If it be only on the score of cleanliness, we should certainly prefer bread made by machinery, as we have a decided objection to dirty feet and hands in connection with our daily food. We think that it would also do the journeymen bakers good service by emancipating them from their present arduous, injurious, and often fatal toil.

"Purvis's" Quinine Biscuits.

We have received a sample tin of Purvis's Quinine Biscuits, and after a fair trial, we can only pronounce them to be a most pleasant and agreeable manner of administering quinine. Each biscuit contains nearly ½ gn. of sulphate of quinine. By the admixture of different ingredients, the bitter flavour of quinine is *almost* completely disguised, and instead of a pungent bitter, it becomes an agreeable flavour. They provoke, and at the same time also satisfy hunger. They will be found useful in administering quinine to children, and we would commend them to travellers, as they will keep in all climates.

Metropolitan Water Supply.

Whatever may be said in favour of a pure source of supply for our drinking water, and constant service—and the readers of the Medical Press do not need to be told of the importance of these points—we are not surprised at the commotion caused by Mr. Kay Shuttleworth. That gentleman in moving his resolution in the House of Commons, last week, was, of course, protected by the privileges of the House, as all members necessarily and very properly are. But this very protection involves a duty towards others to be just at all times, and never under any circumstance to give utterance to unfounded personal imputations against individuals. The House is always jealous of its privileges, and we think this not only natural but right. At the same time we are happy to acknowledge that the House does not like those privileges to be made an engine for unjust attacks, or for improper personalities. We hardly know how to characterise Mr. Shuttleworth's imputation upon one of the foremost of our professional brethren, and one, too, whose reputation on the subject under consideration is second to that of no living authority.

It was, we consider, a very gross abuse of Parliamentary privilege, for Mr. Shuttleworth, without a tittle of evidence, to say that Dr. Letheby was the paid analyst of the water companies. We do not deny that some tittle-tattle may have reached Mr. Shuttleworth's ears to such effect; but then before giving it the authority of a speech in the House, he was, at least, bound to inquire; and, had he done so, he would have heard that this slander has long ago been denied by Dr. Letheby himself, who has stated that he never held any such appointment. To him it can be of little consequence, as he has long been far removed from the position in which even so injurious a statement could place him; but we think it our duty to notice it, as other men whose mark has been so evidently made upon the time might suffer much more, besides which it is a degradation of the privileges of the House to permit them to be made the means of hostile attacks upon the integrity of any one.

We trust that the matter having been pointed out will be sufficient to draw an ample apology from the offender, and to prevent ambitious M.P.'s from achieving ephemeral notoriety, by becoming the tools of those who degrade our representatives into retailers of calumny.

We call upon members of Parliament to uphold the integrity of their privileges, by discountenancing any further abuse of them.

Disinfection.

Dr. Phipson writes to the *Standard* in praise of the old disinfectant chloride of lime, which he thinks the best of all. He says the best way of employing it is to spread a little of the powder along the ledges at the top of every door in the house, outside the room. For a moderate-sized house two or three ounces of the powder will be sufficient, but the application must be renewed every third or fourth day. This should be done in the evening, and the next morning the whole atmosphere of the house will be found to have an odour resembling that of the sea; it need not be any stronger. When this odour is slightly perceptible it indicates that the disinfectant has been used in sufficient quantity. The chlorine given off is a heavy gas and falls to the ground. Hence, this manner of applying chloride of lime is much more effective than when it is placed on or near the ground.

The late Dr. Armstrong, of Cork.

The following resolution of the Cork Medical Protective Association appears in our advertising columns this week:—

At a special meeting of the County and City of Cork Medical Protective Association held on the 27th May, 1871,

Dr. Harvey, President, in the Chair,

It was proposed by Dr. Bramish, V.P.
Seconded by Dr. Finn, and
Resolved unanimously—

"That in meeting to-day to perform the grateful, but melancholy duty of paying a small tribute to the memory of our valued Secretary, Dr. Armstrong, we feel that the loss which we have to lament is not confined to this Association which he has so long and so faithfully served, it will be felt—practically felt—by the entire Profession of Ireland. The benefits resulting from his unwearied and energetic exertions for the amelioration of the condition of his professional brethren—the Dispensary and Workhouse Medical Officers in particular—have, indeed, been signal, and such as to command the gratitude of very many; but those only who were personally familiar with his never slackening, unselfish devotion to the cause which he had so much at heart, can fully appreciate the blank which his death has left.

That this feeble, but sincere testimony to Dr. Armstrong's worth would be incomplete, if his labours in the cause of his brethren only, were to be recorded; the value of these, great as it was, was further supplemented by a constant charity, and a thoughtful unostentatious kindness to the poor of his district, which made him universally beloved, and which has seldom, if ever, been surpassed in a Dispensary Medical Officer.

(Signed), J. R. Harvey, M.D., President.
W. H. Holmes, Hon. Sec., *Pro tem.*

Neither Dr. Armstrong's fellow-members in the Association nor any of his profession could say more or less than is here expressed, but it would be poor encouragement to self sacrifice such as his if his merits elicited only words. We learn with much satisfaction that a movement has arisen to erect to his memory a lasting testimony. It is intended that it shall take the form of a public monument, and it will give us much pleasure to take charge of, and forward the subscriptions of those of our readers who may permit us to do so.

Memorial Cottage Hospital.

The foundation-stone of a Cottage Hospital, to be erected at Shaftesbury as a memorial of the late Marquis of Westminster, was laid last week by the Dowager Marchioness, on a site given by her for the purpose.

Female Students of Medicine.

Eleven women are now studying medicine in Edinburgh, and several others are industriously preparing for the autumn examination in arts, when two more scholarships are to be offered for competition.

The Right of Election of Representatives on the Medical Council.

We understand that the Council of the Royal College of Surgeons of London has obtained from Sir James Karslake and Mr. Bevis a legal opinion to the effect that the right to elect a Representative on the Medical Council is vested in the Council and not in the Fellows.

The Impunity of Trade Fraud.

Although Mr. John Bright considers that it is a simple matter of business for a trader to defraud his customers by selling them articles which he knows are not what are paid for, we, nevertheless, differ from him in his view that this sort of legitimate trade is not fit subject for Government supervision. The importation of caterpillars' filth-rotten leaves and iron filings which last year was openly sold under the nose of the London Excise as "Maloo mixture" tea, has been again noticed by Dr. Letheby with about as much result as accrued on the former occasion. Six hundred half-chests, or about 30,000 lbs., have already been put in circulation through the public markets, and is, doubtless, as we write, sickening the poor buyers, who have paid 3s. per lb. for "Moning Congou," which cost the retailer, as the papers inform us, from ½d. to ¾d. per lb.

If that be fair trading we say that it is nonsensical to say that Government interference is improper. As the *Daily News* wittily says:—

"A breakfast table, with 'Simpson' in the cream jug, alum and potato in the bread, lard in the butter, and a decoction of horse nails and willow leaves in the tea-pot, is not an appetising display of viands, and yet we are coming to it. We might as well grow our tea at home if it is to consist of willow leaves. We have succeeded pretty well in manufacturing port wine without grapes, and champagne without wine; and it is strange if we cannot—having once got the hint from them—improve on the tea rogueries of the Heathen Chinese."

Royal Medical Benevolent College of England.

The annual general meeting was held last week. In the report the council expressed their pleasure at the fact that whilst the receipts of almost all the established charities of England were more or less affected last year by the war on the Continent, the college had suffered less from this cause than might have been anticipated. The report recommended the establishment of a class of pensioners receiving annuities of twenty guineas.

The Yellow Fever at Buenos Ayres.

The *Anglo-Brazilian Times* of the 22nd of April says:—"In Buenos Ayres, after the mortality had risen to over 700 a day, it had fallen to 300, according to the returns of the last dates; a very large proportion, however, to the small population of the city, reduced, it is said by emigration and death to one-fourth its normal state. As the disease confines itself within the city limits it is feared that it will prove endemical, and that it is due to the centuries of filth with which the well system of sewerage has saturated the soil of the site. The Junta Popular has nobly kept its post of honourable exertion, although several of its members died in the discharge of their self-imposed duties, which were the more arduous, as only ten doctors were left to care for over 12,000 sick. Subscription lists have been opened, and a committee has been appointed to solicit money, beds, and clothing for the thousands of poor fighting with poverty and disease in Buenos Ayres, or the homeless in the surrounding country. The sum of 50,000 milreis has already been forwarded, the committee of relief having advanced the money from their own pockets. The Argentine Minister has appealed to the Brazilian medical profession for volunteers to go to Buenos Ayres, and some 30 medical men have already volunteered. The terms offered are 4,000 milreis a month to doctors, and 2,000 milreis a month to students of the fifth and six years, with passages and all expenses paid, together with pensions of 400 milreis a year to widowed families."

The Vice-Chair of the Royal College of Surgeons of Ireland.

Dr. Denham, of Merrion square, has informed the Fellows of the College of Surgeons of Ireland that he seeks their votes for a seat in the Council. Dr. Denham is a Doctor of Medicine of Edinboro' of the year 1831, a Licentiate and Fellow of the College of Surgeons, and a Licentiate of the College of Physicians. He preceded Dr. George Johnson as Master of the Rotundo Hospital.

The Council of the Royal College of Surgeons in Ireland will entertain the President at dinner on Saturday, the 3rd June, at the College, at seven o'clock.

A New Prodigy.

THE eclipse of the Siamese twins—so far as the public care for such things—is complete. Mademoiselles Millie and Christine are far more wonderful and have already been exhibited in London. These individuals are united behind by a broad band three inches in diameter—so short that the nates of the two press against each other. Some of us remember the children in 1854, when they were carefully examined by the late Dr. Ramsbotham, of the London Hospital, who found the connection between this pair of twins to resemble that of the Hungarian sisters who were exhibited in the last century in London. Lately these twins have been examined by Dr. Parcoast, of Philadelphia, and his description, allowing for age, closely resembles Dr. Ramsbotham's. These twins are not nearly so repulsive as some others that have been exhibited. It does, however, seem natural to inquire into the state of mind of creatures thus made a show of, and of the public that desires to see them. Medical men would do well to see for themselves the most remarkable *lusus naturæ* of modern times. As to non-professionals, it is a question of taste.

Gymnastics.

THE neglect of regulated physical exercise is much to be regretted, and we would here remark on the numerous well-furnished gymnasiums which are to be met with on the Continent, in France and Germany especially, compared with those which are to be found in our own country. Abroad, gymnastics are almost reduced to a science; in England and Britain generally they are too often neglected; and we would also call our readers' attention to the fact that most of our first-class gymnasiums are conducted by foreigners. We have had several opportunities of inspecting the well-conducted establishment of M. Bertrand, and the excellent way in which he trains his pupils by many and varied exercises calling into play the different muscles each in turn. Some of the exercises are well adapted to the prevention (or even cure) of spinal curvatures, and we have seen incipient cases of this condition, rapidly removed by M. Bertrand's careful and well designed method of treatment. Many are admirably well calculated to correct such bad habits, as round shoulders, &c., to generally develop the muscles of the thorax, and give a healthy, upright, and athletic frame in a short time.

The St. Pancras Bubble!

THE authenticity of the following letter not having been denied by the person whose signature it bears—although many days have elapsed since its appearance in the *Daily Telegraph*—we are reluctantly compelled to believe in its genuineness. It shows what sad havoc may be made on her Majesty's English by a disease other than variola, and it shows, too, that a member of a royal college may be capable of making an insinuation which in others would be naturally attributed to ignorance or vulgarity.

To the Editor of "The Daily Telegraph."

SIR,—Will you allow me to trespass upon your valuable space, in order to reassure the public who may peruse the letter of Mr. Wickham Barnes, published in the *Daily Telegraph* of this day, on the subject of small-pox in St. Pancras?

Mr. Barnes is one of the district vaccinators displaced, with others, by the appointment of myself as vaccinator-general of the parish. It would be out of place for me to detail the arrangements taken in this parish to bring vaccination to the door of every family—arrangements which have been approved by the Privy Council, and which are, I humbly think, sufficient. I may, however, add, that one of my first duties on entering upon my labours as the vaccinator-general was to bring to the notice of the board of guardians the reports of the vaccination inspector, in which reports cases were entered as new which were of more than three weeks' standing, and others were entered that had been cured; and I did this in order that the board might learn, and through them the public, that the epidemic, bad enough of itself, had been much exaggerated.

I am happy to think that, notwithstanding the decrease in the number of vaccinators (probably in spite of them), the epidemic is not making way in this parish.—I am, Sir, your obedient servant,

May 17. C. C. CLAREMONT, M.R.C.S., &c.

The Southampton Fracas.

IT is very strange, but unfortunately too true, that some social questions excite men who discuss them more than can be accounted for by the heat engendered by debate. Doctors are but men, and, accordingly, even they occasionally get hot, and so say and do things that in their cooler moments would make them laugh or blush. When we inserted some remarks and correspondence in the PRESS, respecting vaccination, at Southampton, we had no idea that a comico-tragic fracas was about to occur between two grave doctors, parties to the discussion; and that this would culminate in cross-summonses before the magistrate. So it has proved, and we are sorry. In one case, counsel pleaded that Dr. Hearne did not assault Dr. Aldridge intentionally, and Dr. Aldridge did not assault Dr. Hearne at all; but it was a squabble as to who should assert authority. We are willing to accept this solution, and only surprised that the squabble should have occurred.

It seems to have arisen as to the right of one, as a guardian, to enter the vaccination room. Now, we would say this, that as a professional brother he should not be excluded, and, therefore, whether he came in the capacity of guardian, or not, ought not to have come into consideration.

We know that in some instances public vaccinators have not *cordially* welcomed other medical men in their stations—but we have always attributed this to want of taste, and we hope they are only exceptional in their want of courtesy.

As to our Southampton brethren, we approve with the suggestion made in Court to settle it over a bottle of champagne.

THE sanitary state of Northampton is giving rise to some anxiety.

THE next half-yearly examination for matriculation in the University of London will commence on Monday, the 26th of June.

IN the House of Commons, on Friday, Mr. Bentinck gave notice that he intended to call attention, at the earliest moment, to the state of Medical Poor-law relief.

MESSRS. LONGMAN announce a new volume of Gleig's Series on "Animal Physiology." It has been written by Dr. Mapother at the request of the Chaplain-General, whose name the series bears.

A NUMBER of soda lakes have been discovered recently, twelve miles south of Denver, Colorado. The grounds comprise sixty acres, and the water and the soil together have nearly 38 1-3rd per cent. of sulphate of soda.

SEVERAL cases of the spread of small-pox by sending linen to be washed at a laundry without proper precaution have occurred in London. It is really too bad that people should thus thoughtlessly or recklessly endanger the lives of others.

THE new Army Blue-Book contains a paper by Dr. Balfour, F.R.S., on the "Operation of the Contagious Diseases Acts," and one by Inspector-General Paynter, C.B., "On Intemperance in the Army as observed at Malta." The same vice as seen at Bermuda is reported on by Deputy Inspector-General Bowen.

WE now hear that a bill will be introduced for the purpose of carrying out some of the recommendations of the Sanitary Commission. This is as it should be, for there are many points for legislation as to public health on which there is substantial agreement, and it would be a pity for them to be solely dependant on political matters or a party-feeling.

ATTENTION is very properly being directed to the danger that arises from the shipping in the Thames not being within the district of a Medical Officer of Health. Much is done in the city, but the jurisdiction does not extend far enough. A case of small-pox was refused admission to the "Dreadnought" last week. What became of it?

DR. G. E. PAGET has done a noble act. He has exposed the so-called reform committee of the British Medical Association, and compelled that obstructive clique to swallow a bitter pill. In a letter to a contemporary motives were attributed to Dr. Paget and the distinguished men who resigned their offices with him about the reform bill of the committee in question. After many wry grimaces a very grudging apology has been extorted. The distinguished president of the General Medical Council deserves hearty thanks for bringing to book those who so reluctantly express regret at their misrepresentations.

AT a recent meeting of the general board of the governors of the Rotundo Lying-in Hospital, the following resolution was unanimously adopted, on the proposal of Dr. Johnston, supported by Dr. Denham:—"That the marked thanks of this board be given to Dr. Thomas More Madden for the great zeal and efficiency with which he discharged the duties of assistant physician to this hospital, as well as for his uniform kindness to the patients and the interest which he always evinced in the general welfare of the institution." Dr. Madden deserves our congratulations for having earned by his kindness, self-sacrifice, and ability, an expression of opinion for which there is almost no precedent on the books of the hospital.

IN reply to a question, on Friday night, as to the abuse of public cabs for fever patients, Mr. Bruce said he had made inquiries, but had failed to obtain evidence of the practice referred to. Two private cabs, however, were used by the authorities of Marylebone workhouse for conveying persons who were suffering from fever, and also their clothes, and they were used only for that purpose. If such a practice as that referred to by Mr. Eykyn prevailed, it would be necessary to take measures to prevent it. Sufficient evidence had not been laid before him to justify him in departing so widely as was asked from the usual policy. When the sanitary laws were revised he would consider that point.

SCOTLAND.

EDINBURGH.

FEMALE MEDICAL STUDENTS.—Two scholarships are offered for competition to females studying medicine, to be decided at the Autumn Preliminary Examination in Arts. There are eleven ladies prosecuting their medical studies in Edinburgh.

GLASGOW.

ANDERSONIAN UNIVERSITY.—Several bursaries of £50 each, tenable for three years, have been offered for the encouragement of the study of applied chemistry, to students attending this institution. It is proposed to found a chair for the study of applied physics, one individul having offered £2,000 towards the advancement of this object.

HYDRATE OF CHLORAL.

DR. LEAVITT, of Germantown, Pa., in the *American Journal of Medical Science*, records some cases of distressing singultus, which the physician has so frequently to contend with in cases of low fever and the general failing of vital power. Wearing and exhausting to the patient, and distressing to anxious friends, any pharmaceutical agent affording even temporary relief is hailed with eagerness, and most especially so after the well-worn changes have been rung unsuccessfully on musk, ether, the bromides, and the antispasmodics in general.

Mr. H., æt. sixty, after suffering for many years with an obscure disease, probably having its origin in the spinal cord, finally became so emaciated and debilitated as to be confined to his bed, where, after the first few days of gradual decline, a distressing and obstinate hiccough set in, producing rapid loss of strength, and proving of great annoyance to the patient. Sulphuric ether in capsules, bromide of potassium and ammonium in solution, musk, camphor, &c., were all exhibited in turn, but failed to give any permanent relief, for they lost their controlling power after a few trials. The chloral hydrate was then used in five-grain doses in solution, and arrested almost immediately the singultus, and never afterwards failed to control the spasm in a most satisfactory manner, proving of the greatest comfort to the last remaining hours of the sick man. Two other cases of obstinate hiccough, occurring subsequently in typhoid fever, were treated in the same manner, with the same pleasing result, the patients recovering finally.

The following case appeared in the same journal from the pen of Dr. Beauchamp, M.D., of Vermillionville, La.:

CASE I. *Delirium tremens.*—Was called to a stout, athletic man, æt. thirty, with incessant tremors, horror, and hallucinations; complete insomnia and loss of appetite. The sleeplessness had existed for nearly three days, and the mental disturbance was evidently on the increase. I ordered the following: ℞.—Chloral hydrat., ʒij.; syr. simp., ℥j.; aquæ fontan., ℥iij. One-fourth to be given at once in a glass of water, and to repeat every hour until sleep, or at least quiet, was procured. Ordered some broth, of which he drank a small portion. After taking the second portion he became much quieter, and, after the lapse of half an hour, dropped into a sleep, which, although interrupted by muttering and frequent convulsive startings, lasted for three or four hours, when he awoke much quieter, voided his urine, and took a few spoonfuls of broth, after which a third portion was given, which soon sent him to sleep, which lasted for several hours. Upon my next visit I found him quite rational and with some appetite, which he was permitted to satisfy; and with injunctions to be careful, and a light laxative, I discharged the case.

Case II. *Insomnia accompanying Epilepsy.*—A very intelligent gentleman, æt. thirty-six, of full habit of body, a sufferer from epilepsy since his sixteenth year; and although confined to his room from the frequency and severity of the attacks, yet his intellect is unimpaired and his digestion excellent. I was consulted principally for the troublesome and harassing symptom of sleeplessness. I advised the following: ℞.—Chloral hydrat., ℈j.; aquæ menth., ℥j.; to be taken at bedtime, and to be repeated as needed. This was followed by prompt relief; and under the continued use of the medicine, with occasional doses of bromide of potassium, he has so far recovered as to be able to go out of doors and in a very great measure enjoy the comforts of life.

Case III. *Convulsions after labour.*—Was called to visit a young and healthy lady two weeks after her first labour, who, twenty-four hours before, had been seized with some pain in right shoulder and neck. The pain affected the right side to the hip, gradually increased and extended to the whole right arm, which I found exquisitely tender; pulse full and soft, high fever, and tongue covered with white fur. Convulsive twitchings had been noticed before my visit, which I found confined to the afflicted side, accompanied with difficulty in speaking, although no impairment of the intellect; some tenderness over the hypogastric region, and loss of appetite. The convulsive movements rapidly increased in severity, and, believing severe convulsions to be imminent, I ordered: ℞.—Chloral hydrat., ʒss.; syr. simp., ℥j. To be given at once; to be repeated in one hour, if needed, and a pill of the following every four hours: ℞.—Hydrarg. chlor. mit. ℈j.; pulv., ipecac., gr. vj.; extr. conni, gr. vj.—M., ft. pil. vi. The chloral had the effect of promptly arresting the nervous trouble, and it did for three or four days on the occurrence of the symptoms, and she was fully restored to health at the expiration of thirteen days.

Case IV. *Mental excitation terminating in delirium, with no febrile excitement.*—Called in consultation to a young man, æt. twenty-one, very temperate, accustomed to a great deal of out-door life, who had suffered from a mild attack of tertian intermittent while absent some distance from home, and, being exceedingly anxious to return, took, at the suggestion of some friend, a few doses of quinia in whiskey, which arrested the paroxysms, but left his nervous system very much disturbed. This last trouble gradually increased until, at the expiration of ten days, he became delirious. When I saw him his skin was warm, but not above the healthy standard; pulse slightly accelerated in frequency; tongue slightly coated. No appetite, and a constant disposition to talk incoherently of his affairs, and some tendency to sleep; yet he recognised all who approached him. Finding some puffiness about the abdomen, and a tendency to diarrhœa, I advised the use of the following pill every six hours: ℞.—Pil. hydrarg., ʒss.; pulv. Doveri, gr. x.; pulv. extr. krameriæ, gr. xv.; extr. hyoscyam., gr. viij.—M., ft. pil. x. And to take the following at once:—℞.—Chloral hydrat., ℈j.; syr. simp., ℥j.; to be repeated at bedtime if quiet was not procured. The first dose of chloral produced nausea and vomiting, but its repetition was followed by quiet sleep and a great diminution of the cerebral trouble; and on the following day the other medicines were stopped, and under the use of the chloral alone he was rapidly and completely restored.

Literature.

MALARIA.*

Mr. Oldham, who has had a good deal of experience, discusses the question What is Malaria? in a manner likely to attract the reader. He offers valuable criticisms on current views, and points out with great force their inadequacy to account for many phenomena of common occurrence. He tells us that, brought face to face with endemic malarious disease in all its forms, he found it impossible, under any of the usual accepted theories, to account satisfactorily for many of the phenomena. He set himself, therefore, to find out something definite as to its nature and origin. After much careful inquiry, he says, "I arrived at the conclusion that malaria, as a specific poison, does not exist. Further, I became convinced that the diseases usually attributed to 'malarious influence' are caused by chill, or, in other words, by the sudden abstraction of heat; and the more closely the circumstances connected with the development of these disorders were inquired into, the more firmly did this conviction become established."

It will not be expected that we should endorse this view. Indeed, we think it about as unsatisfactory as some others which our author condemns. Still, the work deserves perusal. It is full of suggestions, and if the author's theory is not so satisfactory as we could wish, he is far more successful in attacking the theories of others.

NOTES AND RECOLLECTIONS OF AN AMBULANCE SURGEON.†

Some of Mr. MacCormac's experiences have been already published, and have proved so valuable that they were thought worthy of re-issue in a separate form. The present volume contains, moreover, much new matter, and is more admirably illustrated than any surgical work which we have seen. Mr. Edwards' heliotype process gives representations as accurate as photography, and at a price scarcely higher than that of woodcuts.

We will leave the statistical tables for careful study by the numerous readers which the work is sure to have, and merely illustrate the writer's style by a few extracts:—

> "The amputations of the leg were among our most successful cases, six only perishing out of eighteen primary amputations. Of the seven cases of secondary amputation four died, making a total mortality of ten cases in twenty-five operations. The fatal case of amputation in the middle third was one where Teale's operation had been peformed, and the flaps afterwards became gangrenous. It was the only instance in which recourse was had to this form of operation. The others were simply made by long anterior and short posterior cutaneous flaps, and a circular division of the muscular substance.
>
> "As might be anticipated the penetrating abdominal wounds were all fatal. Those in the spine were also very fatal, one man only who had been wounded very low in the lumbar spine recovered, so far as to be able to leave hospital. The four cases of wounds of the pelvis all recovered, as the abdominal cavity was not implicated.
>
> "With reference to fracture of the femur, it may be observed that all who suffered from it in the lower third perished. In the middle third two survived after amputation in the upper third, and two after treatment for the fracture. In the upper third, conservative treatment was most generally

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* "What is Malaria? and why is it most intense in Hot Climates? An Inquiry into the Nature and cause of the so-called Marsh Poison; with Remarks on the Principles to be observed for the Preservation of Health in Tropical Climates and Malarious Districts." By C. F. Oldham, M.R.C.P., M.R.C.S., H.M. Indian Forces, late in Medical Charge of the Dalhousie Sanitarium. 8vo. Pp. 186. London: H. K. Lewis. 1871.

† "Notes and Recollections of an Ambulanse Surgeon; being an account of Work done under the Red Cross during the Campaign of 1870." By W. MacCormac, F.R.C.S., Assistant-Surgeon to St. Thomas's Hospital, &c. London: Churchill.

adopted and with a happy result in the four cases already detailed. Five deaths took place, two after disarticulation at the hip-joint, and three from pyæmia and exhaustion."

The whole work will be attentively read by every operative surgeon, who must profit by its perusal, and to military surgeons it is invaluable. The Queen's University and the Royal College of Surgeons may be well proud of so successful an alumnus as the writer.

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Pathology of Phthisis.

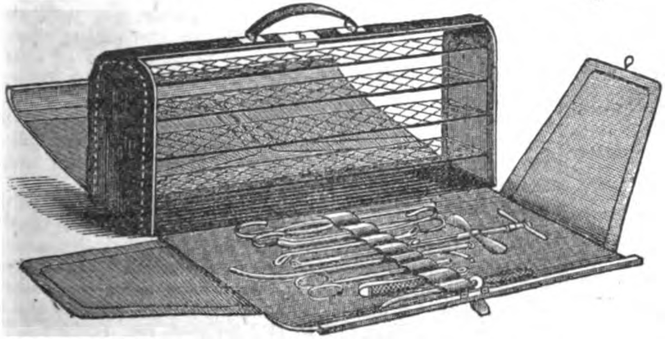
Dr. E. Aufrecht (*Berlin, Klin. Wochnschr*, vii., 9—11, 1870) summarises 100 cases of tuberculosis (in Lænnec's sense of the word), with the *post-mortem* appearances. The lungs were affected in ninety-two of the cases, and alone affected in forty-eight. In none of these forty-eight cases was any trace of true tubercle found. For these cases, therefore, Aufrecht recommends the designation cheesy broncho-pneumonia, except in those instances where a whole lobe is affected at once. Beside these forty-eight, in two others there was ulceration of the larynx, and in fourteen ulceration of the bowel, but in none of the sixteen was tubercle found. In other twenty-four cases the broncho-pneumonia was associated with actual tubercles, viz., four times on the pleura, and four times on the peritoneal covering of the bowel, whilst in sixteen they were found in various organs; only seven times, however, in the lungs themselves. In the remaining four cases of the ninety-two, the lungs were affected with tubercle only; other organs, however, being simultaneously involved. The author concludes that "The disease of the apices or upper lobes of the lungs, whether for a longer or shorter time confined to these, and known under the name of phthisis, never begins with the formation of tubercles, but always in the form of broncho-pneumonic accumulations. In this form the affection can run its course from beginning to end, the cheesy broncho-pneumonia being only in the minority of cases complicated by tuberculosis."

New Inventions.

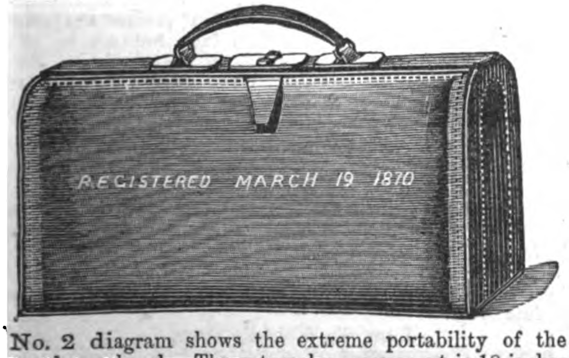
ARNOLD AND SON'S IMPROVED SURGICAL BAG

(*Registered*), *as Suggested by* Mr. Barnard Holt.

Here is a more compact contrivance than any yet submitted to surgeons. The Bag contains every instrument in daily use or for any surgical emergency, and is extremely portable, is fitted with double spring locks, and is of a size not to offend the eye or be inconvenient to carry. The interior of the Bag is so arranged that any instrument can be at once selected without disturbing the rest. This is obtained by a succession of wire skeleton trays, upon which the different cases, &c., are placed. The sides or flaps are fitted with loops for catheters, lithotrites, forceps, &c., and are always in view.



No. 1 diagram shows the Surgical Bag, with its trays ready for the reception of cases, &c., and the two flaps fitted with their respective instruments. The trays are so arranged that they can, one or all, be taken out to suit the requirements of the surgeon.



No. 2 diagram shows the extreme portability of the Bag when closed. The external measurement is 18 inches long, 9 inches deep, and 5 inches wide. The following list will show that in this *multum in parvo* there is also everything that can be required in military or civil practice:—

A case containing two amputating knives, Butcher's amputating saw, and catlin; a case containing three scalpels, two curved bistouries, a hernia knife, two lithotomy knives, two hare-lip or tenotomy knives, probe, sharp-pointed pair of scissors, pair of artery forceps or tenaculum, pair of spring forceps, aneurism needle, double hook, and hernia director; a case containing three cataract knives, Tyrrell's hook, four needles, silver curette and hook, Adam's eyelid retractor, set of Bowman's probes, Critchett's fine groove director, pair of cilia forceps, pair of iris forceps, and two pairs of scissors; case containing complete set of Holt's dilators, tonsil guillotine in case, ophthalmoscope and laryngoscope combined in case; a pocket case containing gun lancet, Syme's knife, finger knife, scalpel, dressing forceps, pair of scissors, silver caustic case, silver female catheter, probe, director, needles, exploring trocar, &c.; a case containing hydrocele trocar, trocar for paracentesis, half-ounce glass syringe, with platinum point and small bottle; a case containing gum elastic catheters, Holt's india-rubber catheters, folding needle-case; a case for hare-lip pins, acupressure needles, probes, &c.; a hypodermic syringe in case, small chloroform bottle in wood case. On the two sides of the Bag are—two lithotrites, silver double channel catheter, three short-beaked sounds, prostate catheter, five silver catheters (1, 2, 3, 8, and 10), Ponteau's curved trocar for puncturing the bladder, folding rectum speculum, vagina speculum, probang, clinical thermometer, polypus forceps, epistaxis catheter, écraseurs, tooth forceps, tracheotomy tubes, rectum bougies, lithotomy forceps, lithotomy scoops, lithotomy staffs, tourniquet, &c.

The instruments can, of course, be varied to suit the taste of the surgeon. The cost of Bag without the instruments is 3 guineas. Fitted up complete with all the above-named instruments of the best quality of Messrs. Arnold's make, the price is 50 guineas.

◆

TENAX.

The use of picked oakum as a surgical dressing has now become an established practice, and those who have tried it extensively assure us that it is far superior to the old lint. American surgeons have adopted it to a large extent, and we have personally tried it with great success. Messrs. Southall, Son, and Dymond have produced an article of a very superior kind, made by machinery, and called it Tenax. It is the best kind of oakum to be had; and the makers deserve full credit for perfecting the article. We hope to find that Tenax will displace all commoner kinds of oakum for surgical dressings.

Correspondence.

"NOT AFRAID OF THE TRUTH."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few weeks ago, *apropos* to some *ad captandum* statements as to the success of the Contagious Diseases Acts in a sanitary point of view published in the *British Medical Journal*, I wrote to the Editor of that paper, pointing out that, taking all the great stations, as demonstrated by Dr. Balfour's tables, there had been an aggregate increase of disease under the operation of these Acts in face of a great and most satisfactory decline for some years prior to their adoption. I gave the figures in full, and the Editor published them with a portion of my letter, appending a note with the remark that they were statistical fallacies, &c. I then wrote requesting permission to reply to his strictures, not wishing to have the trouble of writing without a chance of insertion, and knowing from experience that a reply from an opponent of the Acts would have small chance of publicity in a medical paper. The Editor courteously professed his willingness to publish my rejoinder, and I accordingly indited the enclosed letter. It was announced in the "Correspondent's column" as about to be published on the following week; but ten days after its reception the Editor made some trivial excuse for not keeping his promise, and, but for your kindness, I have no doubt that my letter would have been consigned to that limbo which has already received many thousands of protests against the most iniquitous piece of legislation that has ever been permitted to disgrace the statute book of this realm.

I am, Sir, your obedient servant,

C. BELL-TAYLOR, F.R.C.S.E.

TO THE EDITOR OF THE "BRITISH MEDICAL JOURNAL."

SIR,—I trust you will allow me to reply to your strictures upon my letter on page 403 of the *British Medical Journal*. I think you have misunderstood the last words of my letter, and been misled by the statements put forward by other writers. I will make my remarks as brief as possible.

First, however, let me notice your reference to the moral objections to the Acts. I think the constitutional objections of the utmost importance. I think them of infinitely greater importance than any objections founded upon figures. The only reason I oppose the statements repeatedly made of the beneficial effects of the Acts in a sanitary point of view is, that those statements do not convey the truth; that the Acts have *not* been productive of the good they are represented to achieve. It may be a point of little consequence to the opponents of the Acts; but the advocates of the Acts evidently think it of great importance to them.

With regard to the closing words of my letter, there is no "fallacy" in them. Whatever the cause, there was a great and progressive diminution of disease at all the large stations prior to the enforcement of the Act. That decrease was immediately checked upon the application of the Act, and the rate of disease went up. Now, whether this would have occurred without the Act or not is a question the limits of this letter will not allow me to discuss; but if it would have occurred without the Act, the fact is patent that the enforcement of the Act did not prevent it.

The only fault that can be found with my figures is, that I have not combined all the stations according to the effective strength at each. That I was unable to do, because the Parliamentary tables do not give the strength at each for the years before the Acts.

You speak of my bringing forward "statistical fallacies;" but what I bring forward are "statistical facts." It is a remarkable thing that the advocates of the Acts invariably have recourse to figures privately supplied to them, when they have to answer those which opponents of the Acts deduce from published Parliamentary tables. Dr. Lyon Playfair did this when he attempted to answer Mr. Fowler in May last. Mr. Lane did this when he attempted to answer Mr. MacLaren a few months since. You yourself do this when you quote Mr. Myers's unofficial contribution to the *British Medical Journal* against my letter. And Mr. Berkeley Hill does this in his table in the *Statistical Journal*, to which you refer. Now, I decline to accept these unofficial authorities, whose statements and calculations I cannot verify, against the results I can myself deduce from the published documents presented to Parliament. From those documents I find that at the stations which had been two full years under the Act, there were in the second year more cases of disease among the soldiers than the first year. The total number of soldiers "protected" by the Acts in 1868 at the stations which had also been "protected" in 1867, was 15,308 against 15,930 in 1867. Out of the smaller number of men in 1868, there were 3,958 cases of venereal against 3,842 in 1867, or a percentage of 25·9 in 1868, against a percentage of 24·1 in 1867. This is a fact which cannot be explained away. It is a fact, quite unconnected with "fallacy." Whatever the cause might be, there was more actual disease among the men at those great stations the second year of the operation of the Act than the first. The last return presented to Parliament is based on a different system. It gives no means of comparing the total amount of disease at the stations in 1869 with the amount in previous years. It professedly gives only the percentage of disease "contracted in the respective districts," a thing which must, in many cases, be a matter of mere guesswork. Yet, even thus, and with so great temptation and opportunity to represent results in a favourable light, the net advantage deducible from its figures for the six great stations of Portsmouth, Devonport, Chatham, Sheerness, Woolwich, and Aldershot, is only a decrease of 1·88 per cent. in the cases "contracted in the district." Were I to admit this result to be unquestionable, I should be justified in saying that the price expended in obtaining it was altogether out of proportion to the advantage gained. But this return abounds in blunders of calculation, which would disgrace a schoolboy. By comparing it with the statistics given in the Lords' and Commons' Committee's reports, it would be found that, according to its statements, *more men contracted venereal in the Sheerness district in* 1867 *than had it altogether!* That at Woolwich a similar thing happened, and nine men more contracted venereal in 1867 in that district than were treated altogether! No wonder there were enormous fallings-off, according to this return, in the number of men who contracted disease in those districts the following year. At Aldershot, too, 1,717 men, out of a total of 1,526, are reported as contracting venereal in the district, a partial percentage of 22·80 out of a total percentage of 20·05. These are only samples of the disgraceful errors and inconsistencies in this return. Yet it is on the strength of this precious document that the statement has gone forth that disease has been diminished one-half among the men, and from 70 to 6 per cent. in one instance among the women.

Mr. Lane admits, in his reply to Mr. MacLaren, that this latter was a blunder, but he does not show what the true figures deducible from the return should be. He obtains other and later figures from the War Office, which I have no power of verifying or checking, and then says that, according to *them*, disease has diminished among the women at all the stations combined from 41·5 to 24·3 per cent. per quarter. This is marvellously more modest than the statement of Captain Harris in the return Mr. MacLaren exposed; but I must nevertheless decline to accept it on Mr. Lane's mere word. When the figures the War Office have supplied to him are presented to Parliament and the world, I will gladly investigate them. The same I will say, too, of Mr. Berkeley Hill's table, and of Mr. Myers's results. At present they are mere *ex parte* statements. Mr. Hill's table appears to be "arranged" (to use his own words in the *Statistical Journal*) from a table in the Commons' Committee's report. But that table must have been supplemented by figures from the War Office. I am sure, Sir, you will grant that there is a vital difference between calculations which all can verify, and calculations which depend upon sources to which the public have no access. While there can be no dispute about those accurately deduced from the former sources, no wise man will build any conclusion of importance upon those put forward from the latter.

The figures I give you are indisputable; those which you have quoted against me are not yet in a position to be brought into court.

I am, Sir, faithfully yours,

C. BELL-TAYLOR, M.D., F.R.C.S.E.

ELECTION AT THE ROYAL COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As my letter originated the discussion permit me to make a few comments on Dr. Denham's able communication. Your leader must have convinced everyone that it would be highly impolitic to change our charter at present, and while distinguished licentiates of twenty years' standing should gain the Fellowship by election, surely, for junior self-reliant men there should be the way by a searching examination. Such are the methods in the London College, and some of her ablest men record with pride that they are Fellows by examination. Dr. Denham's suggestion that two Councillors should annually retire is an admirable one; but they should be selected by ballot from the seven members who had attended the least number of meetings, as thus there would be at least a chance of retaining men whose names do honour to our diplomas, yet whom pressing avocations prevent from being regular attendants. His plan for the nomination of Vice-President is equally just, and obtains in many similar institutions. With regard to obstetric practitioners, Dr. Denham errs somewhat, for since the date of the supplemental charter five obstetric officers of the smaller lying-in hospitals have been presidents, and with two exceptions every ex-master and every ex-assistant master of the Rotundo and Coombe Hospitals, who are Fellows, have been chosen examiners in midwifery.

Moreover, there are at least three of these gentlemen who might seek a vacancy on the Council with certainty of success.

Now, let me answer a few objections made to my own candidature. 1st. Juniority.—My name immediately follows that of the actual President on the Council list. 2nd. That my holding an examinership in another body, or political feeling would weaken my allegiance to the college. Since the termination of my apprenticeship to Professor Power, in 1854, I have held various offices in the college which have brought me into relationship with 1,700 pupils, and I assert that not one circumstance justifies the above insidious allegation.

When I wrote my first letter I had no idea of seeking the Vice-Presidency, else I would not have said a word depreciatory of rival candidates, and for weeks I have expressed my willingness to retire in favour of a senior. I stood in defence of the principle that no one should at once reach the highest position, and as many Fellows only pledged their votes "provided no member of the Council came forward," I believe that that principle will not be departed from.

I am, &c.,

E. D. MAPOTHER.

18 Merrion Square, N.
May 27th.

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DR. DRYSDALE AND THE "POPULATION" QUESTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In a late issue of your paper, I see another effusion from Dr. Drysdale on the *Population Question*. Had Dr. Drysdale confined himself to merely ventilating his own fanciful theories regarding the laws that should govern the increase of population, &c., I should probably have taken no more trouble with his letters than usual; but when he displays his bigotry, even in a medical publication, by attacking the pure and scriptural docrine of the Catholic Church, on his favourite topic, I cannot, as one of its members, permit his statements to pass without, at least, protesting against them as dangerous and materialistic. Let us put his theories into syllogistic form, and we will find them to run somewhat thus: Worldy happiness depends on wealth; wealth is incompatible with the normal tendency of populations to increase, or double themselves, according to Malthus, every twenty-five years, although regulated by natural and divine laws. Therefore, the logical sequence of Dr. Drysdale's reasoning is, that worldly or human happiness and wealth cannot exist without an infringement of natural and divine laws. Again, he is enthusiastic in his praise of what he calls the provident habits of the French peasantry, who, in many parts of France, "habitually limit their families to two children," and would strongly advise the people of these kingdoms to follow their example. He thinks future ages will be astounded at the crude philosophy of 1871, and no doubt they will, should, what he calls, the "common sense," which prevails among a small and irreligious section of the French people, and the absurd, impious, and detestable *dictum* of Mill, be in the ascendant. This unquestionably able man has sullied his pages with the following: "Little advance can be expected in morality until the producing of large families is regarded in the same light as drunkenness, &c." Dr. Drysdale adopts this *dictum* as a rule of faith, rather than the "dogma of the Church of Rome," which he characterises as "silly teaching," because it is opposed to his mundane speculations and utilitarian views of some of our modern philosophers. I suppose he would be equally opposed to the teaching of any other Christian church, on the same subject, that professes to take the Bible as its rule of faith. Truly, the people of these Islands have a right to be thankful that Mr. J. S. Mill has been relegated to privacy. Should his attempts at legislating in the British Senate be based on some of his economical ideas, I feel confident, nowithstanding Dr. Drysdale's prognostications, that the infallible teaching of the Church of Rome *on this* and every other question will prevail, and be willingly received by her faithful adherents in future ages, and throughout all time, when his letters, and even the *dictum* of Mr. J. S. Mill are buried in oblivion.

I am, Sir, yours very truly,

CHARLES GARLAND, L.K.Q.C.P.I., & L.R.C.S.I.

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THE VALUE OF TAPPING IN DROPSY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Perhaps the following case might prove interesting to your readers:—

The subject of it, Samuel Crea, when nine years old, in September, 1864, went with a friend to the Newtownards lead mines for gravel, and got caught and crushed between two trucks on a tramway. He was severely hurt by the accident, and was put under the care of a surgeon, who treated him during three months. He then became a dispensary patient of mine, and remained under my care to the time of his death. He died on the 9th instant, aged fifteen years.

From the time of the accident until his death, a period of six years and eight months, *he was tapped in all, one hundred and fifty-seven times*: once by the surgeon who had him first in charge, four times by my *locum tenens* last summer, and one hundred and fifty-two times by me.

During the first years of his illness, he was tapped at irregular intervals; but for two years past he required tapping every fourteen days.

The cause of the dropsy was enlargement and induration of the liver, resulting from the lesion caused by the trucks. There was no *post-mortem* examination.

His growth was almost entirely arrested from the time of the accident. After the first month of his illness he was not confined to bed; he walked about until a fortnight before his death; at no time, for years, did he require to lie in bed for more than a day at a time.

For some years past he had a craving appetite for *sugar*, and he consumed considerable quantities of it. The fluid drawn off by the tapping was highly albuminous. Various means and medicines were used to restore him to health with little or no benefit; and, ultimately, the treatment was entirely palliative.

From its duration, and, as showing the value of tapping in prolonging life, in some conditions, the case seems to me to be worth publishing.

I am, your obedient servant,

D. JAMISON, M.D.

Newtownards, May 17th, 1871.

DR. HEARNE ON VACCINATION AND RE-VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Thanking you for the courteous reception you have on all occasions given to the opinions I have ventured to offer, you will, I am sure, permit me to refer to the heading of the two last notes you have inserted from me, dated May 13th, and 20th, with the view of explaining that I did not think the facts I had adduced justified me in defining the disease *Vaccino-syphilis*, although, undoubtedly, the symptoms manifested were strongly indicative of blood-poisoning.

I may further add, in reference to the cases alluded to in your number of the 17th of May, that after the bursting of the blebs, in many instances, I had to contend with indolent excavated sores, usually circular in shape, with an appreciable thickening of the surrounding margin. They were treated by the internal administration of mild mercurials, with black-wash dressings, and, after some weeks, nitric acid, and potass. iodide.

During the years which have elapsed, I have often spoken of the disagreeable occurrence to medical friends, and have ever since studiously avoided obtaining vaccine-lymph from a public establishment.

You will further permit me to direct your attention to a transposition of words in my last note, which I shall be glad to see corrected, because my meaning has been rendered thereby somewhat obscure. What I believe you will find in the manuscript was, "that I am not able to enter into details this week on the subject of 'Small-pox and Vaccination,' in reference to Southampton, although there are some (details) of a peculiar character." What I then referred to, related to an outrageous assault, committed by Dr. Aldridge, the public vaccinator, because I thought proper, as a magistrate, and ex-officio guardian, to enter a public vaccination station, in consequence of the circulation of grave reports, relative to irregularities in connection with vaccination.

There are two vaccination stations under the control of the Guardians of the Poor. One in the dispensary department of the poor-house, the other, a couple of rooms rented by the Guardians at the house of one of their relieving officers. The Guardians appoint all officials, the public vaccinators included.

On the Monday preceding the assault, the Guardians held an adjourned meeting at the Poor-house, when the question of the individual right of a Guardian to visit the public vaccination stations was raised in consequence of reported irregularities, and that right was properly insisted on by the Board, without a dissentient, and assented to by Dr. Aldridge, the public vaccinator, whom the Board had requested to attend. The Mayor, as President, at once expressed his opinion that an individual guardian had an undoubted right to attend the public vaccination stations. The Deputy-President endorsed that opinion, Mr. Purkess, another guardian, did the same, There was not a single dissentient, then what stronger confirmation of my right could have been adduced? and yet, I for exercising it after an interval of two days, was assaulted.

The local papers I shall send you, will give you a fuller explanation of this painful and indecorous affair.

Deaths from small-pox during the week ending May 27th, *twelve*. The number of cases in the public hospitals about the same as reported by me last week, but for the most part, mild in character. I am afraid that this communication will reach you too late for this week's publication, but the few words in reference to correction, I hope to see inserted.

Yours faithfully,

Edwin Hearne, M.B.

Southampton, May 27th.

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Medical News.

Royal College of Surgeons of England.—At a Board of Examiners on the 24th inst., the following members of the college passed the required examinations and were admitted licentiates in midwifery, viz. :—Samuel Stickland, of Hawkhurst, Kent; Joseph O. Pires, of Bombay; John Allam Lycett, of Scarborough; and Peter Broom Giles, of Staunton-on-Wye.

The London Sewage Question.—The Parliamentary Committee of the House of Commons which, during the past fortnight, has been engaged with the Bill presented by the Metropolitan Sewage and Essex Reclamation Company, and also with a Bill on the same subject, presented by the Metropolitan Board of Works, brought their protracted labours to a close. The Metropolitan Sewage and Essex Reclamation Company sought powers to alter and limit their original plans. On their case being closed on Thursday, the Committee decided that the preamble was not proved, and the Bill was accordingly rejected. Mr. Rodwell, Q.C., then stated the case on the part of the Metropolitan Board of Works, which was an application by the Board asking for Parliamentary sanction to enable them to take over the works and the plant of the company, with the view of having the works carried out under their own immediate superintendence and control. The chairman announced that the preamble of the Bill was not proved, adding that the Committee were of opinion that it would not be equitable to allow the Metropolitan Board of Works to succeed in an application to Parliament which would involve the forfeiture of so large a sum as £25,000, on the part of the sewage company. The result is that, after an inquiry of between two and three weeks' duration, both parties remain in the position they occupied at the commencement of the inquiry.

"Fir Krampa."—Here is a prescripton written by a New York "fasition," and which is vouched for by the *Sun* as genuine:—℞. Fir krampa; tinct. kamfire, won ounce; tinct. lodenum, a little; tinct. hot drops, a few drops; tinct. kyan pepar, 5 cents worth. Kloreform, a little, but not much, as it is a dangerous medicine.—*Indiana Jour. of Medicine.*

Pharmaceutical Society of Great Britain.—The annual *conversazione* of this society was held last week at the South Kensington Museum, by permission of the Lords of the Committee of Council on Education. The spacious halls and galleries were well filled by the members and their friends to the number of about 3,000, additional interest being given to the gathering from the fact that the South Court, with the gallery at the end, was for the first time thrown open in its entirety. The proceedings of the evening were enlivened by the performance of a fine selection of music by the band of the Royal Grenadier Guards, under the direction of Mr. Dan Godfrey; and a concert by the Orpheus Glee Union. Amongst the visitors we noticed—Earl Bathurst, Lord de L'Isle and Dudley, Sir Walter Stirling, Bart., Sir G. Duncan Gibb, M.D., Sir John Bowring, Sir Charles Locock, M.D., Sir William Fergusson, Mr. Sandford, Mr. Davenport, Captain Stacpoole, M.P., Dr. J. A. Lush, M.P., Dr. Braxton Hicks, Dr. Semple, Mr. Cæsar Hawkins, Dr. Prosser James, Dr. Liebreich, Dr. Tilbury Fox, Mr. Weeden Cooke, Mr. Dunn, and other members of the profession. The arrangements made by the Council of the Society for the amusement of their visitors, appeared to give entire satisfaction.

Cancer Hospital, Brompton.—The twentieth annual meeting of this charity was held on Friday, at the Hospital, Brompton, Sir George Bowyer, Bart, M.P., in the chair. The Secretary, Mr. H. J. Jupp, read the report, which stated that the hospital had made steady progress and received increasing support from the public. The receipts, including a handsome subscription from Baroness Burdett Coutts, amounted to £10,962 8s. 1d.; while the total ordinary expenditure was £5,355 11s. 4d.; and the balance in hand, after paying for repairs and alterations, and the purchase of £3,000 stock, was £2,159 6s. 2d. During the past year 351 patients had been received into the hospital, of whom the larger number had been either cured or greatly relieved. Since the foundation of the hospital in 1851, no less than 9,236 patients had been treated more or less successfully.

Consumption Hospital, Brompton.—The annual meeting was held on Thursday at the hospital, Brompton; the Earl of Derby, president, in the chair. The report stated that 1,233 in-patients had been treated in 1870, of whom 894 were discharged, many greatly benefited, 142 had died, and 203 remained in the hospital on the 31st of December; 11,544 new out-patient cases had been prescribed for. The income from all sources had amounted to £17,182 14s. 5d. for the year, while the expenditure had been £11,874 12s. 6d. In conformity with a resolution embodied in the last report, i had been decided, from the 1st of January last, only to admit persons as in-patients whose cases the medical board considered likely to derive more or less permanent relief from treatment in the hospital. The committee had recently received a donation of £2,000 from Richard Wallace, Esq., of Hertford House. As an enduring mark of appreciation of this munificent gift they had named a ward the "Wallace Ward. Tho committee were continuing their inquiries for a suitable site for an auxiliary institution in connection with the hospital. The noble chairman moved the adoption of the report, which was agreed to *nem. con.*, and a vote of thanks to the noble chairman closed the proceedings.

Deputation on Vaccination.—On Thursday, a deputation from the Metropolitan Asylums Board waited on the Right Hon. W. E. Forster, M.P., to represent to him the necessity of improving the administration of vaccination in the metropolis. Dr. Brewer stated that 5,674 children had been admitted to the small-pox hospitals under ten years of age, of whom 1,576 were unvaccinated. At Homerton, upwards of 40 per cent. of the children admitted were unvaccinated. Of 4,098 vaccinated children 299 died, or 7·3 per cent.; whereas of the 1,576 unvaccinated children 588 died, or 37·4 per cent. It was also stated that 5·8 per cent. of the children in Marylebone were found unvaccinated. Mr. Forster stated that there was no law that could be universally enforced: but that he was most anxious that improvements should be made. In the report of the Vaccination Committee it would be proposed to make the appointment of a vaccination inspector compulsory, and he would have to keep the vaccination-registers. The Government would be glad to entertain any proposals which the Board of Managers would place before him.

Apothecaries' Hall of London.—At a Court of Examiners held on the 18th instant, the following gentlemen having passed the necessary examinations were admitted licentiates of the Society of Apothecaries, viz.:—Messrs. Lionel Beach, of the Royal Infirmary, Margate; Frederick Howard Clarke, of Devonport; Thurston Forshaw, of Heanor, Derbyshire; Thomas William Jackson, of Leyland; Henry Moody, of Erith; Lionel Lewis Powell, of Melton Mowbray; and Edward George Younger, of Blackheath Hill; and at the same court Messrs. Edward Lewis Archer, of St. Bartholomew's Hospital, and Hugh Pugh Jones Price, of the Manchester Royal Infirmary School of Medicine, passed the primary professional examination:—The following were admitted licentiates on the 25th instant, viz:—Messrs. Edward Theodore Burton, of Spring Hill, Birmingham; Charles Cogman, of London; Charles Hargit Johnson, of the Infirmary, Hull; Alfred Robert Lee, of Camden Town; Frederick Aubin Monks, of Hackney; Henry Drake Palmer, of Olney; and Abiathar Wall, of Bayswater.

University of Glasgow.—Mr. Allan Walker, Scotland, was admitted on the 11th inst., to the degrees of M.B. and C.M.; and Mr. John Murray, Scotland, to the degree of M.B.

Royal Medical Benevolent College.—The annual general meeting of the governors of the college was held on Wednesday week, Mr. Henry Sterry, treasurer of the college, in the chair. There were present, Dr. Johnson, Dr. Carr, Dr. Musgrove, Dr. Felce, Dr. Hogg, Dr. Ramsay; Messrs. F. Hird, J. J. France, H. Hancock, David Taylor, John Liddle, J. T. Mould, and George Stilwell. Mr. Robert Freeman, secretary of the institution, read the report, in which the council expressed their pleasure at the fact that whilst the receipts of almost all the established charities of England were more or less affected last year by the war on the Continent, the college had suffered less from this cause than might have beon anticipated. The annual subscriptions were very nearly up to the average, and the life donations were rather better than those of 1869, though not quite so good as those of 1868. The report recommended the extension of the benefits derivable from the college by the establishment of a class of pensiouers receiving annuities of 20 guineas. It also advocated a re-arrangement of the laws and by-laws of the College, in order to correct existing errors and to remove ambiguities; and also in order to provide power to deal with some difficulties which were not foreseen when the by-laws were originally drawn up. After referring to the scholastic department of the institution, the report went on to point out the various changes and improvements which had recently taken place in the college and the addition of new branches of education. The school continued quite full, and the health of the boys during the past year had been good. The balance sheet was taken as read; it showed a balance in hand of £361 9s. 6d. up to 31st December, 1870. On the motion of Mr. Liddle, the report was adopted. The following ten members of the council retiring by rotation were unanimously re-elected: Dr. Drage, Dr. C. Hogg, Dr. Musgrove, Dr. Sieveking, Dr. C. Taylor, Dr. Westall, Messrs. G. T. Dale, C. M. Griffith, Henry Hancock, and Francis Webb. The cordial thanks of the governors were tendered to the treasurer, Mr. Henry Sterry, for the zeal and efficiency with which he fulfilled the important duties of his office, and also to the three auditors, the Rev. J. J. Smyth, Mr. Chas. W. Slee, and Mr. John R. F. Burnett, unanimously re-elected for the ensuing year. The usual vote of thanks to the chairman, treasurer, auditors, &c., closed the proceedings.

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Gleanings.

Oxygen Gas as a Remedy in Disease.

It has long been a matter of considerable surprise to us that more serious attempts have not been made by the physicians of our great London hospitals, to settle the vexed questions concerning the power of oxygen as a therapeutic agent. No doubt a good deal of discredit has been thrown on the medical use of oxygen by the unscientific (not to say unprofessional) manner in which its powers have been vaunted by more than one would-be Paracelsus of the present generation; but it certainly has not been more be-quacked than has medical electricity, and yet we find that respectable medical men are throwing over their prejudices against the latter agent, and acknowledging that they cannot do without it any longer. Now that oxygen can be obtained pure, in portable form, and with convenient apparatus for its use, it seems to us a crying reproach that our hospitals do not at once take up and try upon a large scale the question of its therapeutic powers.

Dr. Smith obtains oxygen from chlorate of potash, by simple heating in an apparatus which it is unnecessary to describe, as practitioners will certainly buy their oxygen ready made, unless they come to use it on a very large scale. As in the apparatus of Barth, the gas, being either in a bag or gasometer, is conveyed to the patient through a flexible tube terminating in a mouthpiece, which is either placed between the lips or at the orifice of one nostril. The quantity of the gas given will vary from one to two gallons daily, which is sufficient in some chronic cases, to 80 or 100 gallons, which may be required in urgent dyspnœa. In chronic cases it should be given from a very small orifice, so that the inhalation of four or five gallons will occupy fifteen to thirty minutes. Feeble patients should take it in the recumbent position. The inhalations should be repeated morning and evening, or less frequently as the case may demand. Some very striking results have followed when the interval was as great as three days. On the other hand, when respiration is much obstructed, it may be necessary to give the gas almost constantly, and but little diluted.

In regard to physiological action, Dr. Smith's (New York) experiments bring out one or two curious facts. He shows, for example, that the remarkable *reddening of the tissues* of animals which die from confinement in oxygen gas, is no true effect of oxygen as such, but only of oxygen *plus* the impurities of an atmosphere which had been breathed for a long time. This was done by providing, within the bell-glass under which the animal was confined, some solution of caustic potash, which might absorb the carbonic acid; the death of the animals was evidently retarded, and the reddening of the tissues *was not produced.* Dr. Smith thinks the red colour is produced by retention of carbonic acid in the tissues. (Is it not more probable that it is due to carbonic *oxide*, formed within the jar under ordinary circumstances, but not formed when provision is made for absorbing superfluous carbonic acid?) Further experiments show that when really *complete* precautions are taken to charge the air of the chamber, animals exhibit no sign whatever of truly toxic effects, and that in particular the old theory of hyper-oxygenation of the blood must be entirely incorrect. Dr. Smith does not, however, accept the theory of Regnault and Reiset, according to which the inhalation of pure oxyen makes no difference with respiration: clinical and experimental facts are, he says, in decided opposition to this idea. He simply believes that the inhalation of oxygen, in appropriate circumstances, allows of complete saturation of the blood to the *physiological* maximum —not beyond.

Another curious fact observed was, that the inhalation of a considerable quantity of oxygen, by a healthy person, is followed within a few moments by a temporary *decrease* of the carbonic acid exhaled ; although the ultimate effect is a small *increase*, so small as to confirm the idea that the absorption of oxygen by the blood-corpuscle does not exceed physiological limits. Lastly, be it said, that Dr. Smith apparently makes out that not only uric acid, but urea itself is diminished by the inhalation of oxygen ; and also that a striking diminution in the urinary colouring matter takes place, without any diminution of the specific gravity of the fluid. These are very important statements, that ought not to be left unconfirmed (or uncorrected), by physiologists for a single month.

It must at any rate be plain to any candid mind, remarks *The Practitioner*, that oxygen is a real, though as yet not very well understood, therapeutic power. It is the bitterest sarcasm on our respectable and conventional system of therapeutics that nothing like a *concerted* effort has yet been made, by competent and credible men in England, to settle what the true functions of so powerful a therapeutic weapon may be.

Mode of Action of Mercury.

In the (*Berlin Kl. Wochenschr*, vii. 35, 1870) there is a paper by Dr. E. Stern, and J. Müller, on this point. They found that 1 equivalent of common salt with 1 eq. of bichl. of mercury, form a double salt, in which the bichl. acts the part of an acid. A large amount of the chloride of sodium (10 to 1 of sublimate) prevents the precipitation of albumen. They also found, that when finely-divided metallic mercury is shaken up with a concentrated solution of the chloride of sodium at 35° C, a considerable amount of this double salt is formed. The authors suppose, therefore, that mercury enters the system in this form, even when used externally as mercurial ointment, the metal combining with the chloride of sodium of the sweat. Stern has used this compound subcutaneously, in the form of a solution, containing 2—2½ p.c. of sublimate and 20—25 p.c. of chloride of sodium. It caused only a slight burning, and never the formation of an abscess. Given internally, in the absence of acid or saccharine food, it caused no digestive derangements, and slight salivation occurring in two cases was quickly removed by gargling with a weak solution of common salt, although the remedy was continued. By the use of this combination externally and internally syphilitic manifestations disappeared more rapidly than by any other method.

Removal of Pathological Fluids by Aspiration.

In (Schmidt's *Jahrb.*, Oct. 1870) there is a summary of recent literature on this subject. In some cases the ordinary hypodermic syringe is used, whilst others used a valved apparatus like a pump, or an elastic bag attached to the perforated needle. The method in its various modifications has been made use of in every variety of fluid accumulation ; in hydrocele ; abscesses, especially buboes ; hydrothorax ; hydropericardium ; fluid in joints ; and even in hydrocephalus and abscess of the brain. The method may often be found useful for diagnostic purposes. The great advantages are the safety and almost painless character of the operation, and in some cases the prevention of any scar, whilst as regards diagnosis the fluid removed is quite pure.

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NOTICES TO CORRESPONDENTS.

Mr. Chas. Williams, Norwich.—Please state in what year the Biographical Sketch appeared in our columns.

In Type :—

"On the Causes and Cure of Prostatic Stricture." By R. Uniacke Ronayne, L.R.C.S.I., L.R.C.P., &c.

"Menorrhagia of Six Years' Duration depending on an Intramural Tumour of the Anterior Wall, with Treatment." By Hy. J. Gogarty, F.R.C.S.

"Skin Grafting in Extensive Indolent Ulcers of both Legs at the Richmond Hospital." Reported by Mr. Algernon B. Vesey, Senior Resident Pupil.

"Dislocation of the Left Femur."—*Ibid.*

"On the Treatment of Acute Rheumatism." By E. P. Sharkey, M.B., &c.

Dr. Basham's Clinical Lectures "On Diabetes." (Continuation).

"Practical Obstetrics."—No. II. By Francis E. Clarke, B.A.

"On the Treatment of Eczema." (Continuation). By Mr. Milton.

MEETINGS OF THE LONDON SOCIETIES.

Royal College of Surgeons of England.—Wednesday, May 31st, 4 p.m. Prof. John Birkett, "On the Nature and Treatment of New Growths."

Royal London Ophthalmic Hospital, Moorfields.—Thursday, June 1st, 10½ a.m. Operations.

St. George's Hospital.—1 p.m. Operations.

University College Hospital.—2 p.m. Operations.

Royal Orthopædic Hospital.—2 p.m. Operations.

West London Hospital.—2 p.m. Operations.

Royal Institution.—3 p.m. Prof. Tyndall, "On Sound."

Royal College of Surgeons of England.—Friday, June 2nd, 4 p.m. Prof. John Birkett, "On the Nature and Treatment of New Growths."

Royal College of Physicians.—5 p.m. Dr. Ackland, "On National Health."

Royal Institution.—9 p.m. Prof. Andrews, "On Gaseous and Liquid States of Matter."

Royal Institution.—Saturday, June 3rd, 3 p.m. Mr. Lockyer, "On Astronomy."

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

On some Disorders of the Nervous System in Childhood. By Chas. West, M.D. London : Longmans, Green and Co.

A few Words about Vaccination. By John C. Salmon.

Companion to the British Pharmacopœia. 8th Edition. By Peter Squire, F.L.S. London : J. and A. Churchill.

On the Proper Selection and Scientific Application of Trusses. By C. Holthouse, F.R.C.S. London : J. and A. Churchill.

The Curability of Cancer. By Dr. G. von Schmitt. (Translation).

A System of Surgery, by Various Authors. Edited by Timothy Holmes, F.R.C.S. Vol. V. Second Edition. London : Longmans and Co.

The Laryngoscope in Diseases of the Throat. Third Edition. By Morell MacKenzie, M.D. London : Longmans, Green and Co.

Ovariotomy. A Lecture by Sampson Gamgee, F.R.C.S. Edin.

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APPOINTMENTS.

Allman, T., M.D., Medical Officer, &c., for the Islandeady Dispensary District of the Westport Union, Co. Mayo.

Broadbent, L. G., M.D., has been re-appointed Medical Officer for the East District of the Belford Union, Northumberland.

Burchell, P. L., M.B., F.R.C.S.E., has been elected Surgeon-Accoucheur to the City of London Lying-in Hospital.

Cartwright, S., F.R.C.S.E., a Consulting Dental-Surgeon to the Dental Hospital of London.

Jolly, R., M.D., F.R.C.S.E., Surgeon to the General Hospital, has been appointed Joint Demonstrator of Anatomy at Queen's College, Birmingham.

Murphy, W. W., M.D., M.R.C.S.E., Resident Medical Superintendent of the Kerry District Lunatic Asylum, Killarney.

Smith, A., M.D., F.K.Q.C.P.I., has been re-appointed for a further period of seven years, King's Professor of Materia Medica and Pharmacy at the School of Physic, Trinity College, Dublin.

Thompson, G., L.R.C.P.L., M.R.C.S.E., Medical Superintendent of the Bristol Lunatic Asylum, Stapleton.

Turner, J. S., Medical Officer for District No. 5 of the Mansfield Union.

Wade, A., M.R.C.S.E., Medical Officer for the Boscastle District of the Camelford Union.

Wade, Dr. W. F., Consulting Physician to the Birmingham Dental Hospital.

West, J. F., F.R.C.S., Consulting Surgeon to the Birmingham Dental Hospital.

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Marriages.

Kirkwood—Pottinger.—On the 19th inst., at Toomna Church, Leitrim, Thomas Moore Kirkwood, Army Medical Staff, to Annabella, only daughter of Major-General Pottinger, C.B., of Mount Pottinger, Co. Leitrim.

Rowlands—Horton.—On the 29th ult., at Christ Church, North Brixton, James David, eldest son of James Rowlands, F.R.C.S., of Carmarthen, to Elizabeth, eldest daughter of Isaac Horton, Esq., of Clapham rise, London, and Ystrad, Carmarthenshire.

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Deaths.

Anderson—On the 13th inst., Alex. Dunlop Anderson, M.D., F.R.C.S.E., F.F.P. & S. Glas., of St. Vincent street, Glasgow, aged 77.

Bruce.—On the 8th inst., Dr. G. D. Bruce, Resident Medical Officer, Royal Infirmary, Dundee.

Doig.—On the 13th inst., James Doig, L.F.P. & S. Glas., of [illegible], Forbes, Aberdeenshire, aged 32.

Hawkins.—On the 12th inst., E. W. Hawkins, M.R.C.S.E., of [illegible] Heath, Kent, aged 28.

Heaton.—At Leek, Sarah, the wife of Dr. Heaton, aged [illegible].

Orr.—On the 19th inst., at Crown street, Liverpool, J. Orr, Surgeon, aged 76.

Pollard.—On the 23rd ult., at George Town, Demerara, British Guiana, J. H. Pollard, M.R.C.S.E., aged 50.

Smith,—On the 21st inst., at Montague House, Bath, Dr. C. I. Smith, late Inspector-General of Hospitals, Madras Army, aged [illegible].

Sprague.—At Liverpool, Chas. G. Sprague, M.R.C.S.E., aged [illegible].

The Medical Press & Circular.

"SALUS· POPULI SUPREMA LEX."

WEDNESDAY, JUNE 7, 1871.

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THE PRESIDENT'S ADDRESS

AT THE

SURGICAL SOCIETY OF IRELAND,

Delivered at the concluding Meeting of the Society,

By Albert J. Walsh, F.R.C.S.I.,

President of the Royal College of Surgeons in Ireland.

In my address at our first meeting of the present Session I took the opportunity of expressing the hope that during my year of Presidentship the Surgical Society of Ireland should at the least maintain the well-earned high position and reputation it has attained as well by the original character of its communications as by the tone, good-feeling, and manner in which its discussions are carried on, and it now, at this, our closing meeting of the Session, affords me no little gratification to be able to say with truth and thankfulness, that my hopeful wishes and anticipations have indeed been carried out to the fullest extent, for whether we consider the number and variety of the subjects brought under our notice—or the practical value and intrinsic merit of the various papers read before the Society, or the ingenuity and talent displayed in the different instruments shown to us, we have, on each and every side, the clearest evidence of our rapid progress in the science of surgery and its collateral pursuits, so that we may indeed safely affirm that no Session hitherto has produced more important or a greater variety of valuable contributions.

Time would not permit of my entering into anything like a detailed account of the numerous and important subjects that have been brought before the Society during the Session, and I cannot (however anxious to enter fully into some of them) do more than glance in the most superficial manner at a few of the most important and interesting.

By a wise arrangement of the Council of the Society recent morbid specimens with short explanatory observations take precedence at our meetings of more elaborate dissertations, and, in accordance with this rule, I will first notice those we have had the opportunity of seeing and examining, during the Session. Three most interesting "Cases of Amputated Hands," one exhibited by Mr. Wharton, our vice-president, and removed for a recent compound fracture and dislocation of the phalanges; another by Mr. Kelly, in which amputation was clearly rendered necessary by extensive disease of the carpus and lower end of the radius; and the third shown by Mr. R. Mayne for Professor MacNamara, a hand which had been much injured by an explosion of gunpowder. Other valuable *post-mortem* preparations were also exhibited, "An Intercostal Artery Divided and the Lung Wounded by the same Stab." The vertebræ of the unfortunate culprit who was accidentally decapitated while undergoing the sentence of hanging, shown by Dr. Minchin, whose explanation of the cause of the accident, displaying a great amount of research, was instructive and satisfactory. Mr. Fleming exhibited a larynx, showing how a piece of bone had become impacted in the rima dividing it into two equal spaces, a very singular accident, and occurring as it did in a child difficult to understand. Mr. Morgan also exhibited a good specimen of "Syphilitic Ulceration of the Larynx," and also a large piece of meat which was impacted in the œsophagus causing death; but among the many morbid appearances shown to us during the Session that exhibited by Dr. Hawtrey Benson was, perhaps, the most unique and valuable. The heart of a female in both ventricles of which were found large yellowish white fibrinous clots, which nearly filled the ventricles and extended through the valves into the corresponding arteries. These are the principal, if not all the morbid specimens brought before the Society during the Session, and I mention them together to show more particularly what I conceive to be one of the most important departments of the numerous branches of medical science which our Society affords such good opportunities of studying more fully. I allude to morbid anatomy, our knowledge of which I believe to be little more than in its infancy, and which is of all branches of our science the most useful to the practitioner, as well as interesting to the scientific enquirer, here it is that we learn the effects of the disorganisation of one vital part upon the whole system, and here we see the cause of the various symptoms of disease we had recognised and treated during life. But time will not permit my entering more fully upon this subject, and I must hasten to notice other matters among the most important of which, as also it is the first in order, the paper on "Syphilis and the Duality of the Venereal Poison" so ably brought before us by Professor Morgan at our first meeting, stands pre-eminent. The discussion upon this important subject occupied the greater part of three evenings, and so far from the interest in it flagging, members appeared more anxious to prolong their arguments *pro* and *con* as the debate advanced. This much vexed question was handled by the various speakers with an unusual amount of acumen, talent, learning, and research, and the report of their opinions, taken in short-hand by our reporter, forms a most valuable record. The practical experience of a portion of the members present caused them to dissent from some of the learned Professor's theories, and the deductions he drew from his experiments and the result of the debate appeared to be that further experience and renewed experiments are necessary to confirm his views. Great merit, however, is due to Professor Morgan, as well for the manner and readiness with which, when unexpectedly called upon to read his paper he made an *extempore* statement of his views and the results of his experiments as for the paper itself, which he afterwards laid before the Society. The question is one of great importance, and upon which there is much difference of opinion among the most experienced practitioners and the best authors, and it is only by bringing as it were to the bar of public judgment of the profession at meetings such as these, the results of the practical experience and careful experimental enquiries of individuals, that we can hope ever to arrive at correct opinions.

The subject of "Strangulated Fermoral Hernia," brought forward by Mr. Croly, gave rise to a reiteration of the doctrine so firmly held and generally taught by our most experienced surgeons. That the earlier we operate in such cases when operation is really necessary, the more certain are we of success; but we all must admit that there are many cases in which, by the use of the taxis and other appropriate means, the necessity for operation has been avoided.

Some "Cases of Glossitis" which occurred in the practice of two members of our Society residing in the country, Dr. Barry, of Kanturk, and Dr. Leeper, of Keady, were read by Mr. Croly, who had already ably directed the Society's attention to the subject, they were listened to with much interest, giving as they did, the successful result and almost immediate relief of that very painful and distressing disease by at once making free and deep incisions, but the cases themselves were interesting, and we are much indebted to these gentlemen for the trouble they have taken in forwarding them. There is, I have no doubt, a vast mine of useful information in the country, the result of the practical experience of over a thousand dispensary and country practitioners, left unworked and lost to the profession by those gentlemen who can plead neither ignorance nor incapacity as their excuse, but who from carelessness or want of thought allow such opportunities of benefiting others to pass by, our thanks are, therefore, the more especially due to those who, from time to time, send up their papers, and I hope that others may be induced to follow the good example these gentlemen have set them.

But, perhaps, the most important discussion that has taken place during the Session was that, to which a paper of Mr. Moore, "On Vaccination and Re-Vaccination" gave rise to. The recent outbreak of small-pox in the sister country and its Metropolis having naturally excited particular interest in the subjects. Our meetings at which the discussion took place were honoured by the presence as visitors, of some of the most eminent physicians of the city, and no one hearing the several speakers upon this occasion could be otherwise than convinced of the large amount of information to be gained by a regular attendance at such meetings. The valuable experience and opinions of such men as Beatty, Churchill, Kennedy, McClintock, and others who took part in the discussion, would alone give the greatest value to our debate and mark the Session as one of unusual interest. But the most important feature exhibited in these meetings I conceive to be the fact that here, physicians and surgeons of the highest eminence assemble, not to dispute nor to support this or that theory, but simply to record their individual experience and by comparing notes to endeavour to arrive at some definite result by which our practice should be guided; to the junior practitioner and those whose professional avocations bring them but seldom in contact with cases of this kind, the experience of these gentlemen is invaluable, and I would just allude to one fact which, to my mind, is most convincing, and worth all the theories and opinions put forward by authors, it was mentioned by Dr. Beatty that for upwards of forty years he had been vaccinating among his private patients on an average sixty children each year, and that during that long period, he had never known nor heard of one of them having had the small-pox—nevertheless, Dr. Beatty does not hesitate to re-vaccinate if asked to do so. I cannot pass over this most interesting meeting and discussion without noticing how much it partook of the character of the meetings I still hope to see from time to time held in this city as the result of the union of the Medical, Surgical, Obstetrical, and other congenial Societies into one great scientific body, academy, or institution, call it what you will, to the formation of which I alluded in my opening address, and which I still have hopes of seeing accomplished.

At our last meeting Mr. Wm. Stokes read a valuable paper describing an operation of the thigh, which he called a "supra-condyloid," and exhibited one of the persons he so operated on, as well as some casts of the stumps of other patients. The stumps were examined by the members with much interest, and called forth the general approbation of the Society.

At the same meeting our Vice-President, Mr. Wharton, read a paper descriptive of a "Modification of Teale's Operation," which modification had been adopted by some of the members present who spoke in favour of it.

I have now, I believe, given a short *resumé* (taken from the books of our Society) of almost all the papers that have been brought before us during the Session, and I think it must be admitted that I have sufficient grounds for affirming as I have done at the commencement of my address, that no Session has hitherto produced a greater variety of valuable contributions, and were this the only work done, we still would have the most undeniable evidence of the great usefulness of our Society in developing the talent and labour of our profession to such an extent. But we have greater and more valuable proofs of the good work our Society has achieved; I have said nothing of the opinions and discussions these papers have elicited, nor is it my intention at this advanced period of the evening to attempt doing so, it is not because I attach little value to discussion or that I conceive the papers themselves the more important that I omit the one and have spoken of the other, it is simply because I conceive that these debates are too instructive and too valuable to pass them over with any cursory remarks and to enter fully into them, or to do justice to the several speakers would be, although a most interesting, still a very laborious task, which other avocations and duties prohibit the possibility of my undertaking. However, I regret this the less as we have a most admirable and trustworthy record both of the papers themselves, of the discussions (taken in short-hand) in the MEDICAL PRESS, our national paper, to which Irish surgery owes so much; here will be found faithfully recorded amongst others, the valuable discussion on the duality of venereal poison, and here the arguments brought forward by Drs. Evory Kennedy, Kidd, and some military medical officers, and others in support of re-vaccination, with the speeches of Drs. Beatty, Churchill, McClintock, and those who conceived it to be unnecessary, these will be read with much benefit to all, and will no doubt, be quoted in after years as authorities to guide future ages. But it is not my intention to occupy your time any further with these topics, I must refer you to the records of our Society, or the pages of the MEDICAL PRESS, I have but to add that it now becomes my duty to announce to you that this evening closes our meetings for this Session, and terminates my official connection with the Society as its President, and I cannot do so without returning you my warmest and most sincere thanks for the uniform courtesy and consideration I have at all times received at your hands during my year of office.

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ON SPECTRUM ANALYSIS,

IN RELATION TO

CHEMISTRY, PATHOLOGY, AND MEDICAL JURISPRUDENCE.[*]

By H. LETHEBY, M.B., M.A., Ph.D., &c.

THE blood when examined for its spectrum under the action of different reagents, shows that the colouring matter is principally concerned in the phenomena of respiration; and the appearances of the spectra are so remarkable, that they become the means of discovering the presence of blood in very minute quantity. Professor Hoppe was the first to notice this;[†] and he became acquainted with it by passing a ray of light through a weak solution of blood, and examining it with a prism: he then observed that the blue end of the spectrum was cut off, and that two dark bands appeared in the green. The same effect was produced with the red blood of all animals, and he, therefore, proposed to use it as a means of medico-legal research. Later still, in 1864, Professor Stokes continued the inquiry;[‡] and he ascertained that the colouring matter of the blood, when fresh, was very different from the hæmatin of Lecanu; for it was soluble in water, and had the power of absorbing oxygen, and giving it out with great facility, and that the spectra in the two states of oxidation were very different. He, therefore, named the substance *cruorin*, distinguishing the bright red arterial or oxidised cruorin by the name of *scarlet cruorin*, and the purple or venous coloured deoxidized cruorin by the name of *purple* cruorin.

His method of research was very simple, for he merely placed a weak solution of blood behind a slit, and looked at it with a prism. It is, however, better examined by putting it into a test tube, and holding it before the slit of Browning's spectroscope (Fig. 3). When the blood is fresh, and the solution not too strong, the blue end of the spectrum is cut off, and two dark bands appear in the green, one close to Fraunhofer's line (*D*), and the other, which is a little broader, but not so well defined, is nearer to the blue. This appearance is not affected by adding ammonia, or the carbonated alkalies to the blood; but it is more or less quickly changed by the caustic fixed alkalies, by acids, heat, alcohol, &c.; and then the two bands in the green either disappear entirely, or they move lower down into the blue, which becomes much more discernible: besides which, there is a dark band in the red. This he found was the spectrum of *Lecanu's hæmatin*, which had been formed by the action of acids, &c., on the cruorin of fresh blood.

Both of these colouring-matters are, however, susceptible of oxidation, and deoxidation, giving in each case a characteristic, but very different spectrum.

Fresh blood, dissolved in water, and made alkaline with ammonia, gives the spectrum of *scarlet* or *oxidised cruorin*, with its two well-defined absorptive bands in the green; but if to this alkaline solution of the blood there is added a little protosulphate of iron, to which enough tartaric or citric acid has been added to prevent its precipitation by the ammonia, the colouring-matter is reduced, or deoxidised by the protosulphate of iron, and the spectrum is changed to one with a single dark band in the green—the band being broader than either of the preceding, and occupying the place which was between them, as if the two bands had come together. This is the spectrum of *purple* or *reduced cruorin;* for, on allowing the solution to stand exposed to the air, it quickly absorbs fresh oxygen, and again becomes scarlet cruorin with its two absorptive bands. An additional quantity of the protosulphate will again reduce it, and so on for many times.

Professor Stokes has ascertained, beyond all question, that this change is not due to the spectral properties of the iron, but to changes in the colouring-matter itself; for, by using other deoxodising agents, as protochloride of tin, hydrosulphate of ammonia, &c., the effects are the same, although they take place more slowly. Even blood itself, when it has been corked up, or otherwise placed, so as to be excluded from the air, and has become slightly putrid, exhibits the same single dark band of deoxidation; but on exposure to the air it quickly absorbs oxygen, and shows the spectrum of scarlet cruorin. Professor Stokes infers from this that "*the colouring-matter of blood*, like indigo, *is capable of existing in two states of oxidation, distinguishable by a difference of colour, and a fundamental difference in the action on the spectrum. It may be made to pass from the more to the less oxidised state by the action of suitable reducing agents, and recover its oxygen by absorption from the air.*" The importance of these reactions, and of this conclusion, will be best seen when we apply them physiologically.

When a little acid, as acetic, tartaric, or citric, which does not give a precipitate with the colouring matter of the blood is added to it, the solution quickly changes from a red to a brownish red colour, and the spectrum is no longer like that of fresh blood; for the two bands in the green gradually disappear, or pass downwards into the blue, and there is a distinct band in the red. The change is evidently of a chemical nature, for nothing will restore the colouring matter to its original condition. The cruorin, in fact, is permanently changed into another substance—the hæmatin of Lecanu. But this also, like cruorin, can exist in two states of oxidation, and give two characteristic spectra. The spectrum of *oxidised hæmatin* is that already described; it exhibits a faint absorption-band in the red, and two in the green, or rather one in the green, about the position of the lowermost black band of scarlet cruorin, and another in the blue. By candle- or lamp-light, the last band is obscured in consequence of the comparatively small amount of blue in the light; but, by daylight it is very distinct; and if the strength of the solution is gradually increased until the red rays alone pass through it, the band in the blue is the last to go, whereas, with scarlet cruorin, the last colour to fade is the green between its two dark bands.

In order to see the spectrum of *reduced hæmatin*, it is necessary to obtain the colouring matter in a somewhat pure condition, because the addition of ammonia to the impure acid solution will render it turbid, and so obscure the field of view. The process to effect this is to acidulate a strong solution of blood, or blood-clots, with a little glacial acetic acid, and then to add about two or three times its bulk of æther, and gently move about in a test tube until the æther dissolves the acid colouring-matter, and floats without frothing. This is to be poured off; and if it be at once examined, it will give the characteristic spectrum of *oxidised hæmatin* in a very marked manner. But for *deoxidation*, it must be washed with a little water to remove the excess of acid, when the colouring-matter separates, and forms a film or layer between the æther and

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[*] Extracted from the Third Volume of the "Clinical Lectures and Reports, by the Medical and Surgical Staff of the London Hospital." 1866.

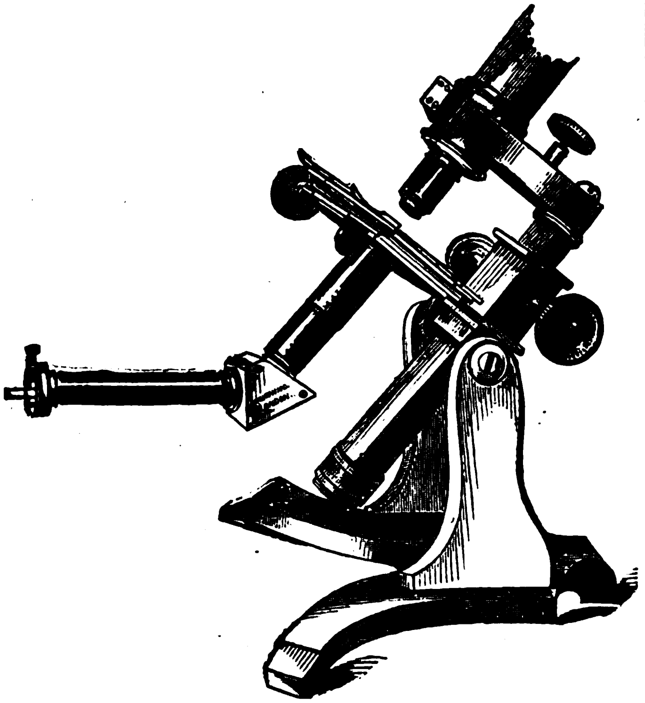
[†] *Virchow's Archiv.* Vol. xxiii. p. 446. (1862).

[‡] *Proceedings of the Royal Society*, Vol xiii. p. 355.

water. The latter is to be drawn off with a pipette or syphon, and the æther with the colouring matter is to be treated with a slight excess of ammonia, in which the hæmatin dissolves. This gives a spectrum with a black band, obscurely divided into two at the line (D) of Fraunhofer. If to this is added a small quantity of the solution of proto-sulphate of iron with tartaric acid, it exhibits a spectrum with two dark and well-defined bands in the green, not much unlike the two bands of scarlet cruorin, but placed lower down, and their relative widths are different from those of fresh blood, for the uppermost is the widest and best defined, instead of the lowermost. On exposing the reduced hæmatin to air, it again absorbs oxygen and becomes the oxidised hæmatin. Professor Stokes names these also from their colour—*brown hæmatin* and *red hæmatin*.

These reactions are so delicate, and withal are so characteristic, that they may be used as the means of discovering the presence of a very minute quantity of blood; but to this end it is necessary that they should be used with microscopic appliances. This was first done by Mr. Sorby, who put the solution of blood into very small cells or tubes, made out of barometer tubing, of one-eighth of an inch bore, cut into half-inch lengths, and cemented upon a slip of glass. The apparatus and the arrangement of it are shown in Fig. 5. The solution of blood is contained in the barometer tube (*a*), which is fastened upon the glass (*b*), and held in its place by the spring (*c*), in front of a narrow slit (*d*). All these are supported on a moveable stand. In front of the tube (*a*) there is a lamp so placed that its light, when condensed by a properly placed condenser, passes through the solution of blood to the glass prism (*e*), and thence by the acromatic condenser (*f*), to the object-glass of the microscope (*h*), and so on to the eye; or if more convenient, the object may be placed upon the stage of the microscope at *g*, and examined by the light which has passed the prism. In both cases, however, the spectrum of the object is seen in the microscope, and the appearances are so well marked, that as little as the one-thousandth part of a grain of blood may, according to Mr. Sorby, be discovered by this means.*

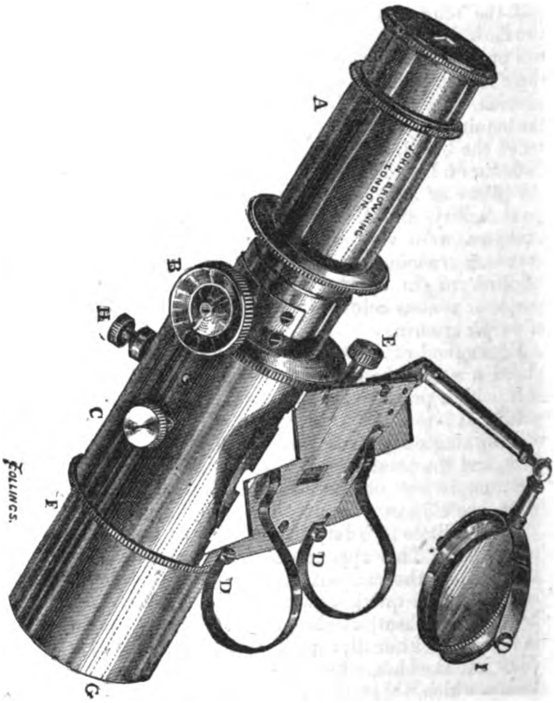
Fig. 5.



But it was soon found by Mr. Sorby that it would be more convenient to have the prism in the eye-piece of the microscope, with such an arrangement that the object might be examined in the usual way by direct light; and although the difficulties of effecting this were very great, yet he overcame them at last; and with the assistance of the practical skill of Mr. Browning, the well known optician of the Minories, he constructed a spectroscope that can be used in the same way as the eye-piece of the microscope. Its form and arrangements are seen in Fig. 6, and it consists of prisms for direct vision, so arranged that the spectra of two objects can be seen in the field of view at the same time, one of the objects being placed upon the stage of the microscope, while the other is placed upon the stage of the spectroscope. In this way the spectra of an unknown object can be compared with that of a known, and the position of its absorption bands accurately determined. There is also an adjustment for altering the width of the slit, so as to obtain in every case the maximum effect; and when the slit is fully open, and the prisms are removed, the eye-piece may be used in the usual manner for finding and examining the substance. By this means the highest power of the microscope may be employed; and it is said that the characteristic spectrum of a single blood-disc may thus be obtained.

One of the principal facts elucidated by Mr. Sorby is that blood in drying and keeping in common atmospheres undergoes change. It acquires, as everyone knows, a brown colour; and this he finds is due to the presence of acid matter in the atmosphere, which converts scarlet cruorin into a brown variety—having a characteristic spectrum. If recent blood, for example, is dissolved in water, it gives the spectrum No. 2, Fig. 7, which is the spectrum of *scarlet cruorin*, with the blue end darkened, and the two dark absorption bands just below Fraunhofer's line (D); but if the spot of blood has been exposed to the air, so as to become brown, its solution furnishes a spectrum like No. 3, in which the two bands in the green are much weakened, and another band appears in the red. If the exposure has been for a longer time, it looks like No. 4, when the red band is still stronger, and the two green ones still paler. A larger quantity of blood is also required to show these spectra; and if the solution is very

Fig. 6.



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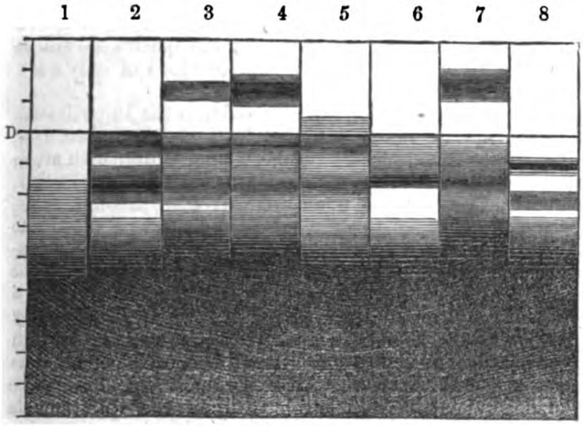
* *Journal of Science*, April 1865. P. 211.

strong it only gives a dirty brown spectrum with a dark band in its centre.

FIG. 7.



The time necessary for these changes varies with the locality, and the circumstances under which the blood-spots have been kept. Exposed to the air at Burbage Moor, six miles from Sheffield, and one or two miles from any houses, he found that it took a week to produce any appreciable change; whereas, in the centre of the town of Sheffield, it occupied only a few hours. He further observed that when the blood-spots were kept in his own house the rapidity of change was much affected by the combustion of gas; and hence he concluded it was due to the formation of some acid compound, probably sulphurous acid by the burning gas. He then found that, when the blood-spots upon a piece of linen were sealed up in a glass tube, in a perfectly dry state, it required two or three months to produce a change that would show the spectrum No. 3; but if it was sealed up wet it did not undergo any change. It would seem, therefore, that there are three forms of *cruorin*, namely the *scarlet*, the *purple*, and the *brown*, each of which gives its characteristic spectrum.

In all cases of medico-legal inquiry, the method of proceeding with the examination of blood-spots should be as follows:—If the blood-stain permits of the removal of the blood without admixture with the tissue or fabric upon which it rests, it is proper to detach a portion of it in this manner, and dissolve it in a single drop of water in a watch glass, and then to transfer it by means of a glass-tube drawn out to a fine point, to the cell made in the way already described, from a piece of barometer tube.* After which it is to be covered with a piece of thin microscopic glass, and allowed to stand in a horizontal position, for ten minutes or a quarter of an hour, until the suspended insoluble matter subsides, and leaves the solution clear, and fit for observation. It is then placed upon the stage of the microscope, and examined with a magnifying power of from half-an-inch to a-quarter, taking care that the top of the liquid is brought into focus. When this is done the prism of the spectroscope is to be put on, and the slit narrowed until the bands in the spectrum become distinct. If the blood is moderately fresh, it will show the spectrum No. 2, Fig. 7; but if it is not so fresh, it will look like No. 3 or No. 4, according to its age. On adding a little ammonia to the solution, the band in the red of No. 3, or No. 4, immediately disappears, and those in the green become strengthened, as in No. 5. A minute fragment of citric acid is now to be added, and stirred into the solution with a fine platinum wire. This will weaken the dark bands in the green, or even make them disappear altogether, if the acid has been added in excess. Should this be the case, a little more ammonia must be used, and then a very small particle of the crystal of green protosulphate of iron, the cell being immediately covered with a piece of thin glass, and secured with gold size, so as to exclude the air. On turning the cell over and over for a few minutes, the protosulphate of iron will dissolve and deoxydise or reduce the scarlet cruorin to the purple—forming a pale red liquid, which will give the spectrum No. 6, with a single dark band in the green. The specimen may be thus preserved for many months.

A little of the solution of the blood may also be dried upon a piece of glass, when it will give the spectrum No. 2, No. 3, or No. 4, according to its freshness and hygroscopicity. If it be very fresh and dry, it will look like No. 2; but if it be changed into brown cruorin the two bands in the green will be much paler, and when it is breathed on, so as to make it a little damp, it will show the band in the red like No. 3, or No. 4; the dry spot may be thus preserved upon the glass for months without change, provided it is covered with a piece of thin glass, and secured with gold size, or Canada balsam.

If the blood be very old and has become changed into hæmatin, it will not dissolve in water without the assistance of a vegetable acid; it is, therefore, to be treated with a drop of water acidulated with citric acid, and the solution transferred to the cell, and examined as before. Under this treatment whether the blood be new or old, it will be changed into hæmatin, and will give the spectrum No. 7, with its characteristic band in the red, another in the green, and if seen by daylight there will be one in the blue. On adding a little ammonia, so as to make it distinctly alkaline, and then a very small particle of protosulphate of iron, it will be reduced, and will give the spectrum No. 8, with its two bands in the green; as in the former case, the cell must be covered with a piece of thin glass, and secured with gold-size, to exclude the air, when it will keep for months unchanged.

It thus appears that a very minute particle of blood may be made to furnish its characteristic spectra; and when, in a medico-legal inquiry, these spectra are compared with the known spectra of blood, treated in exactly the same way as the suspected matter, the results are very conclusive. In fact there are no real fallacies to the test; for although many red solutions may produce stains upon clothing like blood stains, and may give spectra, which at first sight appear like one or other of the blood spectra, yet there are none which show all the characteristic appearances of blood under the action of different reagents. Few, indeed, if any, will stand the test of ammonia, which only brightens the absorption bands of blood, while it alters the appearance of other colours; and if there be any doubt in the matter, a little sulphite of potash will remove it, for this bleaches every colour which is likely to be confounded with blood. Among the reds which cut off the blue end of the spectrum, and exhibit black bands in the green, that are more or less like those of blood, are cochineal, lac-dye, alkanet, madder-red, and munjeet dissolved in each case, in a solution of alum; but on comparing the spectra, side by side, with those of blood, it will be at once seen that the bands are not the same, either in their position or character. In the case of cochineal in alum, for example, which is so very like blood, that it might almost be mistaken for it, the two bands are nearly of the same width, whereas, in blood, the lower band is always the widest; and the reverse in the case with alkanet in alum. Besides which, none of these colours will stand the action of ammonia. Even the gravy of roasted meat, if it be not from underdone meat, which is more or less modified cruorin, does not give the same spectra as blood; for although it sometimes shows a dark and sharply defined absorption band, a little below the line (D), like that of reduced cruorin, yet ammonia weakens it, and citric acid, with proto-sulphate of iron, produces no change in it, as it does with hæmatin. In fact, if the gravy is very dark coloured, and has been strongly heated, it gives a spectrum, like No. 1, Fig. 7, without any absorption bands. There is, therefore, no colour, as yet examined, which can, with proper care, be confounded with blood. A few precautions, however, are always necessary to guard against possible sources of error, and to obtain the most satisfactory results.

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* These cells should be made of tubes of various sizes and lengths to suit different circumstances, as of tube from one-tenth to a-quarter of an inch bore, and from one-half to three-quarters of an inch in length, ground flat at the ends, and cemented upon slips of glass.

In the first place, the solution of blood should not be too strong, for, if it is, it cuts off too much of the light, and the absorption bands merge into each other, and are not seen. On the other hand, if the solution is too weak, the bands are faint and are therefore not well marked. This, however, may be remedied by using a very narrow tubular cell, and thus increasing the depth of the liquid.

Secondly, the reagents, especially the citric acid and proto-sulphate of iron, should be employed in very minute quantity, as the hæmatin produced by the action of the acid on blood is not very soluble in a strong solution of citrate of ammonia, and will, therefore, be precipitated when the acid solution is neutralised, or rather supersaturated with ammonia; and the precipitate obtained by adding too much proto-sulphate of iron to the alkaline solution of blood, will obscure the field, and thus mask the absorption-bands.

Thirdly, it is necessary to throw the object a little out of focus, or there will be lines in the spectrum which are not due to the colouring-matter.

Fourthly, the width of the slit should be adjusted during the examination, so as to obtain the best effect, for, by narrowing the slit, the absorption-bands become more defined, and therefore more distinct.

Fifthly, it is well to note the differences in the spectra with daylight, and artificial light; for, as the latter contains more yellow rays than the former, there is a comparative feebleness of the blue end of the spectrum, and it is consequently shorter. In my opinion, the results are most satisfactory with artificial light, as the flame of a paraffin lamp, or of gas, and the Drawing, Fig. 7, represents the appearance under these circumstances.

The delicacy of the spectrum-test is very remarkable. Mr. Sorby says, in a communication to me, that the one one-hundredth of a grain of liquid blood may readily be made to exhibit all the characteristic spectra—even so small a quantity as the one five-hundredth or the one-thousandth of a grain of blood, may be discovered after a little practice, by using a tubular cell, the one-tenth of an inch in diameter, and an inch in length. When the blood-stain is upon white linen, a piece, not larger than the one-eighth of an inch square, is generally sufficient for the inquiry, but all the spectra are not equally well seen with the same amount of material. If, for example, one part of blood will give the spectrum No. 8 (Fig. 7,) it requires two parts to produce the spectrum No. 2, and about ten parts for the spectra Nos. 4, 5, 6, and 7. It follows, therefore, that the most satisfactory results are always obtained by dissolving the blood in a little water, acidulated with citric acid, and then supersaturating with ammonia, and reducing with a very little proto-sulphate of iron.

As examples of the delicacy of the test, and also of the time which may elapse after the blood has been drawn, before it loses its properties, the following may be quoted:—In the year 1849 I had occasion to make a medico-legal investigation of some blood-stains upon linen, and the specimens which have been kept from that time to the present, have been recently examined, both by Mr. Sorby and myself. The stains were of a brown colour, and were quite insoluble in water—showing that the cruorin of the blood had been completely changed into hæmatin; but on treating a piece of the stained linen, not larger than a quarter of an inch in diameter, with a weak solution of citric acid, the colour was completely dissolved, and there was obtained a pale yellow solution, which, in its acid condition, hardly showed a trace of the characteristic blood spectrum of oxidised hæmatin. When, however, it was made alkaline with ammonia, it exhibited the two faint bands in the green, which are characteristic of alkaline hæmatin; and on adding a minute fragment of proto-sulphate of iron, the spectrum of deoxidised hæmatin, with its double band in the green, was well seen. A like result was obtained with another medico-legal specimen of blood, dated 1851, and with some more recent specimens of blood which I have had to examine, as in the case of the Ilford murder, in September, 1855, and of Mr. Briggs in July following, and the Plaistow murder in November of the same year,—in all of which cases the spectra are still very characteristic, although the blood, in every instance, is changed into the insoluble form of hæmatin. It thus appears that the characteristic properties of blood are not lost after a lapse of seventeen years, but that the spectra are still as distinct, and as well marked, as with blood of only a few months old.

Mr. Sorby has carefully inquired into the impediments to the action of the test, and he finds that some dyes, especially those which have been mordanted with alum, and certain astringent substances, as the tannin of leather, and many hard woods, as well as soap, alcohol, acids, heat, and time, change the colouring-matter of blood into hæmatin, and so make it insoluble in water. It is possible, therefore, that these may offer impediments to the recognition of blood, especially if it be examined in a recent condition; but the difficulty is easily overcome by dissolving the blood in a little water, acidulated with citric acid, and then looking for the spectra of alkaline and reduced hæmatin. An experiment should also be made by putting a little blood upon the questionable fabric, and after it has become thoroughly dry, examining it for its spectra, and thus determining what are the real effects of the dye or astringent matter upon it. In this way all possible sources of fallacy and impediment are removed; and if to these are added the microscopic and chemical characters of blood,—as the presence of blood-corpuscles or their fragments, the forming a red-coloured solution, which is not easily bleached by chlorine or sulphurous acid, but is coagulated by heat or nitric acid, the results are conclusive.

In a physiological point of view, these reactions of cruorin, as studied by its different spectra—showing how greedily it absorbs oxygen, when exposed to the air, and how readily it gives it out again, under the influence of reducing agents, are especially interesting, for they throw a light on the probable function of the colouring-matter of the blood. They prove also that the peculiar red pigment of the blood-corpuscle has not yet been studied, except in the form of Lecanu's hæmatin, which is undoubtedly an altered condition of it. Grave doubts have, for a long time, been entertained of the identity of this substance with the colouring-matter of the blood as it exists in the red corpuscles. Lehmann expresses himself very strongly on this point, when he says, that, unfortunately, it is by no means certain whether it is a product of metamorphosis of the true colouring matter of the blood, or whether the hæmatin, prepared by us, only bears the same sort of relation to that which exists in the blood-corpuscles as coagulated albumen bears to that principle in its fluid state. We cannot isolate it in its soluble state from the globulin of the blood-corpuscles; hence we are only acquainted with it in its coagulated (and essentially modified) condition.[*] In that condition it is a dark brown substance, insoluble in water, but soluble in weak vegetable acids and in alcohol acidulated with sulphuric or muriatic acid. These are the properties of the substance which gives the spectra of brown hæmatin, and it differs essentially from the cruorin of fresh blood. All our notions, therefore, of the physiological functions of the colouring-matter of the blood as deduced from the properties of hæmatin, are manifestly uncertain, if they are not actually founded in error. It is true that the constant occurrence of red pigment in the blood-corpuscles, and the change of it from purple to red under the influence of atmospheric oxygen, and of red to purple in the systemic capillaries, where the blood parts with oxygen and takes in carbonic acid, are strong proofs of its taking an important part in the function of respiration, and in the metamorphosis of the tissues; but the precise way in which that change is effected could never be determined so long as there was any dobut of the exact relations of hæmatin to the true colouring-matter of the blood. The uncertainty, in fact, which pervaded the subject, is well expressed by Lehmann, when he says, that all sorts of conjectures have been hazarded respecting it, and that it is unnecessary to consider any hypothesis until it has been satisfactorily ascertained whether the hæmatin in question actually stands in the same relation to the true pigment of blood as coagulated and uncoagulated albumen; or whether artificially prepared hæmatin is altogether a product of decomposition or the actual pigment. If hæmatin has the same composition, as that we prepare artificially, and if the only difference be that it exists in a soluble form in the blood corpuscles, there is at once an end to all those very imaginative hypotheses which assume that the iron takes a great share in the process of respiration, and that it is the conveyer of oxygen to the blood.

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[*] Lehmann's *Physiological Chemistry*. Vol. I. P. [illegible]

(*To be continued.*)

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THE TREATMENT OF ECZEMA.

By J. L. Milton, M.R.C.S.,
Surgeon to St. John's Hospital for Skin Diseases.

(*Continued.*)

3. A course of steel. When the discharge is profuse, when even in the dry form the disease has existed for a long time, and in all cases where improvement has come to a standstill, I would advise a course of steel; a remedy which, in my hands, has proved of more use against eczema in this stage, and under these circumstances than any other I have tried or seen tried.

Steel wine, carefully prepared, and given in doses of one or two drachms two or three times daily, will remove most cases of eczema during the first year or two of life. The wine should be procured from a really good chemist; I have tasted specimens of it so harsh and acid that I could not wonder at children disliking it. Some of them seemed to me compounds of rusty iron and the worse kinds of acid sherry. A very agreeable preparation is made by Messrs. Bell, of Oxford street. When children have passed this age, steel wine requires to be given in rather large doses to produce any effect, and therefore becomes rather an expensive medicine, especially in hospital practice. Here the saccharine carbonate may be substituted, two or three grains being given twice a day. Should its effect not correspond with the surgeon's anticipations, I should recommend that the tincture of the muriate, in doses of five to fifteen minims three times a day sweetened, be given instead. In hospital practice the acid solution of iron, in doses of three to five minims in water, though not so pleasant, proves quite as useful as the tincture.

From puberty to the decline of life, I would most decidedly recommend the tincture of the sesqui-chloride, or the acid solution spoken of, in preference to any other preparations.* Indeed, I can safely say that I have seen no internal remedy influence the discharging stage of eczema, or eczema siccum of the hands so rapidly and effectually as these. When properly aided by aperients, ointments, and suitable food, nearly every case of eczema in the stages I have mentioned will be cured or relieved by a steady persistent use of them, as I have had the pleasure of demonstrating to several gentlemen at St. John's. There are, however, some precautions with respect to the mode of taking them which are of vital importance.

In the first place it is essential that the tincture should be prepared, not only according to the London Pharmacopœia, but with such care as to ensure that no great amount of free acid is present, as this frequently preponderates to such an extent that the tincture is composed almost wholly of hydrochloric acid; it is retailed to patients at a price for which a surgeon could not buy it of a respectable chemist. When properly made a drachm or more may be given at a time, whereas, half a drachm of the coarse acid tincture will set the teeth on edge and make the patient feel sick. I have often known a patient who was taking the pure tincture with benefit turn quite ill after a dose of this stuff; severe vomiting has followed in several instances, and in one case where I was consulted, the patient was so sick and purged so violently from taking two drachms of the common tincture in divided doses, that his friends thought he had got English cholera. This kind of thing has now happened so often that I always beg of patients, if they run short of the genuine tincture, rather to do without it for a day or two than get it from any source they are not certain about. The tincture of the perchloride of the British Pharmacopœia is a much inferior preparation. With whatever care it may be made the iron speedily precipitates, and as druggists do not like to send out a thick looking tincture, they pour off the clear fluid and make use of that only, rejecting the greatest part of the iron. But it is only too often not prepared with care. In making the solution of the perchloride, instead of evaporating this in a water-bath, the ingredients are simply mixed and the spirit added subsequently; an addition which is the signal for approaching precipitation of the metal. Indeed, I would, in every way, recommend the acid solution in preference, giving the spirit separately and in a more palatable form.

The tincture must be given in pretty large doses and for some time. It is of no use prescribing fifteen or twenty drops for two or three weeks, as well not give it at all. The patient, if an adult, should begin with half-drachm doses at least, and increase this amount as rapidly as ever he can to a full drachm, beyond which it is hardly ever requisite to go. The dose should be measured only in a minim glass; for, as a drachm is equivalent to quite a hundred and fifty drops, the surgeon who prescribes a certain number of drops is evidently not giving the quantity he wishes to do.

Now and then if the patient grows sick of the medicine or suffers from dyspepsia, loss of appetite, headache, &c., the steel may be given up for a day or two till these symptoms pass off, but so soon as they are gone it should be resumed. The constipation which often accompanies its use may be easily remedied by the occasional exhibition of a mild pill, which, however, should always contain aloes.† This symptom frequently passes off when the steel has been taken for a little time, and especially when the larger doses have been reached. I have so repeatedly noticed this, that I have been obliged to conclude that *a small dose of steel constipates as readily as a large one, and that the constipating effect begins almost as soon as the patient begins with the medicine; whereas, the purging induced by the acid is in equal proportion to the quantity taken and comes on more slowly.* The dyspepsia—the most frequent form of which is marked chiefly by coldness at the stomach, nausea, griping, and flatulence—is generally soon got over by leaving off the steel and giving some mild aromatic and antacid, such as carbonate of soda, along with compound tincture of cardamoms or aromatic confection, or the aromatic spirit of ammonia in some bitter infusion.* Should the appetite flag very much, the patient may give up the steel for a week or two and take the nitric or nitro-muriatic acid, as previously suggested, for a few days. In some extremely rare cases it may happen that the patient cannot take either of these preparations of steel, in which case they may be abandoned in favour of the ethereal tincture or Griffith's mixture; but neither of these is equal to the former. Indeed, in my hands, the ethereal tincture proved perfectly useless. It is altogether a medicine not to be trusted to, and the quantity usually given (5 to 30 minims) is far too small. The first named dose would be about the right strength for quieting the nerves of a hysterical baby. I have never seen anything exert so much control over eczema as the acid solution and the tincture of the sesquichloride. At one time I believed that, provided steel were given in a soluble form which would sit lightly on the stomach, it did not much matter what preparation was used; and I still believe that in the discharging stage of eczema almost any preparation of steel perseveringly given will effect a certain amount of good; but I consider my observations warrant me in drawing the conclusion that those I have recommended are among the most potent we possess. I have frequently treated two similar cases of eczema—one with the acid solution and one with some other preparation. I have also, in such cases, given one patient the acid solution and one the nitro-muriatic or a saline. I have suspended the acid solution and given something else; and sometimes when a patient has returned with a fresh outbreak, I have tried this time to do without the solution, but always with the same result. Even in the dry furfuraceous state of the skin, with firm, thin adherent crusts, the solution of iron, properly seconded by aperients, often proves useful. I have seen lichen too, which had improved under salines, develop into eczema under the influence of the biniodide of mercury and again improve directly the acid solution was given.

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* Whichever be selected I would strongly advise the use at the same time of one of the aperient pills already prescribed three or four times a week.

† ℞ Pilulæ aloes et myrrhæ, ʒj.;
Divide in pil xii sumat 1 vel. ij. alternis nectibus, or the colocynth and hyoscyamus pill already recommended.

These preparations of steel, given in this way, and aided by an aperient, will cure a great many cases without anything further being required; but in some cases the dry stage itself demands a particular course of treatment, and in others not only does improvement cease without any manifest cause while the patient is taking the steel with every possible precaution, but an unmistakeable relapse ensues. In the latter case the best plan seems to be to give up the steel altogether for a week or two, to purge the bowels well and then resume the steel in increased doses, by which means the surgeon can generally succeed in bringing up the disorder to the third or dry stage. The health almost always improves visibly under the use of these remedies; the skin grows clearer and the muscles become firmer, while the face frequently loses to a great extent the careworn look it had acquired from long ill-health.

4. A course of arsenic, aided occasionally by cod-liver oil and an alterative preparation of mercury. Arsenic properly given, that is to say, in just such doses as the patient can bear without being made unwell by them, will cure a great many, perhaps most, cases in the dry stage, in which alone it is useful. In other phases of eczema it has always appeared to me inert or injurious; but when the skin is simply red and tender, with a quick reproduction of unhealthy cuticle or scales, it is often of great benefit.† Given alone in eczema before steel has been tried, and in the weeping stage, it makes the patient sick, languid, and weak, destroys the appetite, and purges the bowels. Should, however, the surgeon only see the patient first of all at this stage, and ascertain that he has not taken steel, then I would suggest that the patient should either go through a short course of the latter, or that this medicine should be combined with the arsenic; for though the statement may excite scepticism, I feel justified in saying that many patients bear arsenic decidedly much better after a course of steel. I have repeatedly observed that where patients could not tolerate even five minims doses of liquor arsenicalis without so much irritation of the stomach, nausea and purging, sometimes even followed by a very disagreeable result—peeling of the skin of the hands and feet—that the medicine had to be given up even at the risk of seeing the worst symptoms return; these doses, after a course of steel, excited no discomfort except in the conjunctiva and not much there. I believe, however, that this toleration of arsenic is quite artificial. After a respite of a few months I have seen the same quantity of it produce the same disagreeable effects.*

One of the fashions or crazes of the day is, that of giving arsenic in every form of diseases of the skin. The extent to which this has grown of late years is almost incredible and is, perhaps, only known to the druggists who supply the material. A few years ago arsenic was scarcely employed at all internally, and was given with great caution or even withheld altogether in complaints like lepra which could scarcely be cured without it. Now-a-days, it is constantly prescribed in every case that proves the least refractory, and very often before any other medicine is used. Indeed, medical men often adduce as evidence of the obstinate nature of a particular case, that the patient has taken a quantity of arsenic without its doing any good. Why, I don't know, as certainly it never was recommended in every disease of the skin, and especially in the weeping stage of eczema by those who are supposed to lead opinion. But there are some affections of the skin which never require arsenic, and many which only tolerate it at a certain stage. Among the latter is eczema. So long as ever there is a discharge of serum arsenic never does any good, and often does a great deal of harm by inducing sickness, purging, headache, and general irritability. It is only of use when the dry stage has set in and is not always called for then. Attention has often been directed to the injurious nature of such treatment as that of acute eczema with preparations of arsenic, but so far without result; indeed, the practice seems largely on the increase.

(*To be continued.*)

ON THE TREATMENT OF ACUTE RHEUMATISM.

By E. P. Sharkey, M.B., Ballinasloe.

Among the revolutions which have occurred in therapeutics, none is more remarkable than that which has taken place in the treatment of acute rheumatism. In my student days the strictly antiphlogistic was urged as that which could alone ward off the perils by which a patient is beset whilst labouring under this disease; by this term I mean bleeding, both general and topical—purgatives and, in the last resort, calomel and opium variously administered. I well remember my revered preceptor, Dr. Stokes, laying it down as an axiom to the class that "calomel and opium were to be our sheet anchors in acute rheumatism." So also Latham, and other authors—and I for a long time acted upon their instructions. Of late years, however, I have found the treatment by hydriodate of potash a very effectual substitute. It has been long known that the chronic form of the complaint is very amenable to this remedy—so much so, that it has become a popular one. I was led to make trial of it in cases of the acute disease; and, in those in which I have tried it, with satisfactory results.

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* ℞ Sodæ carbonatis, ʒj.;
Tinct. lavand co., ʒij.;
— cardam co., ʒiij.;
Aq. menth pip ad, ℥vj. ♏;
Sumat coch. ampl. duo bisture quotidie.

℞ Spir ammon aromat, ʒiij.;
Acidi hydrocyani. dil, Ph Brit., ♏ xviii.;
Infusi rhei, ℥iij.;
— calumb. ad, ℥vi. ♏;
Capiat coch. ampl. duo bis quotidie.

† In the *Dublin Quarterly Journal of Medical Science*, May, 1870, there is a case by Drs. Benson and Smith, in which the patient's debility steadily increased under quinine, iron, mineral acids, &c.; whereas, the use of arsenic was followed by immediate and lasting improvement,

* As a formula for giving arsenic in pills is sometimes useful I subjoin one:—

℞ Arsenici albi, gr. j.;
Pulv piperis nigri, ℈j.;
Olii cinnam, m ii.;
Ext hyosciam, ʒss.;
anthem, ℈ii., ♏ ft. pil, xxiv.;
Capiat 1 ter quotidie.

When it is considered necessary to add steel, ʒss. of the magnetic oxide of iron may be substituted for the extract of hyoscyamus; but I should not anticipate any great results from either iron or arsenic taken in this way.

I did not in any instance observe any ptyalism produced, and it is no small advantage to avoid this unpleasant accompaniment of the mercurial plan. I also derived some assistance from the alkaline treatment used *topically*—a poultice containing an alkaline carbonate (soda was the salt I used) frequently procuring a mitigation of the pains in the joints.

I do not wish to be understood as asserting that in my opinion this remedy should, in all cases, supersede the energetic treatment which formerly was deemed indispensable. In those cases which I have recorded there was no cardiac affection of *recent date*—that is, connected with the then present attack—and I watched closely, and made daily explorations of the heart, and if any mischief had been there developed I should, unquestionably, not have rested content with the treatment I am now recommending. But such did not occur, and the cure did not occupy nearly as long a time as I have seen it occupy under the old plan, and certainly a much shorter time than the alkaline treatment which has been more recently so much lauded.

Case 1.—*Sept.* 17, 1868.—J. C., male, æt. thirty. Symptoms, fever; urine scanty, high coloured; deposit copious; duration, one week; wrists, fingers of one hand swelled and painful, also one arm.

Treatment—Iod. potassii, ʒj. in 8 oz. mixture, ℥j. ter die; chlorodyne gtt., 30 hor. som.

Sept. 22.—Mixture repeated.

Sept. 27.—Ditto.

Oct. 1.—Convalescent.

Duration—Three weeks.

Treatment—Lasted two weeks, during which iod. potassii, ʒiij. taken.

Oct. 9, 1868.—M. F., female, æt. twenty; attacked with acute symptoms; one week ill. Ordered mixture, with iod. potassii, ʒj.; æther chlor., ʒij., in 8 oz. mixture.

Oct. 16.—Convalescent.

Duration—Two weeks.

Treatment occupied one week, during which iod. potassii, ʒj., taken.

Case 3.—*May* 6, 1868.—T. G., male, æt. thirty-five; febrile symptoms; pains general; no joint particularly affected.

Treatment—Pills of calomel and pil. coloc è, followed by solution of tartar emetic, Dover's powder, and soda poultices to the joints affected.

10th.—Mixture consisting of carb. magnesia, ʒij.; magnes. sulph., ℥j.; vini sem. colchici, ʒij., in 12 oz. mixture.

13th.—Repetatur.

17th.—Omitted.

Convalescent.

This man was subsequently again attacked, and was more speedily relieved by iod. potasii, given as in the former cases.

Case 4.—*Nov.* 30, 1869.—E. K., æt. twenty (female); ill one week; fever high; several joints affected. ℞ Iod. potass, ʒj. in 8 oz.; sum., ℥j. ter die.

Dec. 5.—Repetatur.

Dec. 8.—Omit. mixt.; sum. quinæ. sulph., gr. 1, t. d.

Duration—Three weeks.

Quantity of iod. potass taken ʒij.

Case 5.—*April* 20, 1871.—T. M., æt. eighteen, male; ill one week; subject to similar attacks; fever high; pulse above 100; full; skin perspiring; urine red, highly acid; pains affecting arms, wrists, ankles, and loins—the latter very severely. A violent pain in heart region two days ago, accompanied by palpitation; relieved by a blister before I saw him; heart's action strong, but unaccompanied by any abnormal sound.

Treatment—Iod. potassii, ʒss., in nine ounces water; ℥j. 3s. horis.

23rd.—Repr. mixture; pains less.

25th.—Improvement continues; pergat.; bowels being confined, took two pills hyd. and pil. coloc, è.

27th.—Improvement continues; pains removed; ℞ Sodæ bicarb., potass bicarb. à gr. 160; aquæ, ℥viij.; ft. solut. sumo. ut mistura.

29th.—Convalescent.

Duration—Fortnight.

Treatment—Iod. potassii, ʒjss., given in the above time.

Case 6.—*March* 2, 1871.—Mr. L., æt. twenty-three; ill a week; subject to similar attacks; heart damaged by a former one, as indicated by a "souffle" and increased impetus (systolic). *Symptoms*—Fever; joints affected, wrists, elbows, knees, and ankles, accompanied by swelling. Ordered iod. potassii, ʒss.; aquæ, ℥ix.; solu.; sumr. cochl. ij., amp. t. d.

4th.—Repeat mixture and sumt. pulv. Dov., gr. xv. ho. s.

5th.—Stomach irritable; perspires freely. To take effervescing draught of bicarb. soda.

11th.—Improved; repr. mixt. iod. kali; elbow being painful, a poultice, with bicarb. soda, was applied, with relief.

17th.—Improved, but still complains of pain; ℞ Iod. potassii, ʒij.; tinct. aurant, ʒj.; vini sem. colchi., ʒij.; sol. morph. mur., ʒiv.; aquæ, ad ℥viij.; ♏ sumr. cochl. min., j. ter die; ex aquæ cyatho vin., 1.

26th.—Mixture with sod. and potass bicarb., as in Case 5.

Convalescent.

Duration—Thirty days.

Quantity of iod. kali taken, ʒiijss.

This case was the most tedious; but, if my memory serve me, less so than those submitted to the alkaline treatment, from time to time recorded in the Medical Press and other Journals. It will be observed that, though iod. potass. was the medicine principally relied on, some assistance was derived from the addition of colchicum and opium. A combination, I may remark, possessed of much efficacy in the chronic form of the complaint. The number of cases above recorded may seem, perhaps, too limited to base on them any particular line of practice. However, as they are the only ones of which I have taken a note as having been so treated, and as the remedy in each was capable of subduing the disease, without disagreeable sequelæ, I have brought them forward. I do not remember, in my necessarily limited reading, to have seen this application of the iodide alluded to; and, as in the last edition of "Macnamara's Neligan," it is merely said to be useful in "articular rheumatism." I have thought it well to bring them forward to elicit from others the result of the trials (if any) that have been made.

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MENORRHAGIA OF SIX YEARS DURATION,*

DEPENDING ON AN INTRAMURAL TUMOUR OF THE ANTERIOR WALL OF THE UTERUS, TREATED BY THE APPLICATION OF STRONG NITRIC ACID.—RECOVERY.

By Henry J. Gogarty, F.R.C.S.I.

I saw a lady in April, 1870, æt. forty-two, who was married at thirty-five, and enjoyed good health up to that period. She conceived six months afterwards, and went on well until the middle of sixth month of pregnancy, when she aborted; from this time she dates her ill-health; her menstrual discharge became more profuse, remaining longer than usual on her, she was treated by astringents, rest, and nourishment, for four years with varying degrees of success, the last three of which she never was free of bloody discharge. When I first saw her she was very much reduced in strength and flesh, discharge amounting to a deluge of blood, she was pulseless, and almost moribund. In a fortnight I got her round by stimulants, small doses of ext. of ergot liq. in glycerine, gallic acid and opium, when her strength was sufficiently established, I explored the uterus, by dilating it with sea-tangle tents. Its cavity measured five and a half inches, I discovered a fibroid in the anterior wall, to which I freely applied strong nitric acid, which caused the lining membrane to be denuded, and it came away a perfect cast of the uterine face of the tumour. In thirteen days after the operation, she was up and well, sixteen days later she menstruated, the catamenia being healthy in quality and quantity, she was sent to Dalkey, and ordered iron and quinine.

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* Abstract of a communication read before the Obstetrical Society of Ireland.

I saw her in March of this year, she was then well, strong, and cheerful, and can attend to her household with ease and comfort.

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Hospital Reports.

RICHMOND SURGICAL HOSPITAL, DUBLIN.

Case 1.—*Extensive Indolent Ulcers of both Legs of Three Years' standing.—Three Skin Grafting Operations performed on each Ulcer.—Cured in ten weeks and five days.*

(Under Mr. Adams.)

(Reported by Agmon B. Vesey, Senior Resident Pupil.)

Lawrence Murphy, æt. thirty-five, labourer, was admitted January 3, 1871, into No. 3 Ward, Richmond Surgical Hospital, under the care of Mr. Adams, suffering from ulcers on both legs.

States, that three years ago he was severely kicked on both legs in a row, sloughs formed, and an ulcer on each leg was the consequence. Not being able to take care of himself, as his occupation was that of a poor labourer, he worked for a period of twelve months. At the end of this time the ulcers had increased in size considerably, and, to add to his misfortunes, he fell off a cart and had his legs bruised again. The ulceration now spread rapidly, and he was obliged to go into a workhouse in the country, where he has been living off and on for the last two years.

On Admission.—The right leg is the seat of a large indolent ulcer, principally confined to the outer and posterior parts of the limb; measuring 8½ inches in length and 6½ inches in breadth. The surface of the ulceration is of an ashy colour and smooth; the edges are raised, and there does not seem to be any attempt towards healing. The ulcer on the left leg is of the same indolent kind, but is situated more on the inner side of the limb; it measures 6 inches by 5½. The patient was ordered to remain in bed, a linseed meal poultice kept on each leg, and changed twice daily. He got full diet and bark. At the end of a week the surface of the ulcers had put on a more healthy appearance.

January 12.—I removed a small piece of integument about the size of a sixpence, with a scalpel, from the outer side of the leg. This was divided into two parts and placed on the ulcer on the right leg at equal distances, the spots where they were placed having previously been scarified. The transplanted portions were kept in their place by strips of adhesive plaster. Some wadding was now placed over the surface of the ulcer to absorb discharge and maintain warmth. A bandage was applied from the foot to below the knee.

January 16.—The wadding has been changed daily. To-day the strips of adhesive plaster were carefully removed. The two engrafted portions seem to be firmly attached to the ulcer, one of them is certainly increased in size. Lint spread with simple ointment and a bandage applied.

January 17.—The ulcer on the left leg was treated in a similar manner to the one on the right. Two pieces of skin were engrafted.

January 21.—Ulcer on left leg examined to-day. The two engrafted portions have taken.

February 15.—Since last report more than half of each ulcer has healed by the increasing of the transplanted portions of skin and by the cicatrising from the circumference. A second engrafting operation was done to day, but only one piece of integument was placed on each ulcer. Examined on the fourth day after, the transplanted portions were found firmly united to the ulcer.

March 14.—About the size of a shilling remains unhealed on the left leg and a little larger surface on the right leg. These spots of ulceration have remained of the same size for some days. Ungt. zinci (iodine gr. j., glycerine ℥j.) have been applied, but no progress towards healing has been made for some days. A third transplantation was performed to day on each remaining unhealed portion. On removing the adhesive plaster on the fourth day, the transplanted piece on the right leg came away, the piece on left leg adhered. A week subsequently the left leg was quite well, and on the 28th March the right leg was cured.

May 24.—Murphy's legs have remained perfectly sound till within the last fortnight, when a small tract of ulceration appeared over the crest of right tibia, measuring less than half an inch in length. This has been healed by engrafting a small piece of skin and by strapping with plaster.

Case 2.—*Dislocation of the left Femur on the Dorsum Ilii, in a child, æt. four years and four months, reduced by manipulation.*

(Under Professor R. W. Smith.)

(Reported by Agmon B. Vesey.)

John Maguire, a healthy child, æt. four years and four months, was brought to the hospital at 8.30 p.m. on the evening of April 14th, 1871, being Mr. Smith's day for accidents.

History.—The child's mother states that at 5.30 p.m. (three hours previous) he fell out of bed on the left hip and thigh. He has not attempted to stand since, and has been crying with pain. He never received any injury to the hip before.

On examination, the limb is found to be from 1¼ to 1½ inches shorter than the right. The thigh is rotated inwards and slightly flexed on the pelvis. The foot is inverted, and when the boy is supported in the standing posture, the great toe rests on the instep of the sound limb. The thigh can be rotated inwards but not outwards, neither can it be extended to its full extent. The head of the bone can be felt on the dorsum of the ilium. The slightest movement gives him great pain.

Reduction.—The boy being placed on his back on a table, I bent the leg on the thigh, and the thigh on the pelvis abducted, and rotated the limb outwards, when the head of the bone slipped into the socket with a distinct snap, audible to Mr. Ovenden and Mr. Worthington who were assisting me. The shortening and all other deformity were found to have disappeared, the ankles were bandaged together, and a roller applied round the pelvis over the head of the bone. The child was taken home as his mother did not wish to leave him in the hospital. He suffered from retention of urine for twenty hours after the injury, which was relieved by hot fomentations over the bladder.

May 9.—It is now almost one month since the accident. The patient was seen to day, and he is found to have regained perfect use of the joint. He was kept in bed for a fortnight after the injury.

METROPOLITAN FREE HOSPITAL.

CASE 1.—*Eczema of Fore-arm and Left Hand, very severe and extensive, cured by constant use of cold water applications for a fortnight, night and day.*

(Under the care of DR. C. R. DRYSDALE.)

May 19.—A. Davis, æt. thirty-six, has suffered from aggravated eczema of the arm and left palm for four years. He attended at St. Bartholomew's Hospital for fifteen months, when ointment and lotion, with linseed meal poultices were used without any benefit. Attended at the London Hospital for thirteen months, and had somewhat similar treatment without any effect. Was ten months under the care of Mr. Warner, of the Metropolitan Free Hospital. Came to Dr. C. R. Drysdale about six months ago with excoriated patches on the posterior aspect of the fore-arm, and great inflammation of the palm of the hand. Numerous cracks were seen both in the arm and hand, and the parts were red, inflamed, and always slightly moist with pus and watery secretion. Dr. C. R. Drysdale tried the effect of equal parts of caustic potash and water locally, and also of nitrate of silver, a drachm to the ounce. These did some little good, but not very much. He took iodide of potassium for a time and purges, and also Fowler's solution, but none of these accomplished much. Patient at last, of his own accord, tried the effect of cold fomentations. He pumped on the parts three or four times a day, and kept the limb wet by moistening it every hour of the day. This produced in a week a most admirable effect, and when seen on May 19, 1871, the parts were almost natural in their aspect, and neither red nor inflamed. Dr. Drysdale advised that the patient should wear wet lint, with india-rubber sheeting, and keep the part constantly moist. This case shows the value of this plan, long known to the readers of the works of Mr. Hardy. Dr. Drysdale has often succeeded in curing bad cases of eczema, in the lower extremities, by this simple remedy.

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Transactions of Societies.

MEDICAL SOCIETY OF LONDON.

DR. ANDREW CLARK, President in the Chair.

MITRAL OBSTRUCTION OF THE HEART.

AT a recent meeting, DR. DOUGLAS POWELL, related some cases and exhibited two hearts, illustrating what he regarded as two recognizable varieties of obstructive mitral disease. The funnel and diaphragm varieties, the first case referred to was, that of a man whose heart was exhibited, who had died suddenly in the Brompton Hospital in September, 1869. The physical signs were an irregular intermittent pulse, increased cardiac dulness, a systolic apex murmur with no distinct pre-systolic bruit, and a slight diastolic murmur to the left of the ensiform cartilage. The patient had been a man of very active habits, he did very well in the hospital, but a very large appetite, and liberal diet with a fair amount of stimulants together with complete idleness, engendered in him a plethora, which hastened his death, which occurred suddenly shortly after taking a full breakfast. *Post-mortem:* The right cavities of the heart were found distended with blood (venous), the hypertrophied left ventricle was contracted, the mitral valve stretching across the mitral orifice as a rigid diaphragm, slightly convex towards the ventricle, and perforated by a slit like a button hole opening. The second case had been fully described in the *Medical Times and Gazette*, 8th April, and the heart was merely sent round in contrast to the former specimen. It showed the two flaps of the mitral valve fused together at their margin, so as to form a funnel projecting into the ventricle, and communicating with it by a small opening; there was great hypertrophy, dilatation, and hardening of the right ventricle and left auricle, the left ventricle being of natural dimensions. The physical signs had been, regular pulse, rushing prolonged pre-systolic murmur at apex, not followed by any systolic bruit. The patient had died of cerebral embolism. Dr. Powell next referred to a case in the Brompton Hospital, under Dr. Cotton's care, who had kindly permitted him to bring it forward. He is a boy, aged sixteen, with an uncertain history of rheumatism nine years ago, who has suffered from increasing shortness of breath and other cardiac symptoms for two years. The physical signs are briefly, a regular but rather quick pulse; apex beat in natural position accompanied and preceded by a well-marked thrill, pulsation also distinct at the ensiform cartilage. The first sound of the heart is sharp and ringing at the apex, and is closely followed by a second faint sound; there succeeds to this separated by a short but distinct interval, a rough low-pitched murmur, which occupies nearly the whole of the *pause* and terminates immediately before the renewal of the first sound. This patient is doing well under hospital rest and treatment. After referring to two other illustrative cases in attendance for examination in the adjoining room, Dr. Powell remarked, as regards the prognosis. he would consider the more common form of obstructive mitral disease as necessarily more speedily fatal than the funnel variety, since it was usually complicated by regurgitation, 'which greatly increased the pulmonary congestion. It neutralised the increased power of the right ventricle. The tendency to sudden death from engorgement, and consequent paralysis of the right ventricle was great, and should be carefully guarded against. It was forcibly illustrated in Case I. In the latter variety, a more favourable prognosis as to the duration of life could be given. The author regarded these cases as of congenital origin, and the thickening of the valve sometimes (not always) present as the result of long continued mechanical strain. The comparatively sudden development of symptoms, might be explained by the fact, that the equilibrium of the circulation was maintained so long as the right ventricle continued to act with full vigour, but after a time its substance became indurated, its contractile efficiency thus was impaired; and any dilatation from temporarily increased strain, as during an attack of bronchitis, rendered permanent. Such changes taking place at a comparatively late stage of the disease, were announced by these symptoms which perhaps unnoticed before, now led to the discerning of the disease. Referring to the question of treatment, Dr. Powell looked upon quietude both mental and bodily as of the first importance, an appropriate modification in diet and the amount of stimulants taken were particularly important, as a precautionary measure in those who suddenly desisted from active life.

Case I. was very instructive on this point, and the author believed venesection to be the most direct and powerful remedy in cases of threatened syncope from over loaded right heart. Digitalis is valuable in all cases of heart disease attended with frequent pulse, was particularly so in mitral disease, for by rendering the heart's action more deliberate, it gave time for the left ventricle to fill before it contracted.

MR. MAUNDER made some remarks on

THE POSSIBILITY OF ALWAYS SECURING GOOD USE OF THE TRICEPS MUSCLE AFTER EXCISION OF THE ELBOW-JOINT.

He advocates the preservation uncut of those fibres of the triceps tendon, which, passing forwards between the point of the olecranon and the external condyle are continuous with the fascia of the forearm. An upper extremity was shown, on which he had, by a longitudinal incision, excised the elbow after his own method, preserving a stout band uniting the arm and forearm, and consisting of triceps muscle and tendon, anconeus muscle and deep fascia of the forearm. Out of four patients exhibited, two had been submitted to excision for compound comminuted fracture, and two for strumous disease. Three of these patient possessed, to an unusual degree, the power of active extension by the triceps muscle. The fourth which had been operated upon in the usual way, did not possess this power, and was shown by way of contrast. All four possessed most serviceable limbs, and showed the great use of excision of the elbow-joint.

Mr. William Adams then read a paper on

THE OPERATION FOR SUBCUTANEOUS DIVISION OF THE NECK OF THE THIGH-BONE,

which will be published in our next.

Dr. Brudenell Carter showed a new reflecting ophthalmoscope for purposes of demonstration, arranged by Dr. Burke, of Paris, on the principle of Klaning's instrument. It consisted of two concave mirrors fixed on stands, and afforded an image of the fundus oculi, four inches in diameter and brilliantly illuminated. He also exhibited to the Fellows by its means, the eye of a patient suffering from syphilitic neuro-retinitis, and the meeting adjourned.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, May 23rd, 1871.

Mr. Curling, F.R.S., President, in the Chair.

Dr. Charles Elam read a paper on

PARTIAL ACUTE IDIOPATHIC CEREBRITIS.

This paper was intended as a continuation of one read during the last session of the Society on "General Acute Cerebritis," showing some remarkable points of contrast between the two affections, which are so closely allied pathologically, and yet differ so completely in a clinical aspect, the most noteworthy feature of difference being the far greater severity of the symptoms in the local and limited form of the disease than those of the universal inflammation.

The author referred briefly to the description given of general cerebritis, and showed that, although the anatomical characters of the cases were in some respects different, yet they were all true cases of inflammation of brain-substance, uncomplicated with meningitis, the differences arising from the varying periods at which death occurred.

The annexed table indicates the chief differences between the general and the partial form of cerebritis, clinically considered. Amongst special symptoms, it was noticed that in general cerebritis the pulse was unaffected at the commencement; whilst in partial cerebritis it began with extreme depression, followed by great rapidity and subsequent irregularity. The tongue is much less affected in the general than in the partial form, and the organic complications are much more aggravated and numerous in the latter.

The most striking feature in the history of partial cerebritis is the occurrence of remissions in the course of the disease, often so marked as to simulate restoration to health. This was illustrated by some cases both of constitutional origin and arising from external violence. In two of these, where the patients had been for some time apparently moribund, there was so entire a remission of all the symptoms that for some hours nothing could be detected indicative of any disease whatever. One was a case of fracture of the skull, where there was a fissure extending from the middle of the left parietal bone down to the foramen magnum. This kind of remission, combined with the previous history, was shown to be characteristic of this disease, and to distinguish it from all others.

The diagnosis of this disease is not difficult. It differs from the various forms of "softening" clinically, as thus: 1. From the apoplectic form, in the absence of aphasia and paralysis, as well as other general features of progress. 2. From the convulsive form, in the absence of epileptiform attacks at the beginning, and the greater constancy and duration of the convulsions when established later on in the affection. In this disease, also, convulsion lasts to the end; whilst in softening, death is generally "tranquil and peaceful." 3. From the delirious form, by the mode of invasion, which is never by delirium; and by the less marked character of this symptom throughout.

The pathological features also differ materially. From white softening, the colour alone is a sufficient distinction from the "red" and "yellow" forms. Besides many other important differences, the section is distinctive, deing depressed in partial cerebritis; very often elevated, as though swollen, in softening.

The general aspect of the disease makes it most liable to be confounded with typhus. From this it is distinguished by the mode of invasion, and the marked preponderance of active brain symptoms.

The etiology of this disease is closely allied to constitutional cachexiæ, chiefly of a tubercular nature, and to hereditary predisposition.

The prognosis is very unfavourable; but there are considerations, both of a clinical and pathological nature, that lead to the conclusion that it is not always fatal.

In treatment, although little can be done of a *curative* nature, there is a fact which is occasionally of the highest importance to remember. For business or family reasons it is often especially desirable to obtain a few hours of clear intelligence. This occurs in the remissions already referred to; and the practical point in question is this—that this remission may be often ensured in the early and middle stages of the disease by the exhibition of a smart purgative, as a drop of croton oil, with or without a few grains of calomel. It has little influence on the general progress or ultimate issue of the disease; but the effect for the time is frequently marked and unquestionable.

Tabular view of the contrasts between General and Partial Acute Idiopathic Cerebritis.

GENERAL CEREBRITIS.	PARTIAL CEREBRITIS.
1. *Complications.*	
Described as inflammation of the brain substance alone, the meninges being unaffected.	Never confined to the brain-substance alone. Meningitis, local or general, always present.
2. *Extent.*	
Extending through the whole substance of the encephalon except the meninges.	Partial; generally a small patch, limited to a portion of one side; usually superficial.
3. *Period of life.*	
Occurs usually between the ages of eight and thirty, never after thirty-five.	Rarely, if ever, occurs before the age of forty.
4. *Mode of Invasion.*	
By vomiting.	By fainting, or a very slight apoplectiform seizure.
5. *Termination.*	
Always in death.	Very fatal, but perhaps not so uniformly so as the "general" form.
6. *General symptoms: duration and progress.*	
Symptoms comparatively mild, and wanting in general significance. Progress uniform and uninterrupted from commencement to death, which occurs between the second and twelfth day.	Symptoms most varied and severe. Progress never uniform but broken by remissions, sometimes so complete as to simulate perfect restoration to health. Duration from three to six weeks.
7. *Prodromata.*	
None.	Always present;—sometimes of a somatic, sometimes of a pyschical order, or both.
8. *Paralysis.*	
Generally none.	Some marked weakness, but variable and dubious.
9. *Convulsions.*	
None, until very near the close.	Always present, at some, and generally at an early, period of the disease; persistent to the end.
10. *Coma.*	
Only occurring at the close of life.	Occurs early, sometimes as the earliest symptom; departs and recurs irregularly.
11. *Delirium.*	
Mild and inconstant.	More irritable and violent in character; often muttering; not constant.

After some remarks by Dr. **Broadbent**,

Dr. Sutton asked Dr. Elam if he had made *post-mortem* examinations in all his cases of supposed idiopathic cerebritis, and if he examined the internal ears of the patients mentioned in his paper. Dr. Sutton remarked that pathologists generally considered that cerebritis was dependent on some injury to the head, or to disease of the cranial bones, to disease of the ear, or to some pre-existing disease situated either in the brain or in other parts of the body, and that it was not an idiopathic affection.

Dr. Elam replied that he claimed no consideration for these cases, except such as arose from the fact that they were drawn from the life, and from death. Cases of a similar nature, about twelve or upwards, had been noted, in all of which remarkable intermissions had been observed; but in none to quite the same extent. In relating the cases, the absolute phenomena had been stated, and afterwards contrasted with those that were found described in our systematic treatises on affections of the brain. Hence arose the diagnostic marks that had been quoted as distinguishing between the affection under consideration, and the various forms of softening of the cerebral substance heretofore described. In reply to another question, Dr. Elam stated that he had not been in the habit of investigating the internal ear in these cases.

A paper was then communicated by the **President**, on

A CASE OF BONY ANCHYLOSIS OF THE KNEE-JOINT TREATED BY SUBCUTANEOUS SECTION OF THE BONE,

BY LOUIS STROMEYER LITTLE, F.R.C.S.

The author in this paper gives an account of a case of bony anchylosis of the knee-joint in a child aged fourteen, in whom the limb was fixed at a right angle. The anchylosis was divided subcutaneously by means of a carpenter's chisel, and by an extending apparatus the limb was straightened so as to allow of locomotion three weeks after the operation. The author discusses the plan of dividing the long bones by means of a saw for the cure of deformity, and concludes that for bony anchylosis of the knee-joint subcutaneous osteotomy by means of a saw is impracticable. The case is believed to be the first instance where subcutaneous osteotomy has been performed in this country for the relief of bony anchylosis of a large joint.

Mr. Carr Jackson expressed the opinion that excision of the knee-joint would be impracticable in a case of complete bony fusion.

The **President**.—That is to say, in a case where there was no joint to excise.

Mr. Carr Jackson.—Precisely.

Mr. Savory said that the success of the very interesting operation which had been described was no doubt due to the fact that, after the limb had been straightened, the knee-joint again became firmly anchylosed. Anything like useful motion of the joint in such cases was out of the question, and, had the tibia remained moveable on the femur, it would only have allowed the recurrence of distortion, and the limb would have become proportionately useless. That threefold deformity, the result of long-continued disease of the knee-joint—extreme flexion, partial dislocation backward, and rotation outward of the leg upon the thigh—was one of which the permanent remedy was almost beyond the reach of any form of apparatus, and in many of these cases excision had been resorted to as the sole available means, for by this operation the limb is not only straightened, but the tibia is rendered immoveable by becoming one with the femur.

The **President**, having assisted at the operation performed by Mr. Little, was able to bear testimony to the fidelity of the description of it in the paper, and to its success in restoring a useful limb. Had Mr. William Adams been present, the President would have inquired whether he had heard of Mr. Little's operation on the knee before performing, a year afterwards, a similar operation on the hip-joint.

Mr. Carr Jackson said he thought he might venture to say that Mr. Adams was acquainted with Mr. Little's operation.

The **President** thought then that the success of Mr. Little's case must have given Mr. Adams great encouragement and confidence in undertaking his operation. As Mr. Little was in a distant country, and as he (the President) had communicated the paper to the Society, he felt called on to support and vindicate Mr. Little's claim to originality in performing a subcutaneous operation on a completely anchylosed joint, for rectifying the position of the limb.

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Maclachlan and Stewart, South Bridge, Edinburgh

Agents for the United States—
New York—Turner and Mignard, Nassau-street.
Baltimore—Kelly, Piet, and Co.

The Medical Press and Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 7, 1871.

BAD COMPANY.

Seldom have the particulars of a case reached the public eye so discreditable to the law, to our system of Government and the Medical profession, as the recent inquest on the body of Mrs. M'Geough, in Dublin, which, as there are many texts for comment therein, we recapitulate.

Mrs. M'Geough died in the natural course of events, and after several months' illness, during which she was attended by a druggist, named Erson, to whom we shall have to refer more particularly presently. Immediately after her death, Erson produced a document, signed by the deceased woman, which charged her husband with brutality and violence to her, which he (Erson) considered hastened her death. This paper he brought in person to the husband, who apparently considered that an attempt to extort money under its influence was being made, and immediately placed the matter in his solicitors' hands. These gentleman, therefore, called upon Erson, to state in writing, whether he considered an inquest necessary, an answer to which he refused to give. Accordingly an inquest was held, in which there were disclosed ample causes of death from disease, and a verdict was given to that effect, and to the effect that an inquest was quite necessary.

The only point in this narrative which needs consideration is the conduct of the druggist in receiving, obtaining, or extracting a culpatory document from the dying woman, and forthwith taking it to the husband.

Whether or not, the object of this course were to extort money as was suggested, the proceeding is in itself utterly indefensible, and if the druggist were amenable to the opinion of the profession, could not be too emphatically repudiated and condemned. But it turns out that though this Erson describes himself in the witness-box as a "Doctor of Medicine, and Licentiate in Midwifery," he has no real qualification whatever. He practises under the shadow of a diploma from a Sham College in America, and a certificate from the Coombe Lying-in Hospital, and his speciality has been the concoction of tooth-ache drops. Moreover, it appears that he compounded medicines without any Licence from the Apothecaries' Hall, and therefore against the law, and although on being brought to account by that body, he gave guarantees that he would not do so again, yet he confesses to have violated his promise, and returned to his illegal practices.

It is bad enough that a person of this stamp, should succeed in putting off his American degree upon the public as a legitimate qualification, but worse underlies. Erson is an elected Poor-law Guardian, and save the mark! one of Her Majesty's Justices of the Peace, having been so created by the Conservative Government, in return for violent electioneering partisanship. When such a person—whose least demerit is that he sells pennyworths of pomatum and paraffin oil across the counter receives the dignity of J.P., for acting the firebrand, it is no wonder that Her Majesty's justiceship has taken the same relative rank as Her Majesty's knighthood. Shameless, indeed, are political jobbers who prostitute the service of the Crown and country to such uses.

Our own special business and interest in the matter lies in the connection which is said to have been maintained between members of our own profession and this druggist. The fact that similar fraternisation with an illegitimate practitioner has been this year brought under the notice of the Council of the Royal College of Surgeons in Ireland, warns us that the time has come for candour and plain speaking. The names of Dr. Banks, President of the College of Physicians, Dr. Edward Hamilton, Councillor of the College of Surgeons, Dr. McClintock, Dr. Sawyer, Professor of Midwifery in the College of Surgeons, and Dr. Cameron, have served in the witness-box, to dignify the practice of this person. If they have thus been publicly used, it is plain that they have served amongst the public to give to this person the qualification which he lacks.

It is quite probable that some, or all of these gentlemen can, and will explain their connexion with Erson, but more than a fortnight has elapsed, and no repudiation has come from them.

We earnestly trust that even yet the silence will be broken. If it be not, there is a plain duty before the Irish profession to disassociate itself from the conjunction in which the public mind has placed them. Anecdotes of fraternisation with homœopaths, and other little reminiscences discreditable to the profession, are in many mouths outside the profession, and we can permit no personal friendships to identify us with a coquetry with quackery, with which it has long been the boast of the Irish Surgeons that they have been untainted.

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THE "LANCET" ON SPECTRUM ANALYSIS.

Considering the importance of the question raised by the *Lancet*, of the 20th ult., as to the entire reliability of the spectrum-microscope as a means of discovering blood-stains, and also considering the conclusive and satisfactory answer given in the affirmative of this question, by our esteemed correspondent, Mr. Sorby, F.R.S., who is admitted to be the highest authority on the subject, we had a right to expect that our contemporary would either have candidly acknowledged the error into which it had fallen through the inexperience of one of its staff, who had rashly ventured to deal with a subject beyond his practical capabilities, or that it would have accepted our challenge to furnish proof, if it could, of the unreliability of the spectroscope as a means of distinguishing blood, by giving, if possible, a single example of any substance that would be confounded with blood in the hands of a skilful operator. But, instead of this, it has endeavoured, in the *Lancet* of Saturday, June 3rd, to blink the real question, by hiding it in a cloud of sophistry and special pleading —saying in the most vague and general manner, that the spectra of coloured media are not so trustworthy as those of incandescent vapours; and that, although Mr. Sorby has, by the former method, discovered "*some hundreds of different colouring matters in animals and plants which could not have been studied in any other manner,*" yet "it is still an open question whether these hundreds of different colouring matters are chemically distinct, and that we are quite in the dark as to their chemical structure" —as if the whole tendency and import of these investigations were not to show that spectrum analysis is far in advance of ordinary means of chemical research, and that it exhibits molecular and chemical changes of structure and composition, which the most refined processes of chemistry are alone incompetent to deal with. To take the subject of blood as an example, the spectroscope has demonstrated its behaviour in the presence of oxygen, and other gases, in a manner that no process of chemistry could have established; and with regard to a multitude of other colouring matters, it has not only proved their complex and conjugate nature, but it has also indicated to the chemist the line of research he must pursue to reach their proximate composition. It is, therefore, idle and flippant, in the extreme, to say, without proof, or example, that the spectroscope is untrustworthy.

As to the question immediately before us, it admits of no subterfuge; for the Editor of the *Lancet* is bound, either to acknowledge the serious error he has committed, or to make good his statement, by naming even a single thing, the spectra of which would be confounded with those of blood by a skilful operator. To this issue it has come, and we demand an answer, in the names of justice and science.

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THE VACCINATION REPORT.

The Select Committee on Vaccination, after full consideration of the evidence presented in eight sittings, has agreed upon what the *Daily News* calls a "Milk and Water Report." The Document has been printed by all the newspapers, and we need not therefore give it *verbatim*, but can proceed to state some of its proposals. The Report sets out by admitting :—

> That the cow-pox affords, if not an absolute, yet a very great protection against an attack of small-pox, and an almost absolute protection against death from that disease.
>
> That if the operation be performed with due regard to the health of the person vaccinated, and with proper precautions in obtaining and using the vaccine lymph, there need be no apprehension that vaccination will injure health or communicate any disease.
>
> That small-pox unchecked by vaccination is one of the most terrible and destructive of diseases, as regards the danger of infection, the proportion of deaths among those attacked, and the permanent injury to the survivors; and therefore
>
> That it is the duty of the State to endeavour to secure the careful vaccination of the whole population.

The Committee express a decided belief that even now we are saved from the pestilence that small-pox was in former times by the power of vaccination; and that the epidemic would not have reached its present height, except for the neglect of the great preventive that has grown up among the people. This is what all who have thought about the matter have long maintained; indeed, they predicted just such an outbreak as that from which the metropolis is at this moment suffering. As it is very difficult to enforce re-vaccination, it is the more important that every child should be protected by the operation being performed in infancy.

> The Committee observe that there are three classes of children who, being, by the conduct of their parents, left unvaccinated, are themselves in great danger, and may become centres of infection to others.
>
> 1. There are the children who are utterly neglected by their parents.
> 2. There is the much larger number of children of parents who, while not denying their duty or desiring to disregard it, postpone its fulfilment, and who from carelessness or forgetfulness delay to protect their children until driven to the vaccine station by the panic fear of an epidemic.
> 3. There are the children of those parents, very few in proportion to the whole population, who assert that vaccination will do harm.
>
> With regard to the first and second of these classes, there can hardly be any objection to the principle of a compulsory law, though there may be practical difficulties in its application; but, in dealing with the third class, it becomes necessary to weigh the claims of the parent to control, as he thinks fit, the medical treatment of an infant child, as against the duty of the State to protect the health of the community, and to save the child itself from a dreadful disease.

Here it is that the great difficulty arises, and the Committee propose to make a compromise, as the number of recalcitrants is, after all, few; this course will probably be adopted. The report by no means admits the right of parents to expose their children to the danger from which the State wishes to protect them, but only expresses doubt as to the gain of continuing a long contest with the fanatics who will perish in their folly, in spite of repeated fines, and even imprisonment. The public will, no doubt, sympathise with such people, where it does not agree with them. The idea of the right of men to hold by their opinions, even if erroneous, is strongly engrained in the people, and the martyrdom of a few, might lead to the sacrifice of the law.

The Committee says:—

> In enactments of this nature, when the State, in attempting to fulfil the duty, finds it necessary to disregard the wish of the parent, it is most important to secure the support of public opinion; and as your Committee cannot recommend that a policeman should be empowered to take a baby from its mother to the vaccine station, a measure which could only be justified by an extreme necessity, they would recommend that whenever in any case two penalties, or one full penalty, have been imposed upon a parent, the magistrate should not impose any further penalty in respect of the same child.
>
> It has been suggested that the parent's declaration of belief that vaccination is injurious might be pleaded against any penalty; but your Committee believe that if the law were thus changed it would become a dead letter. Prosecutions would soon cease, and the children of the many apathetic and neglectful parents would be left unvaccinated, as well as the children of the few opponents of vaccination.

Besides this, the Committee recommend improvement in registration, and the consolidation of the arrangements for vaccination in the hands of one authority, instead of its division as it now exists.

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SCOTLAND.

EDINBURGH.

Dr. Thomas Keith.—A number of Dr. Keith's friends, in admiration of his remarkable success in the operation of ovariotomy, and as an expression of their appreciation of the great sacrifice he has made in devoting himself to this branch of surgery, on Thursday last presented Mrs. Keith with a portrait of her husband and a service of plate. The presentation was made by Dr. Christison, who in the course of his remarks said, that the late Professor Syme, in entrusting a friend to Dr. Keith's care, had said that at one time he had regarded ovariotomy like murder, "but I consider now that it has been brought by Dr. Keith within the range of legitimate surgery." We are glad to state that a ward in the Royal Infirmary has been given to Dr. Keith.

Craig v. Jex Blake.—This case, which was tried before Lord Mure and a jury, resulted in an unanimous verdict for the pursuer; damages, one farthing. The trial occupied two days.

GLASGOW.

We regret to record the death of Dr. James Watson, at the advanced age of eighty-three. Dr. Watson was well known as a consulting physician in Glasgow, and was for many years consulting physician to the Royal Infirmary and Fever Hospital. He contributed several interesting papers to the *Edinburgh Medical Journal.*

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Notes on Current Topics.

Re-vaccination.

Prussia is avowedly the country where regular re-vaccination is most generally practised, the law making the precaution obligatory on every person, and the authorities conscientiously watching over its performance. As a natural result, cases of small-pox are very rare. It has, however, been objected, there as here, that lymph is scarce. To make the most of such lymph as there is, Government has tried its application mixed with glycerine, and the result has been so successful as to lead to a public recommendation of the mixture to official vaccinating surgeons. The *Pall Mall Gazette* quotes the manner in which the glycerine lymph is prepared from the *Reichsanzeiger*:—The pustules of a healthy vaccinated person are opened with a needle, and the effluent matter carefully removed by means of a lancet, the same instrument being gently applied to assist the efflux. The lymph is then best placed in the hollow of a water-glass, and there mixed with twice its quantity of chemically pure glycerine and as much distilled water. The liquids are thoroughly well mixed with a paintbrush. The mixture may be preserved for use in capillary tubes, or small medicine glasses. The lymph thus procured is considered equal in effect to pure lymph; care must, however, be taken to shake it before use. As the same quantity that now suffices for one is thus made to suffice for five, the discovery ought to be extremely useful in crowded cities like ours.

Protection from Poisoning.

THE Council of the Pharmaceutical Society, as we pointed out last week, surrendered to the clamour raised by druggists against the adoption of precautions to protect the public from poisoning. Despite the protest of a single dissentient—Mr. Sandford, their President—they decided in withdrawing the rules which they had promulgated. They did not actually abrogate them but they followed the *ruse* of the Medical Council and *recommended* the putting them forth to the pharmaceutists of England with the intimation that their adoption was *voluntary*—the italics being their own. We said last week that they had laid the foundation for government interference; but we did not expect that the action of the Privy Council would be as speedy as it has been. We are gratified to observe that the government are not disposed to allow the duties imposed on the Council by Parliament to be trifled with, as it has been by the Medical Council, and, accordingly, the following peremptory letter has been sent to the Pharmaceutical Society :—

"Medical Department of the Privy Council,
May 4th, 1871.

"Sir,—The Lords of Her Majesty's Council, observing that the Annual Meeting of the Pharmaceutical Society is to be held in the course of the present month, direct me to refer you to my letter of the 23rd December, 1870, and to say that they trust that such regulations will then be made (under the first section of the Pharmacy Act, 1868) in regard to the keeping, dispensing and selling of poisons, as will be sufficient to secure the safety of the public.

"Their Lordships think it right to apprise the Council of the Society that, should no such regulations be submitted for their approval after the approaching meeting, they will feel it their duty to endeavour to protect the public by proposing to Parliament further legislation.

"I am, Sir,
"Your obedient servant,
"JOHN SIMON.

"The Secretary to the
"Pharmaceutical Society,
"Bloomsbury Square."

The Council having received this slap in the face, passed it on to the contumacious members by a resolution,

Resolved—That the letter be read at the Annual General Meeting and that copies be distributed among the members present.

A very strong debate on the subject arose at the Annual Meeting. The Council produced a resolution drawn by their solicitor, which they desired that the Society should order them to issue the provisions for strong poisons, not as regulations, but as recommendations. In fact, they asked the Society to give them authority to set the Privy Council at defiance. Several amendments were moved, the first in favour of compulsory regulations, the second declared that the meeting was desirous of "protecting the public," but objected to the proposed method. The third pledged the Council to frame compulsory regulations, and the fourth left the matter untouched in their hands. This last being an ingenious and convenient way of shifting back the responsibility on the Council was pleasant to the society, and was accordingly adopted. The Council, therefore, can recommend or order as they think fit.

Chloromethyl.

A GOOD deal of attention has lately been directed to the bichloride of methylene as an anæsthetic, and we have previously directed attention to the controversy that has been raised as to its merits in comparison with laughing gas and chloroform. A monthly contemporary passes in review, the discussion of the last five or six months in a lengthy article, from which we extract the following passages :—

The May number of the *British Journal of Dental Science* contains, besides other articles on the subject, some remarks on the controversy as to the merits of bichloride of methylene as an anæsthetic, by Mr. Richard Rendle, Surgical Registrar, Guy's Hospital, who says, having administered chloroform, ether, methylic ether, bichloride of methylene, and nitrous oxide, to several hundreds of cases, and having notes of each taken at the time, I can confidently assert that the bichloride of methylene, given as I use it, is in all cases superior to chloroform; in the majority equal, and in a great number superior, to nitrous oxide. Having the necessary apparatus for giving either, I naturally select the one most suitable to each case—the one likely to give most satisfaction to patient and operator.

"Because I have found one after a fair trial the more frequently suitable, I do not immediately regard the other as a rival by no means to be tolerated.

"Statements published against a thing by those who confessedly have had little or no experience of it can only be regarded as prejudiced, whatever may be said to the contrary.

"I prefer giving all anæsthetics after a fast, but have not found it essential or possible in all cases with the bichloride or the gas. I have never had a death, or any symptoms so unpleasant, as to lead me to fear the use of either."

Mr. Rendle maintains that it is not proven that N_2O kills by apnœa only, and CH_2Cl_2 by syncope only. In all cases of danger that he has witnessed, the entrance and exit of air has ceased long before the pulse, though respiratory movements often continue. That these movements do continue, though of a slightly different character, after air has ceased to pass in and out, he says can be observed by any one in the habit of giving chloroform, by occasionally placing the hand over the respiratory openings in the later stages, when sometimes air will no longer be felt to pass, though the movements are very obvious; if then the head be pushed on one side or the tongue pulled out forcibly, a deep inspiration will be excited and natural respiration recommence. If the former change take place while the administrator's attention is diverted, on looking back he feels assured that all is right as the respiratory movements continue and the pulse still beats; but, unless the actual interchange of air again recommences while the pulse still beats, death soon follows, and it is attributed by all the bystanders to sudden cessation of the pulse, for they all say "the respiration could be seen for some time after." Mr. Rendle asks if nine out of ten of the recorded deaths may not be explained in this way.

Mr. Rendle says safety lies in the observation and skill of the administrator, not in the percentage of vapour or the complication of bags, tubes, and valves; and he supports Mr. Spence Bate as to the effect on the pulse, as he finds bichloride of methylene has as much a stimulant effect as nitrous oxide in a short inhalation; and, like it, if prolonged, has in some cases a depressing effect.

In a second communication Mr. A. Coleman says that of the only two recorded cases of death under the influence of nitrous oxide, one, at least, was in no way due to its effects; taking this and the fact that whilst the administrations of bichloride of methylene can be counted only by tens of thousands, whilst those of the protoxide of nitrogen can be recorded by hundreds of thousands, there is a *small basis*, to use the phrase employed by Mr. Bate, for his assertion that the results of the latter are vastly safer than the former.

Mr. Coleman adds:—"I have never witnessed any dangerous symptoms whilst administering the gas for surgical operations for which chloroform is usually employed; the reasons why it is not so suitable in such cases are—the difficulty of keeping up the anæsthesia evenly, the enormous expenditure of the agent, and the patient recovering so rapidly as to feel much of the smarting of a wound, which would not be the case if chloroform were employed." He thinks a third death during the exhibition of bichloride of methylene for a case in which nitrous oxide might have been readily employed, should convince the profession that the caution he uttered was not wholly groundless.

Puerperal Eclampsia.

THE new number of the *American Journal of the Medical Sciences*, contains a very elaborate review of a number of works on this subject. The writer has evidently devoted his best powers to his essay, which deserves careful study. He sums up his conclusions in a series of propositions, which we the more willingly quote, as they have already appeared in a contemporary, but by some accident, apparently a printer's mistake, without any introduction to show their origin or design.

1. That convulsions are centric or eccentric.
2. That determination of blood to the head, although productive of a comatose state, is not the cause of convulsions.
3. That convulsions follow directly the loss of blood on stoppage of the circulation of the brain.
4. That the whole motor nervous tract is involved in the production of convulsions, and that other portions of the brain are not directly instrumental in producing them.
5. Convulsions are consequent to the abstraction of nutrition in the motor portion of the brain.
6. Anæmia predisposes to convulsions.
7. That anæmia is produced by albuminuria, and connected with this is dropsy.
8. That the blood in albuminuria and dropsy is deprived of its nutrient elements, and becomes hydropic.
9. That the constitution of the urine corresponds to the constitution of the blood, and the amount of urea in it is in accordance with that formed in the blood.
10. That neither urea nor carbonate of ammonia in the blood constitutes the cause of convulsions.
11. That in albuminuria the predominant symptoms are sopor and coma.
12. That albuminuria is to be regarded in the same category of diseases as hæmorrhage.
13. That from the constitution of the blood in pregnancy, and especially when its hydropic condition is increased by albuminuria, there is engendered an especial aptitude to the occurrence of convulsive attacks, which has been called *convulsibility*. This depends upon altered nutrition in the nervous centres.
14. That puerperal eclampsia and epilepsy are analogous affections.
15. That the mechanism of convulsions involves the production of syncope, which depends upon the suspension of the heart's action, and that this occurs through the instrumentality of reflex action, by shock, or by loss of blood.
16. That the carbonic acid of venous blood is not the originating cause of convulsions.
17. That the order of convulsive movements is progressive, from above downwards. Syncope and loss of consciousness constitute the first symptoms; secondly, convulsions begin in the muscles of the eyes and face, and then occur in those of the larynx, throat, chest, and extremities; thirdly, when laryngismus is complete asphyxia is produced, and the convulsions are suspended by coma.
18. That if air be gradually introduced into the veins of an animal, asphyxia is produced and no convulsions occur; but if introduced suddenly, so as to distend the right side of the heart and prevent its contractions, convulsions immediately follow. The same is the case with oxygen, carbonic acid, and other gases.
19. When air and other gases are introduced into the carotid arteries, in amount sufficient to produce pressure, apoplectic symptoms are the consequence. But if air or carbonic acid, in quantity capable of being absorbed by the blood, be introduced, its presence is tolerated by the brain.
20. That carbonic acid is irrespirable, and positively stupefying when inhaled, hence asphyxia can be produced by it.
21. That when asphyxia is produced in the course of convulsions by the impediment to respiration, and the blood becomes completely venous in the lungs and circulation, it, in connection with the pressure induced by impeded respiration, terminates the attack by a species of narcotism. In this way convulsions are self-limited.

Medical Relief Under the Different Poor-law Systems.

MR. CORRANCE, M.P., has been in Ireland, personally investigating the working of the Medical Charities Act. He has addressed the following letter to the Poor-law inspectors and dispensary physicians in Ireland.

You would much oblige me if you would kindly answer the following questions, and return them to me, at your earliest convenience.

1. Has the operation of the Medical Charities Act (Ireland) enabled the Guardians to enforce a system of in-door relief without undue hardship towards the indigent classes?
2. Has it led to a diminution of pauperism arising from sickness?
3. Has it exercised a controlling effect in diminishing the severity of epidemic outbreaks and the amount of zymotic disease?
4. Have the medical profession, acting as general practitioners, any just ground of complaint arising out of its operation?
5. What is the feeling of the medical profession generally in Ireland respecting it?
6. Has there been any appreciable falling off in poor relief expenditure in any district since it came into operation, the diminution of population in such district being taken into account?
7. Has it led to a better administration of the Poor-law?
8. Are there any, and if so, what are its principal defects?
9. Are you favourable to its operation, and would you recommend it for general adoption?

The Council of the London Poor-law Association has informed the members and the Poor-law Medical Service generally, that the hon. gentlemen will, as soon as practicable after Whitsuntide, move "That the present system of Medical Poor-law Relief is inadequate to the wants of the poorer classes, unsatisfactory in its results, and requires amendment. For this end it is expedient that the provisions of the Medical Charities Act (Ireland) and a dispensary system be adopted, with such further provisions as may render it especially applicable to the English system of poor relief."

The Dwellings of the Poor.

LORD DERBY presided last Thursday at a public meeting held in Liverpool for the purpose of forming a company for the promotion of improved dwellings for the working classes of that town, either by the purchase and improvement of existing property or erecting new property at moderate rents on suitable sites, near the centres of labour. We take the following passage from the able report of the speech published by the *Globe*.

We have to ask ourselves, first, what are the causes of excessive disease and mortality? And next, how are we to find a remedy? The causes, I think, are few and simple: overcrowding, drunkenness, and immorality; and, among a certain class, a want of a sufficiency of wholesome food. There is a kind of action and reaction in this matter. Crowded lodgings and poisoned air produce the craving for stimulants, and drunken habits keep the family from ever moving into a more respectable home. I hear many people say, "Oh improved education will set all that right." I am as warm a friend to popular education as any one, but I am not quite so sanguine. If a man is placed in a position where moderately pure air is unattainable, and self-respect almost impossible, it is not being able to read and write that will keep him out of the gin-shop (applause). It is well that the evil we have to fight against should be attacked from many points at once; but I believe that if it were possible that every man, woman, and child in Liverpool should have a clean, wholesome, and decent lodging, you would have struck a heavier blow at intemperance than could be struck by all the school boards and all the teetotal gatherings in England put together (cheers). Of course I don't argue that, even under these conditions, the effect would be immediate. All changes where human habits and character are concerned are slow in operation. But that is a point of less practical importance, because, do what we may, we can only provide accommodation for comparatively few at a time, and by a kind of process of natural selection the model lodger would be the first to find out and to use the model lodging (hear, hear).

Small-pox.

THE epidemic in London continues with unabated severity. In the last returns we find, ten deaths fewer than in the preceding week; the following figures show the weekly deaths in the last quarter: 213, 194, 185, 205, 192, 214, 265, 276, 261, 288, 232, 267, and 257. The greatest mortality was, therefore, in the week ending May 6th, when 288 persons died. During the same period, the mortality from all causes was: 1,591, 1,601 1,576 1,665, 1,564, 1,493, 1,722, 1,578, 1,469, 1,522, 1,341, 1,486, and 1,401.

Preservation of Meat.

THE Food Committee of the Society of Arts' met last week.

The Committee had before them, for comparison, specimens of tin meats sent from the Admiralty stores, supplied as follows:—

Melbourne Meat Preserving Company.—Boiled beef and boiled mutton.

Ramornie Company.

Ballarat Company.

Marshall and Company (Aberdeen).

Meat preserved in the Deptford Victualling Yard.

The Committee had before them a specimen of "compressed pea soup," stated to contain 20 per cent. of meat, and that one pound of the material will make twenty pints of good pea soup. It is also stated that it will keep good any length of time.

The Committee also had before them a specimen of preserved beef suet, stated to be so prepared as to keep sweet for any length of time.

A joint of meat preserved by Mr. Slaggett's process (a second specimen), roasted ribs of beef, was tasted by the Committee.

THE University of Pesth lately celebrated the hundredth anniversary of its Faculty of Medicine.

Medico-Journalistic Purism.

WHEN the prosecution of an obscure quack in London, almost a year ago, attracted public attention to the dissemination of pestilential emanations of this class of swindlers by the public papers, the indignation against periodicals who made trade by publishing their filthy falsehoods was aroused, and some in the highest rank of the daily papers shut their doors against such advertisements for the future. The medical journals were, of course, eloquent in their denunciations. They would have been horrified at the hint that if a good profit were to be made they might do the same themselves.

There are medico-educational quacks as well as obscene quacks, and we want to know whether a medical journal ought to aid the sale of mock medical degrees any more than a daily paper ought to propagate indecent frauds. We think not. It is certainly not the duty of a newspaper to investigate or guarantee the truthfulness of the advertisements which it publishes, but there is a point where the editor must intervene when either he has reason to know that the article advertised is dishonest or injurious to the public.

We think, therefore, that the *Medical Times and Gazette* acts inconsistently, and discredits its high character, when it inserts an advertisement of mock medical degrees. We perceive that its columns contain the invitation, with which the readers of the daily press are familiar, to rogues and ignoramuses to become doctors by degrees *in Absentia*. The *Medical Times* must know that a degree in Absentia is essentially a fraud on the public, and especially on the Medical Profession, and ought not to assist in its perpetration, even when paid for doing so.

A LAD of fourteen years of age died at Liverpool last week from hydrophobia caused by the bite of a cat.

THE disinfection of the battle-field of Sedan has only just been completed.

A NEW and commodious Sea-side Convalescent Home was opened last Thursday by Earl Brownlow, at Mablethorpe, Lincolnshire.

PROFESSOR KARSTEN, of Vienna, has applied without success for permission to bear arms to protect himself from his discontented students.

THE next election of candidates for admission into the Society for Relief of the Widows and Orphans of Medical men, will take place on the 12th July next. Forms of proposal must be made at least a week in advance.

THE next examination of candidates for commissions in the Medical Department of Her Majesty's Army will be held in London on 9th August next. Applications for admission to this examination should be made in writing, without delay, to the Director-General of the Army Medical Department, War Office.

TWENTY SEVEN candidates out of the sixty-eight examined at the London College of Surgeons on the 24th ult., failed to acquit themselves to the satisfaction of the Court of Examiners, and were, consequently rejected.

FIFTEEN deaths from measles occurred on board H.M.S. Indian troopship *Euphrates*, on her passage home, *viâ* the Suez Canal, with troops from India, and there were a large number of cases of measles on board when she arrived at Portsmouth last week.

THE annual dinner of the medical officers of the Army, Navy, and Indian Service, took place at Willis's Rooms last week. The Director-General of the Medical Department of the Navy presided.

WE are glad to hear that Dr. James Salmon, Inspector-General of Haslar Hospital, is to be permitted to retain the post he now holds for a further period of one year beyond the ordinary time, as a mark of recognition and appreciation for his good services.

AN inquest has been held on the body of Mr. Russell Goldie, aged 34 years, the secretary and superintendent of St. George's Hospital, who was accidentally poisoned with prussic acid. It appeared from the evidence adduced that the deceased had been secretary to the hospital only within the last two or three weeks, and was in the habit of taking prussic acid to allay a certain pain from which he was suffering.

IN consequence of the retirement of Mr. Paget from the staff of St. Bartholomew's Hospital, his friends and pupils propose to perpetuate his labours, which have done much to give that institution its world-wide reputation. For this purpose a fund has been opened in London, of which Dr. Black is treasurer. The amount of individual subscription is limited to two guineas.

A MOVEMENT has been set on foot by some benevolent persons which we wish every success. Its object is two-fold: the employment of gentlewomen in reduced circumstances as superintendents of the nursery in families of wealth and position, in lieu of the head nurses, so-called, now occupying such posts, and the carrying out of those nursery reforms which ignorant and unprincipled persons have perpetuated. Our space is too much occupied at present to give the details, furnished by a valued correspondent, we must refer our readers interested in the movement to the offices, 106 Brompton road, London.

MUCH discontent has arisen in Naval Medical circles, and much comment evoked in reference to the fact that, whilst four Army Medical Officers have received the Order of the Bath, not a single Naval Medical Officer appears on the list. The Naval Medical Director-General still remains without the C.B. or K.C.B.

An affront such as this commonly arises, either from gross carelessness, or intentional insult, and, in either case, is utterly indefensible. It is almost unnecessary to point out that the supreme Army Administration, its squabbles, its jealousies, its etiquette, its overbearing assumption of superiority, and its obstructiveness, have become a nuisance in the country. It is by a policy such as prompted the exclusion from honour of Naval Medical Officers that the Horse Guards and War Office have made themselves intolerable to the country.

DEPUTY Inspector-General of Army Hospitals, T. Guy, has been placed under orders to proceed to Ceylon, to relieve Deputy Inspector-General Trousdell, who returns to this country. The former gentleman was the chief of the medical officers who lent their services to the Society for the succour of the sick and wounded in the late Franco-German war, and whom the War-office authorities have hitherto steadily refused to pay for the period of their absence. A curious incident is related by the *United Service Gazette*, in connection with Dr. Trousdell. The telegram from the Horse Guards which ordered him from Bombay to *Ceylon* by some means changed it wording on the road to "from Bombay to *London*," and the consequence was, that Dr. Trousdell turned up at Whitehall when he should have been at Galle.

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GALVANISM IN THE TREATMENT OF DISEASE.

THE republication of a very interesting relic* on the Subject of Electricity, written by John Wesley, one hundred and twenty years since, furnishes us with a most fertile source of reference, and suggestions which derive a new interest in the light of the progress which the science has made since that period. It gives us firstly, an insight into the obstacles with which experimentalists of that time had to contend, by being compelled to conduct their investigations with the frictional machine—the only then known means of producing electricity. With such an instrument, and with so many natural obstacles, one cannot but admire the persevering application benevolent motives alone could have prompted, with which the gifted author of this treatise and others connected with him at that time must have laboured. In the preface to the work before mentioned, Wesley administers a very severe rebuke to the medical profession of his time, a censure which is in our own day, reiterated in the most recently published work on the subject of Curative Electricity, by Drs. Beard and Rockwell, two great authorities in America, at page 110† of this latter work, the following passage occurs.

"Although many of these experimenters were outsiders from the profession, although they had no part nor lot in the realm of science, and although many of them were as devoid of conscience as of intellect, yet we should none the less eagerly seek for and accept whatever of truth they may have stumbled upon or discovered. In the history of science it has often been the fortune of the ignorant and the lowly to hit by chance on some great fact for which the wisdom of the ages has sought in vain. Especially has this been the case in Therapeutics. Truly says Dr. Stillé, '*Nearly every medicine has become a popular remedy before being adopted or even tried by physicians.*'

"Impartial history must, we think, record, that before Duchenne and Remak were known on either side of the Atlantic, before our most recent electro-therapeutists had commenced their professional labours or studies, there were in this land not a few empirics who, by some form of general or localized electrization, or both combined, or by methods various and inconsistent, and in spite of their own ignorance or vice, were achieving successes in the treatment of disease by electrization which in certain features even the most advanced physicians of our day have not yet surpassed more than a century since.

"If they did not belong to the chosen ranks of the profession, it is none the less true that the results which they secured were oftentimes such as the ablest leaders in science might well have envied. If their methods were empirical, their empiricism was often justified by its success."

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* "Electricity made Plain and Useful." By John Wesley. 1759. London: Baillière, Tindall, and Cox.

† "A Practical Treatise on the Medical and Surgical Uses of Electricity." By Drs. Beard and Rockwell. 1871. New York: Wood and Co. London: Baillière and Co.

The analogy between these remarks and those of Wesley's is almost prophetic. He says :—

"I am not greatly concerned for the philosophical part, whether it stand or fall. I am much more concerned for the physical part, knowing of how great importance this is : how much sickness and pain may be prevented or removed, and how many lives saved by this unparalleled remedy. And yet with what vehemence has it been opposed ? Sometimes by treating it with contempt, as if it were of little or no use : sometimes by arguments, such as they were ; and sometimes by such cautions against its ill effects, as made thousands afraid to meddle with it." . . . "Not that all disorders will yield thereto. Neither in this any more than the common way, will the same treatment of the same disorder in different persons have always the same success. Indeed, there cannot be in Nature any such thing as an absolute *panacea :* a medicine that will cure every disease incident to the human body." . . . "Mr. Lovett is of opinion, 'the electrical method of treating disorders, cannot be expected to arrive at any considerable degree of perfection, till administered and applied by the gentlemen of the faculty.' Nay then, *quantâ de spe decidi !* All my hopes are at an end. For when will it be administered and applied by them ? Truly, *ad Græcas Calendâs.* Not till the gentlemen of the faculty have more regard to the interest of their neighbours than their own. At least, not till there are no Apothecaries in the land, *or till physicians are independent of them.*"

The foregoing quotations will be sufficient to show what were the opinions of one of the foremost men in civilisation at the time when the Faradaic induction machines for the *intermittent current,* and the galvanic batteries for the *continuous current* (so conveniently applicable by Pulvermacher's chain-bands and batteries), were not discovered. And when we compare these words with the remarks of Drs. Beard and Rockwell elicited at the present time when medical science is in possession of all the physiological discoveries of the last century—discoveries which give us the precise indication of those cases where the intermittent current and where the continuous current are specially applicable ; we are compelled to acknowledge that, in this country also at the present day, the medical profession is still open to the rebuke administered to it by Wesley for indifference to the electro-curative art and indifference which consigns to outsiders and quacks what ought to be our province alone, for the interest of our patients and our own benefit.

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Correspondence.

A LETTER OF INQUIRY ABOUT VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Mr. Simon moved—"That it be referred to a committee, to be appointed by the Council, to report what are the best precautions which a vaccinator can take against the possibility of communicating syphilis, and whether these precautions are such as to give full security to the public against any danger of such infection."

Why not make the inquiry a broader one, and ascertain "How to vaccinate in the safest, easiest, and simplest manner ?" Seeing that each one is urged to be vaccinated twice, what a general necessity there is that *all* precautions should be carried out to their uttermost extent. Vaccino-syphilis is one of the absorbing questions of our medical journals ; but if vaccination is to remain compulsory, the public have a right to a progressive, scientific scrutiny, and deliberate judgment, relative to vaccination as a whole. So that it should be conducted with the greatest possible skill, to the advantage of all peoples. The present absurdly low fee is a great obstacle to a *general* deliberate study of vaccination. As one who has vaccinated for many years, I should desire to bring forward the following queries :—

1. Lymph is taken from a well-formed vaccine vesicle on the eighth day—each case "done" therefrom proves a failure —can we account for the inertness of the lymph ?

2. Lymph is taken from one vesicle—on puncturing the second (perhaps its last), cell, distinctly purulent matter oozes out ; are we justified in using the lymph taken from vesicle No. 1.

3. A *surface* is scratched over the skin the required size, serum oozes therefrom, slightly tinged with blood ; is such surface capable of absorbing either red or white corpuscle in its respective entirety, and full vitality, for subdivision, &c., &c. ?

4. Ought the capillary tube *ever* to be pressed against the vesicle ?

5. Does prolonged incubation in vaccination, denote imperfections in the performance thereof ?

6. Does heat, beyond blood heat, destroy the virtues of vaccine lymph—*e.g.*, the heat requisite for hermetically sealing tubes for the preservation of lymph ?

7. Teething eruptions, scrofula and syphilis being, in the aggregate, as common as vaccination, can the public expect that these hereditary, perhaps latent, or afterwards acquired diseases, should be stamped out by vaccination ?

8. Can vaccination be fully relied upon until *all* sources of external irritations be removed ?

I am, Sir, your most obedient servant,

ROBERT HANSLIP SEES, M.R.C.S.

Epperstone, Notts.
June 1st, 1871.

LADY DOCTORS.—SUGGESTION FOR A LONDON COMMITTEE FOR OPENING HOSPITALS FOR LADY DOCTORS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just received two interesting proofs of the progress the ladies are making in their attempt to enter the ranks of practitioner of medicine. In Edinburgh, a most influential committee has just been formed for the purpose of endeavouring to secure to the gallant band of ladies there hospital practices, and the other requisites, for taking a degree in medicine. When we see the names of J. S. Mill, Professor A. Bain, and others of like standing, on this Committee, it seems to me that the time is becoming ripe for all of us to succumb, and to allow women to do, what we have so long said they should do, try what they are fit for in practical life. The author of a pamphlet, with the title "Woman as a Physician," J. P. Chesney, M.D., of Missouri, U.S., has kindly forwarded me the same by to-day's post ; whilst some other friend has sent me an address delivered at Calcutta in February, 1871, by Mr. Chunder Sen, on "The Position of Women in Hindostan." When the whole world, from the Indies to the Missouri, is thus beginning to take an interest in the "greatest of modern pacific revolutions," the enfranchisement of women, it does seem to me, Mr. Editor, that it is too late to say that *we* will *not* let ladies have a medical school in some of our hospitals. When the public demands the services of educated medical women, it is our duty to accede to the *vox populi,* and to do so cheerfully, and with a good grace, since the inevitable should be so met.

To this end, I should suggest that, in London, at any rate, there are several hospitals that might be made into medical schools for women ; and if I were sure that no one would be offended, I should suggest that ladies might petition the authorities of the Royal Free Hospital, or of the Metropolitan Free Hospital, or the Northern Hospital, since none of these have any male students attending them. Such of these as had not sufficient beds could, perhaps, be affiliated to others, so as to make up the requisite number required by Examining Boards. When men of the stamp of Erichsen, Simpson, Henry Thompson, K. Chambers, and a host of the best names, in and out of the Profession, are in favour of medical education for ladies, I do submit that the case is almost gained ; since the *fancied* self interest of a certain number among us can hardly be allowed to be a sufficient reason why ladies like Mrs. Garrett Anderson, and others, shall not be allowed to compete for the substantial rewards and honours of any profession. Allow me, in conclusion, to quote from Dr. Chesney's pamphlet above alluded to. In page 14, he says :—

"It may, without detriment to the argument, as to the mental and physical fitness of women to become doctors, be admitted that, while there are some departments of medicine more peculiarly adapted to their capacities and tastes, and in which they have proved themselves the equals of the most superior male practitioners—the field of obstetric medicine and surgery for instance—there are some other, surgery in particular, in which they may not hope to become as efficient as men; though this cannot, by any means, serve as an argument to keep women from the profession of medicine, as the same rule applied to men (a vast majority of whom have no capabilities as surgeons), would give our professional ranks an undivisible tenacity. Any rule which will hold good for men, as a class, in the social affairs of life, will also hold good concerning women."

This is, I think, Sir, temperately and well stated by Dr. Chesney, and it is to be regretted that further time should be lost in making up our minds upon this important question. It is, I think, rather a pity, too, that London, the Metropolis of modern civilisation, should let Edinburgh and Calcutta get the start of her in the medical education of women; and I therefore write these few lines in case it may be soon possible to establish a London committee, as well as a Scotch one, for the admission of women to some of the hospitals of this gigantic city.

I remain, Sir, yours, &c.,

C. R. Drysdale, M.D., M.R.C.P.Lon., F.R.C.S.Eng.

99 Southampton row, W.C.,
29th May, 1871.

ACUTE ABSCESS IN GLOSSITIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Let me add an observation of a rather unusual case of glossitis to those detailed in your last by Dr. Croly. It was one which I attended last summer, limited to the right side of the tongue, which was greatly swollen, pressed and marked by the teeth, and could hardly be kept in the mouth. On making the incision, expecting blood only to follow, I saw a copious gush of pus follow the stroke of the bistoury, and a good deal was spit out. The loss of blood was also considerable, of course, and great relief followed.

I have not seen any mention of this accompaniment of glossitis hitherto.

Yours, &c.,

Sprackburn, Letterkenny, Isaac Ashe.
March 1871.

THE ASSAULT AT SOUTHAMPTON.

HEARNE v. ALDRIDGE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am much indebted for the early insertion of my letter of the 27th ult.; more especially as the colouring given in some of our local papers had produced a somewhat confused impression in reference to serious local irregularities, such as not even the well-trained mind of a medical editor could, on the spur of the moment, satisfactorily elucidate.

The kindly advice contained in your comments clearly implies that you have been induced to regard the affair as a doctor's fracas. Now, did it admit of such an interpretation, I should be ever ashamed of myself; but I feel confident that I shall be able to show that such an interpretation cannot be maintained.

Even the verdict of the magistrates would seem to have been only partially comprehended by those not immediately concerned; for the charge of assault preferred against myself was so unfounded, so much in accord with the whole affair, so thoroughly unwarranted, that Dr. Aldridge's solicitor found it necessary to explain that it had been made simply to enable Dr. Aldridge to give his version; or, as I would say, to enable him to make his conduct appear less repulsive, whilst, in reality, it produced the opposite effect.

Mr. Pocock, Dr. Aldridge's solicitor, "said that he only wanted Dr. Aldridge's version of the affair before the public, as he should withdraw the summons against Dr. Hearne." This the law did not permit him to do; but the fact speaks or itself. A charge of assault having been preferred with he knowledge that no assault had been committed, in order that the person who had committed one might give a counter version.

My solicitor was not instructed to press for a substantial money penalty, but to seek a conviction on the merits of the case, which he obtained.

In the course of a few days I purpose drawing up a concise account of the whole affair, believing that it will prove of general interest.

You will hear with surprise that the further we proceed the more senseless does the conduct of some of our brethren appear; for only this afternoon I was informed that all medical men have been denied access to the public small-pox wards by order of the Officer of Health for the town—a gentleman who has been performing his duties by deputy during many anxious weeks.

It remains to be seen whether the Southampton authorities will permit the duties of their officials to be discharged in secret. If so, it will have the effect of excluding a medical man who is a magistrate, and a guardian of the poor, from a *rate-supported establishment* by *a rate-supported official!* Some very stupid proceedings have been adopted, and then countermanded, which have naturally given rise to misrepresentations and exaggerations, such as the at present silly order is calculated to effect; but that it will be endorsed I cannot believe. However, it has had the effect of preventing my giving you further information in reference to the number of small-pox cases in the public wards—possibly the object desired.

Fortunately, the death-rate can be accurately given; last week I underrated it by *two*, the registrations having been effected after the hour the return was obtained. It should have been given fourteen instead of twelve.

This week, up to 4 o'clock, p.m. (Saturday), *fifteen deaths* from small-pox have been registered.

Whatever secrecy be attempted, the death-rate will form a tolerable guide as to the number of cases. That anything can be gained by making the public vaccination and small-pox wards exclusive is difficult to understand, as they are not the most agreeable places to visit. More soon.

Yours, faithfully,

Southampton, Edwin Hearne, M.B.
June 3rd, 1871.

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TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In your impression of May 31st, you very properly congratulate Dr. Thomas More Madden upon a resolution passed by the governors of the Rotundo Lying-in Hospital, tendering the thanks of the Board of that body to him for his zeal, efficiency, &c., in the discharge of his duties during his tenure of office as ex-assistant in the institution.

I have no doubt, whatever, that Dr. Madden fully deserved the compliment he has received, and which I, in common with other ex-assistants, have also received. I was, therefore, surprised to read your observations upon this interesting proceeding of the board—viz., that the resolution was "an expression of opinion for which there is almost no precedent on the books of the hospital"; and I should feel obliged by your favouring me with your authority for this statement.

I am, Sir, your obedient servant,
An ex-Assistant of the Dublin Lying-in Hospital.

[We have received a letter from Dr. Thomas More Madden to the same effect. Our authority for the statement was the *Dublin Freeman's Journal*.—Ed. M. P. & C.]

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THE LATE MR. FIRTH.

This gentleman, whose death was so widely and deeply felt in Macclesfield and its neighbourhood, was interred in that town on the 10th ult., and was followed to the grave by a large number of the inhabitants of Macclesfield. He studied at University College, where he formed his friendship with Dr. Lankester. In 1836 he took L.S.A. and M.R.C.S. Before settling at Macclesfield he had assisted the late Mr. Bullock, of Congleton. He shortly entered into partnership with Mr. Fernie, and in 1851-2 acted as borough magistrate, and was for some years an alderman. He was honorary consulting surgeon to the Dispensary, Medical Officer to the Rainbow and Sutton Branch of the Union, and late surgeon to the Lying-in Charity.

THE ELECTIONS AT THE ROYAL COLLEGE OF SURGEONS OF IRELAND.

The election of President, Vice-President, and Council of the Royal College of Surgeons of Ireland took place on Monday last. It was very largely attended, and the number of Fellows who voted were larger than has been known for some years. Dr. Kirkpatrick, Dr. Mapother, and Dr. Darby, of Bray, hotly contested the Vice-Presidency; and in the event it appeared that Dr. Kirkpatrick was elected by a majority of seven over Dr. Mapother. The contest for seats in the Council was very vigorous, Dr. Robert McDonnell, Dr. Denham, ex-Master of the Rotundo Hospital, Dr. Minchin, and Dr. Shannon being candidates. The result of the scrutiny showed that Dr. Butcher and Dr. Quinan ceased to be members of the Council, and were replaced by Dr. McDonnell and Dr. Denham.

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THE ANNUAL MEETING OF THE IRISH MEDICAL ASSOCIATION.

The Breakfast, Meeting, and Dinner of the Association took place on Monday last. The length of the proceedings and the late hour at which they terminated preclude our publishing them this week. They will appear *in extenso* in our next.

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Medical News.

Apothecaries' Hall of England.—At a Court of Examiners held on the 1st inst., the following gentlemen, having passed the necessary examinations, were admitted licentiates of the Society of Apothecaries, viz.:—Messrs. Alfred Thomas Corrie, of Plymouth; Frank Henry Hodges, of Birmingham; Henry Marmaduke Langdale, of East Heathly; John Magrath, of East Grinstead; Frederick Thomas Maisey, of Cheltenham; and Frederick George Passmore, of Brighton.

Quarantine Regulations as to Yellow Fever in English Ports.—The Privy Council have sent a circular to the various collectors of Customs in the United Kingdom, calling attention to the fact that, "whereas there is reason to apprehend that the yellow fever prevails in the West Indies and in parts of the continent of America, the Privy Council direct that after the 20th May every vessel coming from, or having touched, at any port or place in Cuba, or coming from or having touched at any port or place lying between longitude 35 and 60 degrees west of Greenwich, and between 4 and 40 degrees south latitude, shall come to an anchor at such place or places as may from time to time be appointed by the Commissioners of her Majesty's Customs, for the purpose of having the state of health of the crew of such vessel ascertained, before such vessel shall be permitted to enter the port whereto she shall be bound, or any other port of the United Kingdom, and shall remain at such place until the state of health of such crew shall have been ascertained, and thereafter be subject to such lawful direction as may be made in that behalf by or under the direction of the Lords of the Privy Council."—The following official despatch has been received from her Majesty's Consul at Copenhagen, reporting that, in consequence of Asiatic cholera being no longer considered epidemic in St. Petersburgh, the quarantine regulations of the 5th April last have been withdrawn, and vessels arriving from that port at Copenhagen are admitted to free pratique, and a copy of a notice of the Portuguese Government, declaring the port of St. Petersburgh to be infected with cholera morbus since the 5th ultimo, and all the ports of the Gulf of Finland to be suspected of the same disorder also from that date.

The Committee of the House of Commons on Vaccination recommend that boards of guardians should be compelled to appoint officers to see that vaccination is properly carried out; that the present system of registration should be simplified; that sanitary responsibility should not be divided between the medical department and the Privy Council and the Poor-law Board; and that the bulk of the expenses consequent on the Vaccination Act should be charged on the Consolidated Fund.

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NOTICES TO CORRESPONDENTS.

Worcester again.—We have a peremptory demand from Mr. Stallard for the name of the writer of the article in our last number under the above heading, or if we refuse to give such information, whether we will ourselves undertake the responsibility of "an action for libel." Having again read carefully the local paper upon which our remarks were founded, we fail to see the mis-statements of which Mr. Stallard accuses us. We are always open to correction, and would readily acknowledge an error proved against us, but when our Correspondent threatens us with an action for libel unless we reveal the writer of the article in question, we tremblingly inform him that it was written by the Editor of the English Department, who can be found, when wanted, at 20 King William street, Strand, London, Middlesex.

We have been obliged to postpone several Original Papers, Reviews, and other interesting matter.

Mr. Hy. Murray, L.R.C.S.—You were late with your application. The vacancy had been filled some days previously.

Dr. Bird, Chelmsford, Dr. Abbott, Brigg.—Probably miscarried.

Dr. Ed. Haughton.—The MS. is to hand and will receive attention.

NOT AFRAID OF THE TRUTH—DE OMNIBUS.

To the Editor of "The Medical Press and Circular."

Sir,—As a casual observer of London medical literature I am sorry to say that I am constrained to agree with Dr. C. Bell Taylor that it is useless to strive as to the so-called Contagious Diseases Acts to procure a hearing for more than one side of that miserable subject. Parliament is in dismay at the special pleading of a few men who care nothing apparently about the possible cruelty and cowardice of spies and informers towards poor hapless women suspected by ignorant policemen, who prove everything like some one in Hudibras

"By sines and tangents straight
If bread-and-butter wanted weight."

everything by statistics. In London we are becoming under this system a set of medical detectives, about the least inviting character a medical man can have.

We have deaths from chloroform easily explained; we have the spectroscope as to blood-stains; syphilis supposed to be communicated by vaccination; but they have become violent party questions; and if some of our publishers had their way they would make the multiplication table a party question, hence, the public smile at and distrust us; coroner's juries disbelieve the plainest facts, or now that favourite blunder of policemen, baby-farming; and so that *Deus ex machina* a Parliamentary Committee is acting as judge between the public and the special pleaders.

Truth prevails in the end as Cobden used to say, nothing else has any substance; but, unhappily, it takes a long time before it shall have prevailed. Dr. Acland, at the Royal College of Physicians during the week, has been expounding to us the great catholicity of medical and sanitary science and the grand future before the profession. Expounding Bentham, Comte, and Malthus as our great guides, and if my excellent friend Drysdale will not go into a swoon with Archbishop Manning one of his hearers of broad and true science in other words is "not afraid of the truth." Not so our narrow *ex parte* special pleading as to the Contagious Diseases Acts; while as to vaccino-syphilis or the spectroscope, special pleading is all the rule, and a trick of your contemporaries who invite discussion, but take care never to print anything adverse, and then turn honest writers, who disagree with them, into ridicule. Men of clear accurate modes of thinking like Mr. Simon agree with Dr. C. Bell Taylor as every man of gentle training must do, no matter the statistics and other pedantry as to this misnomer the Contagious Diseases Act.

I am, &c.,
London, June 3rd. Charles Kidd, M.D.

In Type:—

"On the Causes and Cure of Prostatic Stricture." By R. Uniacke Ronayne, L.R.C.S.I., L.R.C.P., &c.

"Practical Obstetrics." No. II. By Francis E. Clarke, B.A.

"On Celibate Armies and the Contagious Diseases Acts." By C. R. Drysdale, M.D., F.R.C.P.

Dr. Basham's, Clinical Lectures "On Diabetes." (Continuation).

"The Selection of Cases for the Operation of Subcutaneous Division of the Neck of the Thigh-bone." By Wm. Adams, F.R.C.S.

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MEETINGS OF THE LONDON SOCIETIES.

Royal College of Surgeons of England.—Wednesday, June 7th, 4 p.m. Prof. John Birkett, "On the Nature and Treatment of New Growths."

Royal College of Physicians.—5 p.m. Dr. Guy, "On War in its Sanitary Aspects, with special reference to the period from [illegible] to 1815."

Obstetrical Society of London.—7½ p.m. Council Meeting.—8 p.m. Dr. Meadows, "On Pelvic Hæmatocele" (adjourned discussion)—Dr. Tilt, "On the Diagnosis of the least known varieties of Uterine Inflammation."—And other papers.

Royal Microscopical Society.—8 p.m.

Royal Institution.—Thursday, June 8th, 3 p.m. Prof. Tyndall, "On Sound."

Royal College of Surgeons of England.—Friday, June [illegible], 4 p.m. Prof. John Birkett, "On the Nature and Treatment of New Growths."

Royal College of Physicians.—5 p.m. Dr. Guy, "On War in its Sanitary Aspects, with special reference to the period from [illegible] to 1815."

Quekett Microscopical Club.—8 p.m.

Royal Institution.—9 p.m. Prof. Tyndall, "On Dust and Smoke."

Royal Institution.—Saturday, June 10th, 3 p.m. Mr. Lockyer, "On Astronomy."

Royal Medico-Chirurgical Society.—Tuesday, June [illegible] [illegible] p.m. Ballot. 8 p.m. Ordinary.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1871.

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CLINICAL LECTURES
ON THE
DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.

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LECTURE I.

Introductory Remarks—Mode of Examining Patients—Use of Speculum—Fergusson's—Bi-valve—Duck Bill—Uterine Sound—Method of Introduction—Information to be obtained from its use—Bi-manual method of Examination.

Gentlemen,—It is of course essential to the right treatment of any disease, that the condition of the affected organ should be carefully and scientifically investigated. To assert such a palpable truth seems almost absurd, yet when coming together as we now do to investigate the symptoms and discuss the treatment, of the diseases of the female genital organs, it must be borne in mind, and I feel bound to impress upon you the importance of the simple proposition I have laid down. Not a year passes in which I do not meet with instances in which practitioners lose credit and character by neglecting or being unable skilfully to make the examination necessary in the class of cases we are considering. What physician would dream of prescribing for a case of hæmoptysis without ascertaining the condition of the thoracic viscera? Yet many do not hesitate to undertake the treatment of a case in which hæmorrhage from the uterus is present, without having the least idea whether the hæmorrhage depends on the existence of granular ulceration of the os and cervix uteri, on the presence of a polypus, of cancer, on that condition known as sub-involution of the uterus, or on other less easily demonstrable causes. I therefore unhesitatingly lay it down as a rule, that in all cases presenting symptoms of uterine disease, a careful examination of the pelvic viscera should be made. But let me at the same time earnestly impress on you the duty of conducting such an examination in a mode as little irksome as possible to the patient, and with all possible delicacy.

Now, in examining nearly every case of uterine or vaginal disease, we require the aid of both touch and light, to arrive at a correct conclusion as to the condition of the affected organs. To use the speculum without a previous examination by the finger and hand, is not only wrong, but fails to convey to us anything like an accurate knowledge of the case. Thus a patient suffers from leucorrhœa with pelvic pain and pains in the thigh. You make an examination with the speculum, and find the os uteri healthy, and may hastily come to the conclusion that no abnormal condition of the genital organs exist; and perhaps assure the patient that the womb is healthy. But nevertheless she is dissatisfied, for her sufferings continue, and by and by she consults another practitioner who detects the existence of a retroflected or anteflected uterus—a condition which an ocular inspection of the os uteri failed to detect. I could easily multiply examples, but let this one suffice to impress on you the necessity of making a manual examination before using the speculum. Now in speaking of a manual examination I mean more than a digital examination of the vagina. I include also under that term the investigation of the pelvic viscera through the abdominal walls, and if the symptoms seem to demand it, through the rectum also. I shall make a few remarks on the mode of conducting these investigations. First then as to the ordinary digital examination of the vagina or uterus. The patient is placed on her left side, the knees should be well drawn up, and the hips pushed out to the edge of the couch. These preliminaries effected, the index finger previously well oiled should be introduced slowly upward in the axis of the outlet of the pelvis, the tip of the finger being kept in contact with the posterior wall of the vagina. By adopting this course the finger reaches the posterior *cul de sac* of the vagina and by carrying it from this point round the cervix uteri, we are enabled at once to ascertain the condition of the lower segment of the uterus. Thus we learn whether it be moveable or fixed; whether it be of the normal size and shape; or if on the other hand elongated or hypertrophied. Then by drawing the finger down along its surface you reach the os uteri and discover its state, whether it be patulous with everted lips, or small and contracted. While thus engaged in investigating the condition of the uterus, you should not fail to attend to that of the vagina, and to satisfy yourself whether it be of the natural temperature and moisture, or unduly hot and dry. But there is more yet to be ascertained before you have gained all the information possible from a digital examination—the position of the uterus itself is to be made out, for the organ may be retroflected or anteflected, or possibly under certain circumstances completely retroverted.

As a rule you should not be able to feel the body of the unimpregnated uterus through the posterior *cul de sac* of the vagina. If therefore on sweeping the finger round the cervix you feel a firm globular mass above you, you can at once pronounce that the organ is in an abnormal condition. Then immediately follows the question, which you are called upon to solve, namely, on what does this enlargement depend? But I must defer the consideration of this question to a future lecture, for a mere digital examination though of importance, is frequently insufficient to enable us to decide this point; and in a large number of cases you must not remain content with it, or you will fall into grave errors. To make your examination complete you must have recourse to the use both of the speculum and of the uterine sound. I name them in the order in which as a rule they should be used. You see on the table there are three kinds of speculum; they are all of them admirable instruments, and as I am about to explain to you, each possesses certain advantages which the other wants, and certain disadvantages which renders the use sometimes of one and sometimes of another preferable. It is, therefore, essential that you should be acquainted with the respective merits of each. There are no doubt numerous other kinds, but for ordinary purposes these are sufficient, and of these for general use I without hesitation recommend the one known as Fergusson's. It is as you are aware, a glass cylinder silvered externally. This again is protected by a layer of gutta percha, which answers the double purpose of affording a very smooth surface, and serving as a protection to the vagina, should the glass by any mischance crack or break. Through a full sized one of these speculums you can see the parts very distinctly and it also possesses this great advantage, that it is uninjured by the action of acid, a class of remedial agents which are frequently used in the treatment of uterine disease. It is not however so easily introduced as either of the other speculums which I exhibit. If therefore, the vagina be narrow or if much inflammation be present, the attempt to use a full sized one will give so much pain that you will have to desist, and should you with the view of avoiding this, have recourse to a smaller one, you will find much difficulty in bringing the os into view; and even when you succeed in doing so, the position of the cervix exposed to view will be of such limited extent as often to afford but little information. Still the number of cases to which it is inapplicable will prove to be comparatively few. When from the narrowness of the orifice of the vagina, or from the amount of inflammation present you find Fergusson's speculum to be unsuitable, I recommend you to make use of a plated bi-valve one such as this (Fig. 1), it is very easily introduced but it does not reflect the light nearly so well as the glass one does, and moreover the lateral folds of the vagina fall to a considerable degree into the space between the blades when they are expanded, and intercept your view. The duck-bill speculum (Fig. 2), affords you one advantage which neither of the other possesses—namely, that it permits you to see the os uteri, and at the same time to touch it, a matter of the greatest importance in many cases. We therefore use it when introducing sea-tangle or sponge tents into the cervix uteri, or when having withdrawn these we proceed to examine the condition of, or to make applications to, the canal of the cervix or body of the uterus, and also in the case of all operations about the vagina or uterus. Its disadvantages are that the forcible drawing back of the perineum, which is necessary to permit the os uteri to be seen, causes pain; while if the instrument be not held very steady the os slips out of view. Next, that an assistant is absolutely necessary to take charge of it, and thirdly that difficulty is often experienced in keeping the anterior wall of the vagina from intercepting the view unless, indeed you seize the os with a hook or vulsellum—the reasons for, and the mode of doing which, I shall on a future occasion explain. I shall now give you a few directions as to the mode of introducing the speculum, for if you use the instrument in a bungling unhandy way not only will you give your patient much unnecessary pain, but you will also most likely leave an unfavourable impression as to your skill on her mind, and I therefore feel that I am not wasting time in dwelling on these minutiæ. First then you should dip your speculum into warm water to bring it up to the temperature of the body and oil it, then your patient lying on the left side with the hips well out you should with the index and middle finger of the left hand, raise and draw up the right labium and nympha, while with the thumb and index finger of the right hand you hold the speculum, and bring its point to the orifice of the vagina. You should at the same time with the middle finger of that hand, depress the soft parts on the left side; for if this be not done and if the labia or nymphæ be turned in before the edge of the speculum you will cause your patient much unnecessary pain which a little care on your part would have obviated.

FIG. 1.

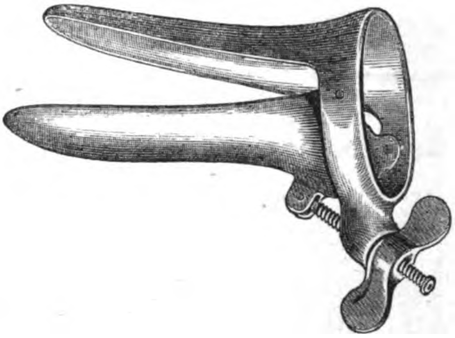
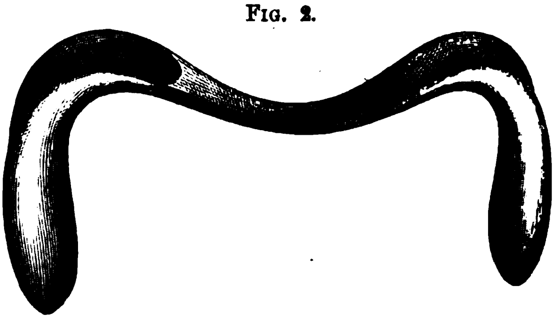
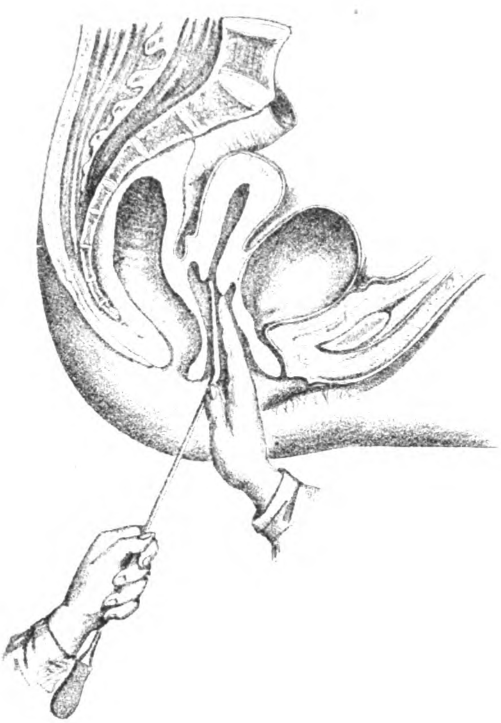


FIG. 2.



When once the point of the speculum has fairly entered within the vagina, its further introduction is a matter of no difficulty; but still it is very possible for a person inexperienced in its use to fail in bringing the os uteri into view and therefore you should be careful to keep the point of the instrument pressed well back against the posterior wall of the vagina, for the os uteri should look downward and backward, and by keeping the point of the instrument in the direction I have indicated the os

PLATE I



Mode of introducing Uterine Sound.

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practice I am indebted to it for most important information, which could have been obtained by no other means, and this too without having ever known it to produce the most trifling injury. Doubtless I am aware, that if roughly and unskilfully handled, or used in an improper case, the most serious consequences may follow its introduction ; but the same may be said of the catheter, or indeed, of any other instrument requiring skill in its use. I again repeat that if carefully used and skilfully handled, it is a harmless instrument, and may be used as

tion will always overcome these obstructions. I have dwelt at some length on the mode of introducing the sound, because the difficulties of the operation have been much exaggerated, and I am satisfied that these difficulties are mainly due to want of skill on the part of the operator. The method of using the sound which I have described, is that which I always adopt ; but there are other modes doubtless equally as good. Thus Dr. Graily Hewitt following the plan recommended by Sir J. Simpson, introduces the index finger of the left hand, guiding the sound along

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obviated.

When once the point of the speculum has fairly entered within the vagina, its further introduction is a matter of no difficulty; but still it is very possible for a person inexperienced in its use to fail in bringing the os uteri into view and therefore you should be careful to keep the point of the instrument pressed well back against the posterior wall of the vagina, for the os uteri should look downward and backward, and by keeping the point of the instrument in the direction I have indicated the os should without difficulty come into view. If this be not the case the speculum should be withdrawn a little way, and its direction slightly altered, when the desired object will most likely be attained. The foregoing directions hold equally good, whether you use Fergusson's or the expanding speculum, for though the latter, on account of its shape, is introduced with greater facility, yet it is not easier with it to bring the os into view; indeed the reverse is the case.

The duck-bill speculum requires special directions for its use. The following are those given by the inventor Dr. Marion Sims, and should be carefully attended to whenever this speculum is used—"The thighs are flexed at right angles with the pelvis, the patient lying in a semiprone position on her left side, her left hand being drawn backwards under her, and kept in that position; the chest rotated forward, bringing the sternum very nearly in contact with the table or couch, the head resting on the parietal bone; the head must not be flexed on the sternum nor the right shoulder elevated; the patient is thus rolled over on the front, making it a left lateral semi-prone position. The nurse or assistant at her back, pulls up the right side of the nates with the left hand, while the surgeon introduces the speculum, elevates the perineum, and gives the instrument into the hand of the assistant, who holds it firmly in the desired position." These directions are admirable, and should be strictly attended to.

When with either speculum you have exposed the os uteri, you are able to judge of its state. You see first of all what may be the condition of the lips; if they are covered with healthy mucous membrane, and present the normal light mother-o'-pearl coloured appearance, or whether they be congested, abrased, or in a state of granular ulceration and bleeding on the slightest touch; you see also whether the os be a small opening, free from discharge, or whether it be patulous, and plugged with a string of thick, glairy mucous, the sure indication of an unhealthy condition of the cervical canal. Then while withdrawing your speculum, you have an opportunity of satisfying yourself as to the condition of the vaginal mucous membrane; thus by touch and sight you are enabled to pronounce with positive certainty as to the state of the os, of the lower segment of the cervix uteri, and of the vagina; but should you stop here, you will in many cases have failed in your duty. Many a sufferer has been told after having submitted to such an examination that the womb was perfectly healthy, because the os and cervix appeared to be free from disease, and has consequently been looked upon as a complaining hypochondriac by her friends; while in reality she was a suffering invalid—the physician having failed to detect the actual ailment, either because he omitted to carry his investigation further, or because he was ignorant how to do so. For myself I lay down the following rule, which I advise you to follow, in the investigation of all cases of uterine disease which come under your observation:—1st. To make a digital examination of the vagina and cervix uteri; 2nd. If that fails to satisfy me as the cause of the patient's suffering, then to use the speculum; and 3rd. If still in doubt, to introduce the uterine sound, unless its use be clearly contra-indicated. You are aware that the sound is an instrument of recent invention; but even so it is surprising how little it is used, and how few appreciate its merits. I look on it as at once one of the most useful and at the same time, if carefully and judiciously handled, safest of obstetric instruments. In my own practice I am indebted to it for most important information, which could have been obtained by no other means, and this too without having ever known it to produce the most trifling injury. Doubtless I am aware, that if roughly and unskilfully handled, or used in an improper case, the most serious consequences may follow its introduction; but the same may be said of the catheter, or indeed, of any other instrument requiring skill in its use. I again repeat that if carefully used and skilfully handled, it is a harmless instrument, and may be used as safely or as freely as a catheter. Before explaining to you the mode of introducing it, I wish to call your attention to the instrument itself (Plate 1): it is as you see a metallic staff, not unlike the sound used by surgeons in the male. The best are made of copper plated, the advantage of which is that you are able to bend it at pleasure, a matter of no small importance, as you are frequently obliged to alter the curve when flexions of the uterus exist. At a distance of two and a-quarter inches from the extremity of the instrument there is a little knob, which marks the depth to which it should usually penetrate into the uterine cavity; and at this point you observe the instrument is curved, so that it may correspond with the axis of the uterine cavity. The entire length of the instrument is marked at intervals of an inch by notches, which enable you at once to decide to what depth the instrument has penetrated, for when withdrawing it you keep the point of your finger on the notch nearest to the os, and with the aid of the figures marked on the handle; see at a glance what the depth of the uterine cavity is. It is not a matter of any great difficulty to introduce the sound into the cavity of the uterus; still it requires tact and practice, just as the use of the catheter does. The following directions will aid you in acquiring the requisite skill. I recommend you to introduce the index finger of the right hand into the vagina, and to keep the tip in close contact with the os uteri, then to guide the point of the sound, held in the left hand up to the os, slipping it along the inner surface of this finger, the concavity of the instrument being turned towards the rectum. A little manipulation and gentle pressure will now make it enter the canal of the cervix. This being fairly accomplished, a fact you can always be sure of because your finger is still in contact with the os, you are to rotate the handle of the sound, a manœuvre exactly similar to that practised by surgeons when introducing the catheter in the male, and termed "tour de maitre." This has the effect of changing the direction of the point of the instrument, which will now look upwards in the direction of the axis of the uterus; steady but very gently pressure should now be made, and the point will in general, pass on without difficulty till it reach the os internum, and here some slight difficulty is generally met with. This if it occurs, should be overcome by gentle continuous pressure; force must not on any account be used, lest injury be done to the uterine walls. As the point of the instrument passes through the os internum, the patient nearly always complains of pain and sometimes of nausea; but this goes off in a few minutes, though I have met with instances of the pain lasting for several hours, and I have on one or two occasions known a patient to feel faint, this too never lasted for more than a few moments, and was never sufficiently severe to prevent my finishing the examination. In some instances an obstruction to the introduction of the instrument is met with low down in the cervical canal. This is not due to any contraction, but to the point of the sound becoming caught in a fold of the mucous membrane, which in this portion of the intra-uterine canal, is not smooth but plaited. Should this occur you must withdraw the point a little, and altering its direction somewhat: again press it onward. This difficulty is more likely to occur when the os uteri is patulous, and the cervical canal relaxed from the effects of disease, than when it is in a healthy condition; but a little patience and careful manipulation will always overcome these obstructions. I have dwelt at some length on the mode of introducing the sound, because the difficulties of the operation have been much exaggerated, and I am satisfied that these difficulties are mainly due to want of skill on the part of the operator. The method of using the sound which I have described, is that which I always adopt; but there are other modes doubtless equally as good. Thus Dr. Graily Hewitt following the plan recommended by Sir J. Simpson, introduces the index finger of the left hand, guiding the sound along

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it up to the os uteri. While Dr. West recommends introducing two fingers of that hand for the purpose, the instrument being held in the right hand. But whichever method you adopt, you will speedily with a little practice become adepts, only remember never to use force; better far that you should never introduce the instrument, than you should run the risk of injuring the uterus, and perhaps cause a fatal result, in doing by force what should only be accomplished by tact. But you will frequently meet with cases in which the use of the sound is entirely forbidden. Thus, if there be any possibility of pregnancy existing, it would be most improper to introduce it, and you should wait till you are satisfied on this point. In cases of cancer too, and as a rule, during an attack of any form of acute inflammation, your own judgment will warn you against it. But with such exceptions as these I can confidently recommend it to you as a safe and useful instrument—so high is my opinion of the uterine sound, that I make it a rule to introduce it in all doubtful cases unless its use is contra-indicated by the possible existence of pregnancy, or by some equally valid cause, and I am satisfied that this will at no distant time be recognised by all well informed obstetric practitioners as the established rule. Now as to the information to be obtained from its use. We learn three things, which it would be impossible to ascertain by any other means. Firstly, we ascertain with positive certainty what the depth of the uterus is. If the sound pass beyond the nodule, at the curve of the instrument, we know that the cavity is unduly elongated, and we can measure accurately the extent to which it is elongated. Secondly, we ascertain the position of the uterus, and determine whether it be in its normal position, or flexed anteriorly or posteriorly. Lastly, we learn whether the entire organ be fixed or moveable—a matter of the greatest moment when we come to decide on the all important question of the nature of some abdominal tumour, the sound, and the sound alone enabling us to decide whether the uterus is engaged in that tumour or not.

But our means of obtaining information are not yet exhausted. Our examination hitherto has been carried on through the vagina. We have ascertained what the condition of the os uteri is. We have measured the depth of the intra-uterine canal with our sound. We are satisfied that the uterus has retained its natural position, or is displaced. But we know nothing of the condition of the external or peritoneal surface of that organ. A fibrous tumour for instance, of any conceivable size may be developed from any portion of the uterine wall, and yet the examination I have hitherto described may fail to detect it. Never omit then in all doubtful cases, to pass the hand over the abdomen, and by the aid of both hands, to satisfy yourself as to the shape and size of the uterus. This method, termed by Dr. Marion Sims the bi-manual method, often affords valuable information. To carry it out pressure is made with the left hand over the pubes, while the index finger of the right, is kept in contact with the cervix uteri, the patient lying on her back, should be made to expire deeply, and, at this moment the fingers of the left hand should be pressed firmly down into the pelvis, immediately over the pubes while the index finger presses the uterus upward from the vagina. It will thus, to use Dr. Sims's words, "be easy to measure the size and shape of the body of the womb, for it will be held firmly between the fingers of the two hands, and its outline and irregularities will be ascertained with as much nicety as if it were outside the body." In thin subjects the results here enumerated as attainable can be obtained; but in fat or very muscular women we sometimes fail in our efforts to feel the uterus at all through the abdominal parietes. Still even with these exceptions, the bi-manual method of examination is often of great value.

I have already told you that in order to make an accurate diagnosis it is generally necessary to make a digital examination of the condition of the uterus and vagina, and to use both the speculum and the uterine sound. But in many cases, the two latter modes are not only unnecessary, but positively forbidden. Thus, if on introducing the finger into the vagina, you detect cancer of the os uteri, the introduction of the speculum becomes unnecessary, and may be injurious, while the use of the sound is altogether prohibited; or, if on using the speculum we find the os and cervix uteri to be in a state of ulceration, the symptoms the patient is suffering from will probably be accounted for, and the introduction of the sound into the uterine cavity uncalled for, and therefore to be avoided. So your examination in all cases is to be progressive, the finger always being used in the first instance. Any departure from this course, I deprecate strongly.

I have now, Gentlemen, described to you very briefly the mode in which you are to investigate cases of supposed uterine disease. But without a knowledge of what you have to learn, by your examination, the examination itself will be useless.

It is my duty to point out to you the symptoms of, and the mode of treatment adapted to the various forms of uterine disease, and I shall in my future lectures, call attention specially to these, as cases suitable for illustrating them occur.

(To be continued.)

◆

NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

By Dr. Acland, F.R.S.,

Regius Professor of Medicine in the University of Oxford.

1.—The Foundations of National Health.

No subject has received more impulse in this country within the last twenty-five years than the prevention of disease. We are ripe for comprehensive legislation. Mr. Goschen, taking a wide view of the question, has already embodied in a Bill provisions by which the relations of a large proportion of the medical profession to the public may be changed, and a new conception of the functions of medical men may be introduced into every corner of the country.

Though the exigencies of political affairs have forced the withdrawal of this Bill for the moment, I shall endeavour, in the observations I am about to make, to sketch the intricate bearings of a subject of no small moment, from the point which seems to offer the fullest conception of the groundwork of national health. But I admit the all-but impossibility of the task within the limits assigned to an ordinary lecture.

If there be a national health as distinguished from personal health, it is a problem of the last importance to know by what laws the standard of national health is raised, by what it is depressed. If national health is intimately connected with national virtue, and both with national prosperity,—if all have their foundations in the very conditions of human life on the earth,—then it will seem probable that national vice will be found linked with physical weakness and general decline, by the same correlative necessity.

These laws of our being are the expression of the fact, that nations, like individuals, placed in given conditions, must act within certain limits, limits admitted by all, whether they believe them to be bounded by the possible combinations of chance, or assigned by the intelligence of a Superior Will. National habits, good or bad—national licence and national self-restraint,—national vice and national piety,—national vigour or national indolence,—are propagated through the individuals of which the nation is composed; being attached to individual character, and handed on from generation to generation, modified, however, by individual education, or those great catastrophes which, like subsoiling in a barren land, bring about fresh combinations, and give birth to products good or bad, better or worse, as the laws, moral and physical, which regulate the combination, may compel.

It may be alleged against these fundamental conceptions that national health is a fiction of the mind, that no such collective physical condition exists. The objection would be one of words. Family constitution and hereditary taint certainly exist; and a multitude of individuals forming one army, may, by the operation of moral causes, go anywhere and do anything, or may be without power, without will, without hope.

We must not stop to discuss in full by what subtle links families are bound into peoples, people into races; but limiting our view to our own immediate nation, which may serve as an instance for all, consider briefly *how the physical condition of our people has been attained?* and *by what means it may be preserved or improved?* our national health, in short. *What is it?* and, *What are the duties of the State towards it?*

The health of an individual is, the balanced condition of organs best fitted for due performance of the functions of body and mind within the capacity of the individual.

The national health is, that condition of the individuals of the nation which enables the individuals of the nation to discharge rightly their respective functions in the state, "to do their duty in the state of life to which they are called;" the statesman to be in training for exercising the complex intellectual operations of his high office; the artizan, the soldier, the abstract thinker, each for his; and if we regard the philosophic teaching of the great author of the "Republic," parents of either sex, for the raising of the future citizens for the state.[*]

The sole question which here seems open to cavil is, how far we can influence national health in the wide sense just hinted at? Can the abstract speculations of the "Republic" bear practical fruit? Can we influence all the factors which are contained in the elements of national health? Let us see what they are.

Take any given Englishman. What is his descent,—Roman, Norman, Saxon, Dane, French? What influences have operated on him since his progenitors were among the number of workers in flint or in bone, or bronze? Did they become farmers, warriors, chiefs? Intellectually accustomed to command or to obey? Physically to endure or to shink? Morally thrifty, contented, peaceful or turbulent drunkards, and dissolute? Were they in later times exposed to the diseases of hot climates? Were any syphilitic? Did they intermarry in close relationships, or seek far a field the partners of their lives? What would be the qualities which, like the now famous Black Bar of the Rock Pigeon, might reappear on their scutcheons? Pride, pugnacity, syphilis, gout, phthisis? Terrible questions these which the third and fourth generations ask of the sins of their forefathers and of their own. There is much to be said for the squire who never passed the picture of his great-grandfather but he shook his stick at him with an oath, and said, "Your drink brought gout down upon us all."[†]

Philosophically, indeed, this most anxious enquiry might, we now know, be pursued, and is being, with rare practical discernment, pursued into the very origin of our race. But I forbear, in a question of great practical import, to do more than remark, that Darwin's discussion has a direct bearing on the conception of national health. It tends to confirm the conviction that acquired habits, whether of body or mind, may be very permanent in a race. That acquired increments for good may be permanent for good we cannot doubt, with the qualification that they must be maintained by each individual of each generation. The potential good being inherited may, by moral or physical struggle, be retained, and the potential evil be to some extent eradicated. But in every case we must believe that the inherited good attained, perhaps, by generations of valour or virtue, may be, in a moment, shattered like some lovely work of fictile art that was produced only after years of education and months of applied skill.

These general reflections bear mainly on bodily characters, but not wholly so. A woof of mind runs through the web of all animal organisation, and the view we take of the elements of national health is coloured by our conception of the respective relations of body and spirit. When we look abroad on the animal world, we perceive such union of mental and bodily functions, that we are at a loss to say whether the matter, of which the organism is composed, and by which alone the bundle of mental qualities which it possesses can operate in the world, is primarily set in motion by mind, or is itself the *primum mobile*, the basis and very essence of mind. The difficulty of solving this question, so fundamental to all speculation on the organised world, has increased with time, and so the principles on which the education of man shall be conducted have become a subject of yet keener debate. He who believes that we are but what we see, and handle, and measure, and weigh; he who looks not beyond the present chemical concurrence of some half-hundred elements, combined within themselves; and he who says in his heart, "There is no God;" all these can look on education and on health as problems only of physical science, to be settled by material measures. But without pursuing a subject far too long for our present opportunity, let it be said this hard material view which has once and again cropped up in history, since culture and literature began, cannot be accepted as other than an hypothesis for settling the insoluble problem of the nature of man and his co-tenants of our planet. Look out and see every spot of earth, of water, of air, occupied by beings fitted, if you will, for their place by natural selection; adorned, if you please, by the sexual impulse to display; and what do you find? Material organism fitted to perform certain material functions; bundles of mental powers fitted to put that adapted machinery in operation. Machinery and mind are alike inherited; their qualities improveable, and transmitted; the temper, so to say, of progenitors lost, and reappearing. Shall any one presume to say that as yet the genesis or pan-genesis of this complicated organisation of earth is so known to him, that he can declare that matter alone rules mind, and that mind, whence it is, and what it is, is so understood by him, that he can say it does not and cannot exist alone, does not and cannot act upon what we call matter, can have no independent being. Does the denizen of air, of water, of earth, who is ferocious, attack ferociously, solely because his weapons make him desire to attack? Does he who flees and is timid, flee because his limbs impel him to dive, or to burrow, or to run away? Do you not think he flees for that he is timid, or fights for that he is ferocious? Have his bundle of mental qualities no real existence? Hopeless questions!

If we cannot, with Malebranche, assert that in an understood and understandable manner, "God is in all things, and all things in God," we, at all events, cannot, as scientific men, allow that it is proved that blind chance has made us; and may on this safely appeal to the unprejudiced witness of Darwin, who shows, by hundreds of instances, the coercive powers of purpose. Moreover, by whatever road man has reached his present state, freedom of action, moral responsibility, are his; and now, at all events, he possesses the will and the reason by which he is mainly distinguished from the varied animal world about him. Throughout the animal world we find skill and power, as in the ant, in the dog, in the tiger; but skill and power little, if ever, improved, because the reason to mould the conditions of existence, and compel nature to be their servant, is absent, or applicable only to single instances. With man, on the contrary, with educated, moral, and progressive man, the skill and the power are becoming evidently correlative with the powers which are locked up in nature, and are attained by him; and they are, on the whole, transmitted unlost from generation to generation.

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[*] "The Republic of Plato," Book IV.

[†] The Chinese have very strict notions as to hereditary taint; chiefly however, on moral grounds. The children of *actors*, among others, for three generations are excluded from the greatest privileges of citizenship, and capital punishments may follow unlawful attempts to exercise them. Not long since, thirty examiners, including an ex-chancellor, were put to death for admitting an actor to a competitive examination!

Slight and imperfect as is this sketch of the relations of man, in his bodily and his spiritual nature, to the world in which he is placed, the thoughts to which it invites must be present to us, if we are to take a true survey of the ground of national health.

The conclusion to which they point is this—that the soul of man is not the abject slave of mechanical organisation; that in some way which science cannot at present ascertain it acts on, as well as is acted upon by the physical structure through which alone it here exists; and that the groundwork of sound national health lies as much in mental as in physical training and guidance. Thus, a task of the highest importance is imposed on the profession of medicine. They, and they only, can be expected at present to be able to measure fairly the strain which the nervous system of the human animal at various ages can bear; and they, and they only, can say what bodily training may be most conducive to mental development, and mental activity. But the problem involves questions far beyond the reach of average men worn by the strife of daily life. Philosophers and poets have spent some of their greatest efforts on this subject—Milton and Locke in their essays on "Education," Rousseau in his "Emile," Herbert Spencer in his treatises, and a host of minor thinkers in theirs, have endeavoured to grapple with the question of the relation between mental and bodily discipline, and; viewing the question from the psychological side, have insisted on guiding the development of the body in order to furnish a fit organism for the mind. A caution must be entered, as public opinion heaves to and fro, lest the physician lay too much stress on material agency, and claim too much value for mechanical apppliances in aiding the public health. The union of moral with intellectual and physical health (if, indeed, they can be separated), can alone save a people entered on the struggle of so-called civilisation. True, indeed, is it that without good sewers and healthy dwellings the poor can neither labour well nor reasonably enjoy their being; but as true that without a pure state of the moral sentiments no material improvements will ensure to a people present happiness or permanent stability. Material comfort and material luxury are apt to engender, even in a noble race, meanness of soul, and woe and destruction wait on its fall.

Physicians, therefore, in discussing the grounds of national health, must compass the whole bearings of this question, if they wish to be followed by a sagacious and toiling people. A large-minded promoter of sanitary measures says, in a letter to the people of India, "There is so constant a relation between the health of a people and their social civilisation, that, alas! one of the best indications of the social state of populations is afforded by the number who die year after year." * The education of the younger portion of the people in this country is proceeding so rapidly, and the knowledge and conception of material laws, thanks to a periodical literature, which is, on the whole, noble and enlightened, is becoming so much enlarged, that no health measures which are deficient either by reason of inattention to material wants, or of inattention to moral and intellectual aspirations, or based on the old views of medicine, as a purely curative as distinguished from a preventive art, will find public acceptance. To prove this, it is sufficient to note the growth of resolute conviction among the people with respect to the abuse of alcohol, and with regard to the necessity of great engineering works for sanitary purposes, such as those carried out in Lancashire under the Poor-law Board during the cotton famine.

Shortly after the existing Poor-law had come into operation in England, a noble controversy arose in Scotland between Chalmers and William Alison, as to whether the care of the sick poor and of the destitute should be left to the voluntary exertions of the charitable, or be placed under the strict eye of the law. The two men were equals in Christian goodness and philanthropy; their experience and their knowledge of the poor was the same. But the science and logic of Alison prevailed. He showed, once for all, that whatever might have been the evils engendered in England by the Poor-law, the evils of destitution left to charity were greater both to the nation and to the individuals.

The ideas of legal claims to relief on the part of the destitute, and to cure on the part of the sick, are so familiar to this generation, that the early contest against the establishment of these ideas can now be scarcely credited. We are fast reaching a further social conception, that *prevention* of sickness is a yet more rational course, and, therefore, a yet more sacred duty than its *cure*. But the nation requires further familiarity with the proposition before it will accept it; and that familiarity cannot come until the community at large, as well as the medical profession, have fully realised the obvious proposition, that *prevention* of all disease that is not surgical, and of much disease that is surgical, is as strictly a department of medicine as *treatment*. They appreciate this in vaccination and small-pox. They do not appreciate the efforts of the younger labourers, who are striving to discover new protection against other scourges of man.

But no medical knowledge, no sanitary provisions, and no sanitary legislation, can make head against laws of nature, physical or moral. If population increases beyond the means of healthy subsistence, disaster must follow. It seems to me that at present sufficient attention is not paid by sanitary writers to the fundamental truths advanced by Malthus, but often overlooked or misunderstood. While we have been honestly endeavouring for the last twenty-five years to abate the general torpor and selfishness of the previous century, and to stop the growth of further sanitary evils, the average mind of England has not sufficiently heeded the coming, nay, the present, difficulties of over-population. We are too apt to look on the East of London, or the growth of the manufacturing towns, as exceptional instances. They are the necessary consequences of unthriftiness in marriage, of limited area, of difficulty in emigration, and of working and trading for the world.

The reality of our difficulty about population is told in a very few words—England and Wales are increasing by about 200,000 annually. This number will of course increase by a small increment. Since A.D. 1810, the population, which was 10,000,000, has become 22,000,000, and at the same rate will become by A.D. 1920, over 45,000,000. The acres in England and Wales are about 37,325,000, including waste ground. There are now, therefore, nearly two acres per man; there will be in fifty years not one; in Glasgow there are already 94 inhabitants to an acre, and in Liverpool 103. No single arrangement can meet the necessities, therefore, of every district. The urban and rural districts have each respectively their sanitary difficulties,

The land question presses in one shape in the towns, in another in the country. Here, as in America, or in every manufacturing country, causes suddenly operate to convert rural into urban lands; and to import, into wholly unprepared country districts, all the troubles of an urban population. Of this, a striking instance is seen in the coal districts of Durham and Northumberland, many more in Lancashire and Yorkshire.

The danger of all these circumstances in relation to national health is admirably stated by Professor Fawcett:—

"It will, therefore, be well distinctly to appreciate what is implied in bringing into operation causes which will produce greater mortality; some definite idea may be formed on the subject, by considering the results involved in the present high death-rate prevailing amongst the children of the poor. Assume that there are 1,000 of these children, that 500 of them die before the age of five, whereas if they were as well cared for as the children of more wealthy parents, only 200 of them would die before this age. The death, therefore, of 300 is to be traced to defects in our social and economic condition. These children are literally slaughtered, and in a manner, moreover, which indicates prolonged suffering. But this is only a part, and perhaps the smaller part, of the mischief which is done; the causes which produce this excessive mortality do not alone affect the children who die; all those who survive are also brought under the same blighting influence. Consequently, to all the struggle for existence becomes more severe, the more weakly succumb; even the stronger who survive, in passing through the trying ordeal, often contract the germs of future disease, their constitutions being in too many cases, undermined. Physical deterioration ensues, and a whole people may thus become gradually stunted and enfeebled."[*]

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* Miss Nightingale, remarkable letter to the Bengal Social Science Association. See "Reports on Improvements in India, 1870," p. 290.

It is not possible to reflect on this subject without recognising the truth of the proposition that, making every allowance for the action of counteracting causes, excessive development of a population on a limited area like Great Britain, must in the end be disastrous to the nation, unless, first, the population can be kept healthy; and, secondly, the commodities of life are obtainable to a commensurate extent. The arithmetical bearings of this point have been worked out by Mr. Samuel Ruggles, in a Report to the President of the United States.[†]

The conclusion, then, seems almost forced upon us, that whenever our population increases beyond the power of our area to maintain it, two effects will follow, more especially in times of commotion—increased pauperism, increased disease among the adults. If philanthropic or legislative efforts succeed, there will be added, the rearing of wretched children, incapable in body and mind; multiplication of lunatic asylums, reformatories, and workhouse schools, and crushing taxation of the industrious, capable, and healthy.

Conversely, if the preventive checks of Malthus, and especially education (in which I place first, moral culture, however, attained), can be brought into operation, two results might be expected; first, that the population may be kept in some check; and, secondly, that the internal administration of the country may be greatly improved by the political sense of the masses. Through these two causes there may be hope for the nation. It is doubtless true, first, that in the history of the world we have seen nations almost brought to a stand by epidemics, as, for instance, in various parts of Europe during the fourteenth century by the astonishing ravages of Black Death; secondly, some check is induced by wars; and, thirdly, an excessive mortality of children produces the same results. The operation of these natural checks is eminently uncertain, and to count upon them as substitutes for self-control, prudence in marriage, and good political administration, is deliberately to substitute the instinctive life of brutes or savages for the progressive experience, the reason and morality of the human race, and to accept the destiny which such life brings with it. When savages and brutes meet in conflict with civilised man, that destiny has usually been extinction.

Moreover, whatever opinion there may be at present as to the origin, first of species, and secondarily of race, constitution, and individual temperament, there can be none as to the effect of food, climate, habits of life, and culture, either upon the individual or the progeny. It is sufficient here to remark on the feebleness of the descendants of Europeans in India, notwithstanding the vigour of the first generation, and on the rapidity with which the Anglo-Saxon race has changed in North America. Doubtless the limits of variation of man, or of any race of men, have not yet been determined; but we are rapidly approaching precise knowledge on the subject. Life insurance offices will ere long furnish a fund of information; and the labours of our great statisticians, when they include sickness returns from the public health authorities, will give all attainable scientific information of the causes and nature of health fluctuations in this country, in comparison with the same in other countries. To say truth, the accumulating knowledge of the facts of humanity is becoming more marvellous than the fancies of Utopia. The newspapers tell us weekly—thanks to the sagacity of Major Graham and of Dr. William Farr—the comparative death-rates of great towns, not only in England, but on the continent of Europe, in India, and at New York. We are able to judge what the energy and determination of one man can do in controlling the health destiny of vast populations, by studying the admirable results of the work of Dr. Hewlett,[*] in Bombay, and the sanitary progress in Calcutta. India bids fair to set us an example of accomplished sanitary administration, which will be fruitful alike of knowledge and of practical benefits to the people.[†] Nor is this all. Quetelet[‡] and Galton[||] have opened a mine of precise knowledge regarding the finer causes of "limits of variation" which have been just touched upon. Quetelet, indeed, has proved what, *à priori*, might have been safely inferred, that the limits of the factors of human nature, whether mental or bodily, may be fairly expressed in terms of mathematical formula and curves; so that, indeed, the average proportion out of a given number of persons possessing any mental quality may be as directly predicated as their heights or their weights. It is true that this is only the expression of a fact which it does not explain. But Francis Galton has with great skill, in his work on "Hereditary Genius," shown some of the consequences of this fact or law. They are startling. Just "as a cook combines or creates a dinner, the fish director can create," he says, "a particular sort of fish[¶] according to a predetermined pattern;" then, he adds, "the reflections raised by what has been stated of fish are equally applicable to the life of man." "The entire human race, or any one of its varieties, may indefinitely increase its number by a system of early marriages, or it may wholly annihilate itself by the observance of celibacy. It may also introduce new human forms by means of the intermarriage of varieties, and of a change in the conditions of life." Galton's speculations—I ought rather to say, his logical and precise discussion—should be carefully weighed by every thinker on public health, because, in one sense, it is directly opposed to the conclusions of Malthus. He has worked out the effects of early and late marriages in respect of progeny, and has shown that, given certain conditions to two races, M or N,—one, M, marrying early, and N marrying late,—at the end of *one* century the mature men of M will be four times as numerous as those of N; at the end of two centuries, ten times; and at the end of three centuries, twenty-seven times as numerous. Now, if M were reckless and imprudent, and N careful and prudent, all else being equal (which, however, would not be the case), the prudent race would be driven out of the field. A terrible disaster! "It may seem monstrous that the weak should be crowded out by the strong, but it is still more monstrous that the races best fitted to play their part on the stage of life should be crowded out by the incompetent, the ailing, and the desponding." In forming a fair estimate of the whole of this question, many other causes would have to be considered, and their effects calculated. But reason tells us that there must be some relative value in lives, though the human eye may fail to count it right. There is a moral in the tale of the fowlers in the Northern Seas. As the three egg-hunters are, one by one, drawn up along the face of the cliff by the same rope, highest is fastened the lad, the father next, and last the grandsire.

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[*] Professor Fawcett: "Pauperism, its Causes and Remedies," p. 108. London, 1871. A book which cannot be too widely read.

[†] See an abstract of his Paper in the *Times*, May 17, 1871. John Lambert, Esq., C.B., has referred me to an interesting work on the condition of the Poor, by another Mr. Ruggles, viz., "The History of the Poor, and the Laws respecting them." By Thomas Ruggles, Esq., 1797. The work contains many thoughts of permanent value.

[*] "Dr. Hewlett's Quarterly Reports to Bombay."

[†] See various Reports on the Health of India for the last five years.

[‡] "Anthropometrie de l'Homme, 1870," and "Essai de Physique Sociale," edit. 2, 1869.

[||] "Hereditary Genius," 1869.

[¶] *Op. cit.*

If the strain is over great, the lowest, least worth, is to cut the rope and fall into the abyss; next, if need be, the father; so that the chafing strands may perchance save that life which may be longest and is youngest. So is it in nature. We have our being under just and necessary laws, moulded by hidden causes we cannot see nor understand.

◆

THE SELECTIONS OF CASES FOR THE OPERATION OF SUBCUTANEOUS DIVISION OF THE NECK OF THE THIGH BONE.*

By William Adams, F.R.C.S.,

Surgeon to the Royal London Orthopœdic and Great Northern Hospitals.

After observing that the operation of subcutaneous division of the neck of the thigh bone, which he first proposed, had now been successfully performed five times, and only once, for fibrous anchylosis in a child, with an unfavourable result, the author stated that bony anchylosis is the result of several morbid conditions, differing as to the destructive, or non-destructive character, as affecting the bones.

When bony anchylosis has taken place as the result of strumous disease of long standing, and accompanied with abscess, destruction of the head and neck of the bone frequently occurs, the disease being essentially of a destructive character.

On the other hand, when bony anchylosis has taken place, as the result of acute rheumatic inflammation, no destruction of bone ever occurs, and the head and neck of the bone remain of the full natural proportions.

This is an important pathological law, and, as a rule, the same may be said in cases of bony anchylosis after pyæmia, and traumatic inflammation in adults.

In confirmation of Mr. Adam's opinion that in many cases of bony anchylosis of the hip-joints, the head and neck of the thigh bone remain of their full natural proportions, whilst in other cases they are more or less destroyed; but only in some instances to such an extent as to prevent the subcutaneous division of the neck of the thigh bone being performed, the author referred to the specimens in the principal museums of London, and stated that out of thirty-three specimens referred to, division of the neck of the thigh bone could be performed in twenty-one cases.

After stating that the diagnosis in reference to the shortening of the neck of the thigh bone could be made with certainty, the author stated the following as the conclusions to which he had arrived.

1st.—That in rheumatic anchylosis, no destruction of bone ever exists.

2nd.—In anchylosis, after pyæmic inflammation, destruction of bone rarely exists, the soft structures only being destroyed.

3rd.—In anchylosis, after traumatic inflammation in healthy adults, no destruction of bone occurs, as a general rule, even after acute suppurative inflammation, the soft structures only being destroyed.

4th.—In anchylosis, after strumous disease of the joint, when arrested in the early stage, only superficial caries of the head of the bone occurs, and the operation can generally be performed.

5th.—In anchylosis following the more severe forms of strumous disease, in which there has been evidence of caries and necrosis of bone, destruction of the head and neck of the thigh bone may be diagnosed, and in these cases the operation cannot be performed.

Thus, it will be seen, that out of the five classes of bony anchylosis above described, in three classes the head and neck of the thigh bone remain of their full natural proportions. In the fourth class, although some difficulty may occasionally be met with, the operation can generally be performed, and that it is only in the fifth class of cases, that the operation is decidedly negatived.

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ON SPECTRUM ANALYSIS,

IN RELATION TO

CHEMISTRY, PATHOLOGY, AND MEDICAL JURISPRUDENCE.*

By H. Letheby, M.B., M.A., Ph.D., &c.

(Continued from page 485.)

In further proof of the uncertainty of the subject, he says, "the experiments of Bruch on the action of gases on the colour of the blood, and the observations of Harless regarding the gradual destruction of the corpuscles of frogs' blood, certainly indicate that there is a chemical action between the blood corpuscles, and their contents on the one hand, and the inspired oxygen on the other. in which action the hæmatin doubtless participates. But the observations of Hannover, which show that persons whose blood is very deficient in red corpuscles (chlorotic persons), exhale as much carbonic acid as healthy persons, seem on the other hand to contra-indicate a direct relation between the blood corpuscles or blood pigment an oxidation in the blood. We must, therefore, give up, for the present, all attempts at understanding the function of the blood pigment."†

Now, it is at this very point that the inquiries of Professor Stokes and Mr. Sorby are so valuable, for they not only prove that the hæmatin of Lecanu is not the same as the true colouring-matter of the blood, but they also demonstrate the fact that this colouring-matter is endowed with the remarkable property of freely absorbing oxygen, and of as freely parting with it to reducing agents. They show, therefore, that we have in the colouring-matter of the blood a substance which is especially well-suited for the purposes of respiration. Nor is this all—the passage of the colouring matter of fresh blood, from the state of oxidised or red cruorin, to that of reduced or purple, is accompanied with the precise changes of colour which mark the passage of arterial to venous blood; and as the spectra in the two cases of red and purple cruorin are so different from each other, it was hoped that they might be the means of discovering the real difference of venous and arterial blood. With the view of solving this question, Professor Stokes, assisted by Dr. Sharpey and Dr. Harley, obtained venous blood from a living animal and examined its spectral properties. Every precaution was taken to prevent the access of atmospheric oxygen, because of the greediness with which it is absorbed. A pipette was adapted to a syringe filled with water, that had been carefully deprived of its free oxygen by previous boiling and cooling without exposure to the air. The point of it was introduced into the jugular vein of a live dog, and a little blood was drawn therefrom. This was immediately examined for its spectrum, but it showed the bands of *scarlet cruorin*: indeed, the solution itself looked more like arterial than venous blood; and so far it was inconclusive: but, as Professor Stokes remarks, it does not by any means prove the absence of *purple cruorin*; it merely shows that the colouring-matter present, was *chiefly scarlet cruorin*. Indeed, the relative proportions of the two present, in the mixture of them with one another, and with colourless substances, can be better judged of by the tint than by the use of the prism; for, with the prism, the extreme sharpness of the bands of scarlet cruorin is apt to mislead, and to induce the observer greatly to exaggerate the relative proportions of that substance.* Besides which, it is very probable that the recently-boiled water absorbed the carbonic acid of the purple cruorin, and so destroyed or altered its characteristic spectrum.

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* Abstract of Paper read at the Medical Society of London.

* Extracted from the Third Volume of the "Clinical Lectures and Reports, by the Medical and Surgical Staff of the London Hospital." 1866.

† Lehmann's "Physiological Chemistry." Vol. 2, p. [illegible]

Seeing, then, that the change of colour from arterial to venous blood *as far as it goes*, is in *the direction* of the change from scarlet to purple cruorin, that scarlet cruorin is capable of reduction, even in the cold, by substances present in the blood, and that the action of reducing agents upon it, is greatly assisted by warmth, we have every reason to believe that a portion of the cruorin present in venous blood, exists in the state of purple cruorin, and is re-oxidised in passing through the lungs.

That it is only a rather small proportion of cruorin present in venous blood, which exists in the state of purple cruorin, under normal conditions of life and health, may be inferred, not only from the colour, but directly from the results of the most recent experiments.† Were it otherwise, any extensive hæmorrhage could hardly fail to be fatal, if, as there is reason to believe, cruorin be the substance on which the functions of respiration mainly depends; nor could chlorotic persons exhale as much carbonic acid as healthy subjects, as is found to be the case.‡

Additional light is thrown on this subject by the investigations of Magnus, which prove that both arterial and venous blood contain oxygen and carbonic acid, but the proportions in the two cases are different; for while, in arterial blood the proportion of oxygen to carbonic acid is as six to sixteen, in venous blood, it is only as four to sixteen. Other experiments have also proved that venous blood will absorb more oxygen than arterial, and arterial blood than serum. Lehmann, in fact, found that a given volume of clot would take up twice as much oxygen as the same volume of serum. It would, therefore, seem not only that the colouring-matter of the blood is the real agent of respiration, but also, that both arterial and venous blood contain cruorin, in its two states, of purple and scarlet.

The tint of the blood is no doubt affected, to some extent, by other circumstances than the relative proportions of scarlet and purple cruorin; for the experimental researches of Nasse, Scherer, Harless, Lehmann, and others, have demonstrated that the *form* of the blood corpuscle has something to do with the colour of the blood. When it is flattened, the blood looks brighter, and more arterial, than when it is swollen. Oxygen and many saline substances have the power of effecting this; while carbonic acid water and some other agents swell it. All these reactions, however, are very different from the specific changes of scarlet and purple cruorin.

Another important question is that which relates to the *condition* of the oxygen in scarlet cruorin; is it common oxygen combined chemically, or is it *allotropic*, or somewhat active oxygen, held to it by adhesion? The latter seems to be the true conditions of it; for if it is combined by a chemical power it is a marvellously weak one—something like that which fixes gases in water, or which holds the second molecule of carbonic acid in bicarbonate of soda, all of which are easily displaced. Professor Stokes took two portions of defibrinated blood, and, to one, he added a little of the reducing iron solution, while into the other he passed carbonic acid. The effects in the two cases were the same; the blood lost oxygen, became purple, and showed the spectra of reduced cruorin. Magnus also, has removed as much as from ten to twelve per cent., by volume of oxygen from arterialized blood by merely shaking it with carbonic acid. These experiments illustrates the weak affinity of oxygen for the colouring-matter of the blood, and they show, moreover, that the changes of colour, as well as the differences of the spectra, are not due to the *presence of carbonic acid;* but to the *absence of oxygen.* It is on this account that the blood of animals asphyxiated by drowning, by carbonic acid, by nitrogen, or by the exclusion of air from the lungs is always dark coloured—the oxygen having been consumed in the circulation, and not renewed. In the dead body also the blood becomes darker and darker, by a process of reduction which goes on as long as there is any free oxygen in the blood to consume.

And this continued process of oxidation is further proof, that the oxygen exists in a semi-active condition, and not in the state of common oxygen. Von Maack, indeed, found that even a solution of hæmatin would absorb oxygen and form carbonic acid; and the more recent experiments of Schmidt have demonstrated that the oxygen of arterial blood has the power of turning guaicum into blue. This is a property of active oxygen, and he has, therefore, concluded that ozone exists in the blood.* "But," as Professor Stokes remarks, "if by ozone he merely means oxygen in any such state of combination or otherwise, as to be capable of producing certain oxydising effects, such as turning guaicum blue, the experiments of Schmidt have completely established its existence, and have connected it with the colouring-matter of the blood,"† although they do not prove it to be that peculiar allotropic form of oxygen called ozone.

"Now in cruorin we have a substance admitting of easy oxidation and reduction; and connecting this with Schmidt's results, we may infer that scarlet cruorin is not merely a greedy absorber and carrier of oxygen, but also an *oxidising agent*, and that it is by its means that the substances which enter the blood from the food, setting aside those which are either assimilated or excreted by the kidneys, are reduced to the ultimate forms of carbonic acid and water, as if they had been burnt in oxygen." This is the conclusion arrived at by Professor Stokes, and it is fully borne out by the results of spectral analysis. Moreover, it would seem that the semi-active state of oxygen is acquired in the same way, as we see it manifested in powdered charcoal, in sand, in the soil, and in all kinds of finely divided matter.

As to the change which the colouring-matter of blood undergoes, when it passes from cruorin to hæmatin, we have but little knowledge, except that it occurs spontaneously, and under the influence of very slight causes. How far this may be concerned in the development of pathological phenomena is hardly to be surmised. The different appearances of the blood, in certain diseases, not only when it flows fresh from the vein, but also when it is seen in the dead body, may, perhaps, be due to abnormal differences in the proportions of scarlet and purple cruorin, or even to the presence of their altered products—hæmatin. Already the observations of Engel and Rokitansky have discovered a more than possible connection between the colour and consistence of the blood in the dead body, and its tendency to soak or diffuse into the tissues, and accumulate in certain organs, and they have even classified these physical properties of the blood into six kinds—each characteristic of a special group of diseases. And if to these observations, which are purely pathological and anatomical, there are added the exact investigations of the chemist, and the careful results of a searching spectrum analysis, we may hope for a rich accession of scientific facts.

The dark colour of the blood, in nearly all cases of acute poisoning, may also, perhaps, be due to the same cause, and be elucidated by the same methods of research. Dr. Harley found, in his experiments, on blood, that different poisonous agents operated very differently in promoting or checking the absorption of oxygen and the evolution of carbonic acid,‡ and it would be very interesting to determine by means of the prism the altered condition of the blood in all such cases.

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* "Proceedings of the Royal Society." Vol. xiii. p. 361.

† Funk's "Lehrbuch der Physiologie," 1863. Vol. I, p. 108.

‡ Op. cit. p. 361

* "Ueber Ozon im Blute." Dorpat, 1862.

† Op. cit. p. 88.

‡ "Proceedings of the Royal Society." Vol. xiii. p. 158.

And then, again, the peculiar changes to which the colouring-matter of the blood is subject, when it passes from its natural colloidal, or amorphous conditions to a crystalline, have yet to be investigated. It is very probable that there many varieties of these changes—four, at least, have been observed, all characterised by their special crystalline forms.

Nor are these methods of investigation confined to the pathology of the blood, they are equally applicable to the elucidation of every kind of organic colouring matter, as bile, the pigment of urine, and the *chlorophyll* of leaves. Already much has been done in this direction by Professor Stokes,* and Mr. Sorby is now occupied in examining the spectra of the colours of flowers; while my own attention is being directed to the spectra of substances used in the falsification of wines, &c.; and we may look, therefore, to the prosecution of these inquiries for a rich accession of facts to chemistry, physiology, and pathology as well as to the more practical purposes of therapeutics and legal medicine.

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Hospital Reports.

KING'S COLLEGE HOSPITAL.

Epispadias.—Remarks on Fistula in Ano.

(Under the care of Professor Wood, F.R.S.)

We are favoured with the following notes of the case by Mr. Burdett, the dresser.

The boy, who is about fourteen years old, has the whole of the dorsal wall of the penis wanting, leaving a wide fissure, which is connected with the urethra. There is no *ectropion vesicæ;* the pubic bones are perfect; he is unable to hold his water; the scrotum and testes are well developed.

The operative procedure the Professor performed was as follows: he first took a large flap of skin, elliptical in shape, from the pubes in the median line and brought this over the fissure in the urethra. An incision was then made in the scrotum, and an integumental flap, the shape of an apron, raised with a view to form a glans penis; the cuticular surface of both these flaps were turned towards the fissure. Finally, an incision was then made at the base of the penis leaving a broad root on each side. The edges of the wound on the pubes, from where the skin had been removed, was brought together by means of hare-lip pins, and a large number of fine silver-wire sutures were employed to secure as perfect apposition of the parts as possible. To the margins of the several sutures collodion was freely applied, the raw skin was anointed with oil, and two or three broad strips of adhesive plaster were carried across the belly from hip to hip to draw the cutaneous structures towards the median line.

Professor Wood then stated that the operation which he had performed was one which Nélaton had first introduced to the Profession. Professor Wood had performed this operation on three previous occasions, and although the cure had not been always complete, still the measure of success gained, and the relief afforded to the patient, amply justified the performance of the operation, while there was the anticipation of greater success *pari passu* as our experience became greater. The great difficulty in getting perfect union in this part was principally owing to the patient having constant erections. The escape of urine would, in a measure, be prevented by the apposition of the skin he had transplanted, and possibly some action might result corresponding to a sphincter vesicæ, but at all events the patient might wear an india-rubber ring, and so prevent the escape of urine.

On the 4th March the patient underwent a second operation, as the sides of the urethra had not fairly closed. Professor Wood pared the edges on either side and brought them together by means of silver-wire sutures, and afterwards adverted to the circumstance that in plastic operations it was difficult to get the parts into perfect apposition.

The boy has continued to do well until the 27th April, when he was attacked with erythema nodosum, and, as there was a patient in the same ward with erysipelas, he was sent home.

Professor Wood then commented on some cases he had lately operated on for Fistula in ano. In one case where there was merely an external opening, he had considered it advisable to cut a few fibres of the external sphincter in consequence of the length of the sinus. In another case, which was a singular one, inasmuch as there were three sinuses, he considered it advisable to lay freely open all three. In cases where two fistulæ existed, each having a distinct opening, the proper procedure is to perform two separate operations, as when a large number of the fibres of the sphincter are cut through you may have the subsequent inconvenience of non-retention of the fæces. Professor Wood also observed that in such cases as these he was careful to vivify the pseudo-mucous or cacophonous membrane by turning the edge of the knife and breaking it down with the fingers. In another case the class had seen, there was a sinus leading up to, but not into the rectum. At first, when examining the sinus with a probe, it did not appear to extend so far, but under chloroform you were able to manipulate more freely, which, together with the relaxed condition of the parts, often discovered the tortuosity of a sinus, which without the anæsthetic might be overlooked.

The operation was performed in the usual manner, but from the length of the fistula he (the Professor) preferred laying it fairly open into the rectum. Such cases as these, in a hospital where you had plenty of assistance, presented few difficulties; but in private practice it was not always easy to obtain assistance, and the contraction of the gluteal muscles rendered it very difficult at times to get access to the parts so as to ensure the operation being performed efficiently.

Lastly, Professor Wood drew the attention of the class to the changes which had taken place in the views of English surgeons in reference to the question, or rather inadvisability of operating for this malady in those affected with phthisis. His own impression was that the operation in the majority of instances was not injurious, but, on the contrary, highly beneficial. Patients were relieved of a painful and weakening disease, and their health rapidly improved. He need, on this occasion, only allude to the old exploded theory, that a fistula in phthisical patients carried off a quantity of peccant matter connected with the disease.

His attention had lately been particularly drawn to this question, in consequence of having been called into consultation to see a gentleman suffering from fistula of ten years standing, who had phthisis. During the last ten years the continental physicians, both French and Italian, had refused to operate. Mr. Wood operated on the case, the patient perfectly recovered, and this notwithstanding he had to spend the whole of the winter in England, a thing he had not done for ten years previously.

Wednesday, 26th April.

Removal of Tonsils.

The patient, a little girl, with enlarged tonsils, had on a previous occasion one removed. Professor Wood remarked that at the first operation he was only able to excise one tonsil on account of the struggles and crying of the girl. The comfort and relief, however, which its removal had afforded her, and her hearing having so much improved, she had made her mind up to submit to a second operation. Ambidextery, the Professor showed was most useful in this operation, as it enabled the operator to stand behind his patient, and consequently you get the full advantage of the light, and have more command over the head. Professor Wood states that he was in the habit of removing the tonsil by raising it well and then *cutting from below, upwards*, which was contrary to the usual method, which was from *above, downwards*. He thought the method he adopted had two advantages, viz.: more complete removal of the tonsil, and not leaving a small flap. In the usual procedure be had frequently noticed a small portion of the tonsil remained behind, and which from irritation induced and kept up a troublesome sort of cough.

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* "Proceedings of the Royal Society." Vol. xiii. p. 144.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 14, 1871.

DR. LUSH'S MEDICAL REFORM BILL.

WHEN one of our contemporaries formulated its views of Medical Reform in a Bill, and again, when having obtained the services of Dr. Lush to introduce it to the House of Commons, it issued a revised Bill, we did not hesitate to express our opinion on its provisions. It may, therefore, be expected that we shall once more recur to it. At the time of our writing it is uncertain whether the Bill will be withdrawn before any expression of opinion can be obtained upon it; and, as it is "down for a second reading" on the very day that these lines reach our subscribers, it is clear we have only this single opportunity of reverting to it. Probably enough the announcement of the withdrawal may reach our readers at the same time as this number of the MEDICAL PRESS, although there is a not unnatural anxiety on the part of our contemporary to push it another stage. Still, it involves so many principles of Medical Reform that we are justified in once more examining it. We should be sorry to unsay anything we have said of it, and we feel that the best proof of the fairness of our former criticisms is the acknowledgement of our contemporary that they have been just.

What is it, then, that Dr. Lush will perhaps ask for? We are told by his prompter that the essential proposals are—1. A Medical Council that shall represent the Crown and the Profession equally with the Corporations. 2. *Three perfectly independent* examining boards, one in each division of the kingdom, to be elected by the Medical Council, to be responsible to it alone, and whose examinations shall constitute the *one portal* to the Profession. Up to a certain point, as we have previously admitted, this would be an improvement; but this by no means shows that it is desirable to obtain an Act of Parliament limited to such intentions. That the Profession is not united on such a programme is notorious, and we have often shown that if it were there would be no need for legislation. Let it be admitted that this reform would satisfy the Profession, and we maintain that it might be accomplished without any Act of Parliament. Nay, more, one reformer whose name has been foremost for the last decade or more, has once again demonstrated, both to the Council and the Profession generally, that the machinery for accomplishing all this is at our disposal, and we cannot but remark that the *Lancet* has displayed great discourtesy in coolly appropriating so many of his suggestions without making any acknowledgement whatever of their origin. Dr. Prosser James has sketched out plans of reform, of which the best provisions of the *Lancet* Bill are but the shadow, and he has lavished money and labour to show how many of these plans are within easy reach, and do not require legislation to achieve them. His last letter to the excellent late President of the Medical Council appeared in full in our columns soon after it was read at the Council Board, and referred, with other plans, to a Committee. That letter clearly proved that the Council might easily so far reform itself as to become representative of the Crown, and the Profession, as well as the Universities and Corporations. We have reason to believe that the late and present Presidents, Dr. Burrows and Dr. Paget, both approved of the suggestions contained in that communication, and several members of the Council, many members of Parliament, and a large number of medical correspondents in all parts of the kingdom have expressed to us their hearty approval. We have, then, a right to say that the Council committed a fatal mistake in shelving that communication on a committee, while the *Lancet* and Dr. Lush may both be fairly challenged to tell us why they are so importunate for Parliament to decree that which they failed to support an independent member of the Profession in asking for.

But we may once more go back to the beginning of the agitation, and there we see only the same lessons. In 1857, Dr. Prosser James had the honour of submitting to the late Lord Palmerston his views as to the constitution of the Medical Council. Those views it is understood, obtained his Lordship's adhesion, and were believed to be embodied in the Act of 1858; but owing to the exact terms of the clauses, it was afterwards discovered that they had been considerably modified in the interests of the Corporations, or rather of their governing bodies. Had Dr. James's proposals passed in their entirety, we should have been enjoying all these years the benefits of a Council representing the Crown and the Profession, as well as the Corporations, and consequently there would have been no room for the first clause of the last proposal. On all other questions of Medical Reform the same gentleman has given expression to equally clear and statesmanlike views, and it is curious to observe how constantly the *Lancet* and other journals eventually come round to the support—more or less disguised—of the opinions he has expressed.

But the second portion of the scheme we are considering demands a word. "*Three perfectly independent examining boards* whose examinations shall constitute the *one portal* to the Profession." This is the solecism we are asked to accept as the new version of the "one faculty system" about which the *Lancet* in its palmy days was wont to be so eloquent. We do not deny that a consolidation of licensing boards to this extent would be an improvement; but assuredly to set up *three* new boards is a very different thing from establishing *one portal.* Let reformers come to an understanding to use words in their natural sense. We may be sure the members of the House of Commons will be merry enough over an unfortunate speaker who assigns such a reason for a change, and until writers on medical politics cease to write thus Medical Reform will be in danger of being laughed down. Enough has been said and done already to make the subject ridiculous. It is only because this mode of expression has been several times pointed out without producing the desired effect, that we are induced once more to ask our contemporary to cease to burlesque the Profession it aspires to represent.

But again, the same objection applies to this part of the Bill as to the other. All it proposes might be accomplished without troubling a parliament already over-burdened with weighty matters.

The Act of 1858 provided for amalgamation to this extent. This has been to some degree acted upon, and at the present moment large schemes of amalgamation are under discussion. This being so is it to be expected that Parliament will step in to apply compulsion when voluntary action is bringing about the desired end? It is easy enough to disregard the corporations, and to vituperate them; but such a display of temper will have little effect. When we reflect on the influence possessed by each of these bodies, the sincere efforts made by some of them to advance with the times, the many difficulties in the way of passing any measure, and the want of urgency for such an imperfect one as this, we think that the House is certain, even if pressed—which is more than doubtful—to decline to take up the question when the government has decided this year to let it alone.

CONSULTATION WITH IRREGULAR PRACTITIONERS.

Neither Dr. Banks, the President of the College of Physicians of Ireland, Dr. McClintock, Dr. Sawyer, or Dr. Cameron, have as yet communicated to their professional brethren in Ireland their ideas as to the propriety of meeting in consultation Mr. Erson, a member *in absentia* of the New York College. Dr. Banks and Dr. Gordon have replied to the editorial observations of the *British Medical Journal* in letters, which, though to a certain extent satisfactory, enunciate theories which we cannot pass without comment and condemnation. As regards himself, Dr. Banks to a certain extent exculpates himself by saying that he "did not know that Mr. Erson did not possess some one of the many qualifications which entitle men to practise." This statement makes it clear that the President of the College of Physicians did not wittingly co-operate with a person practising under a sham diploma, but it establishes no more. It seems to us beyond dispute that the onus lies upon a medical man of considering whether the person with whom he is called to act is a legitimate practitioner or not. It is of no avail whatever to phrase this proper circumspection as Dr. Banks does acting the "detective." It is not to be expected that the practitioner will make known his illegitimacy, and the Profession has a right to expect that consultants will, so far as in them lie, assure themselves that those who call them in are what the Profession considers to be authorised.

Dr. Banks proceeds to say "I know, and it is the experience of others, that meeting persons admittedly unqualified—such, for example, as students and assistants of medical men in general practice—cannot, and ought not to be avoided."

There can arise from this statement no palliation whatever of irregular consultations. A medical student or general practitioner's assistant is what he professes to be. He does not receive fees or practice for gain, either on false pretence or without legitimate right. There is no analogy whatever between advising such a person and consulting with an unqualified person who the consultant knows to be receiving payment for work which our Profession considers he is not competent to execute.

Once and for all we feel bound to give expression to our apprehension that consultation, not with students, friends, or assistants, but with persons whom the consultant well knows to be earning money by illegitimate and heterodox methods, is becoming frequent in our Profession. What is now usual will, if not checked, soon be re-organised. It deeply distresses us to observe that none of the other gentleman whom Erson immortalised in the witness box, have thought fit to say even as much as Dr. Banks. With this fact we dismiss the subject, simply putting on record the feeling of the whole Profession that a consultant should know with whom he consults, and that his co-operation with any person unlawfully practising for gain would be scandalous and disreputable.

THE ELECTION AT THE IRISH COLLEGE OF SURGEONS.

The contest for the Vice-Presidency and Councillorships, which took place on Monday, the 5th inst., was the most active which has taken place in the College for many years. The first interest in it was evoked by the acute competition between the candidates for the Vice-chair, Dr. Kirkpatrick, Dr. Mapother, and Dr. Darby. For some weeks previously, every effort was made to induce Fellows to attend and support either candidate, and on the day of the election—indeed until the scrutiny declared the result, the issue was a matter of the greatest doubt, even to the candidates themselves. At the election, 146 Fellows were present, the constituency numbering about 367, of whom many are abroad, and many unable to attend. The contest eventuated in the election of Dr. Kirkpatrick by a majority of seven. Eight votes were, however, lost to him, and several to the other candidates, in consequence of the mistakes made in dropping the voting paper into the wrong box.

An equally hot battle was fought for seats on the Council. All the outgoing Councillors offered themselves for re-election, and there was, therefore, no vacancy for other candidates outside their number. The Reform party in the College, however, put forward Dr. Robert McDonnell, and Dr. Denham, and Dr. Minchin, and Dr. Shannon, also offered themselves, the latter candidate being supported by a certain party in the Council and College, as against a member of the Council, who had within the last year devoted himself to the cause of Financial and Educational Reform.

The result of the contest was a complete triumph for the Reform party. Two members of the ex-Council, vacated their seats, and were replaced by Drs. McDonnell and Denham, who were returned by a substantial majority, and the troublesome Councillor, whose seat was attacked, retained it without difficulty, his opponent only making an insignificant poll. The new Council and Officers are as follows, viz.:—James H. Wharton, President; Frederick Kirkpatrick, Vice-President; William Colles, Secretary. Council—Messrs. William Hargrave, Robert Adams, William Colles, Hans Irvine, Rawdon Macnamara, George H. Porter, Hamilton Labatt, Benjamin M'Dowell, Edward Ledwich, William Jameson, Alexander Carte, George W. Hatchell, Albert J. Walsh, William A. Elliott, Archibald H. Jacob, John Morgan, Edward Hamilton, John Denham, and Robert M'Donnell.

The rotation of the names on this list is according to seniority of service in the Council, and not according to numerical position in the voting.

PROTECTION FROM POISONING IN ENGLAND.

The *Pharmaceutical Journal* has, in its last issue, attempted a defence of the Council of the Society from the charge of having sacrificed the public duty confided to it by Parliament, in order to avoid interfering with the convenient slovenliness of druggists. The defence is simply an attempt to shift the responsibility from the Council to the Society. The *Journal* of the Society says: —absurd to blame the Council with having avoided a responsibility that never rested with it, and never was imposed upon it by the Government or the Pharmacy Act. * * * * The power of prescribing poison regulations does not rest with the Council at all, but that it is the Society alone, in its corporate capacity, which has that power under the Pharmacy Act. It would, therefore, appear that the Council elects to plead that it does not represent, and is not to be expected to act for the Society, and, therefore, cannot either discharge the duty of the Society, or induce the Society to do so itself. The horn of the dilemna which the Council selects, appears to us not the most pleasant. The Society's *Journal* further says:—"Until the measures decided upon have proved inadequate to secure the public against danger arising from the keeping and dispensing of poisons, there does not seem to be any rational ground for urging that further steps be taken." We are not aware that any measure has been decided, no other than to throw back upon the Council the task of appearing to do a great deal, and doing nothing.

It seems rather unreasonable to ask the public to wait until the effect of doing nothing is tried. Such expectation reminds us of the gentleman who having invited a large party to dinner, discovered that his cook was drunk and incapable, and remonstrating thereon was told that, "it would be time enough for him to complain when the dinner was spoiled." With all respect for the Society, we object "to wait till the dinner is spoiled."

Notes on Current Topics.

The Dublin Poor-law Association.

The Dublin Branch of the London Poor-law Medical Officers' Association attempted on the day of the Annual Meeting of the Irish Medical Association to get up a counter demonstration, which, the newspapers inform us, was held in "a small room of the Rotundo."

Dr. Hanrahan, of Mountrath, occupied the chair, and, as far as the published lists inform us, was supported by eight Poor-law Medical Officers, of whom not one came further than the County Dublin.

The only resolution adopted which is in any degree likely to produce fruit was—"That the present rate of annual subscription to the Association be doubled;" and the proceedings came to a close with vote of thanks from every body to everybody else.

As long as the failure of the attempt to glorify the Secretary of this organisation by destroying the Irish Medical Association was doubtful, there may have existed reasons for prolonging the desperate effort to inflate the bubble.

Now that the first Annual Meeting has shown that the Poor-law medical men of Ireland are disinclined to assist in the inflation, we cannot see the advantage of maintaining even the appearance of division or antagonism amongst medical men.

An English View of the Irish Poor-law.

We have more than once warned the Poor-law Medical Officers of Ireland against the proposition to mingle or confuse their interests with those of the English Workhouse surgeon, not in the least because we doubt the ability and desire of the English Poor-law doctors to help us, or because we would withhold from them any aid which it is in our power to give them in their just efforts to achieve a reform of their system. By all means let them interchange their heartiest sympathy, but let them not attempt to co-operate by a fusion together of elements, which are essentially and absolutely diverse. There is hardly a point of resemblance between the English and Irish Poor-law systems, and neither party could proceed any distance without a divergence of interest. For these reasons we warned our readers that the attempt of the London Poor-law Association to form a branch in Dublin was, so far as such offset assumed to represent Irish Poor-law interests, futile and mischievous. The Secretary of this branch is in a difficulty. It is the cue of the London Association just now to show up the Irish system as being the quintessence of perfection in the hope that the English system may be assimilated thereto.

Dr. Maunsell, therefore, is divided between the necessity for representing Irish Dispensary arrangements as in every respect charming, and the inevitable admission that they are in many respects most unjust and unsatisfactory, and niggardly to the medical officer. He deals with the difficulty in the *British Medical Journal*, of the 3rd inst., in the following phrase:—

"The fourth query of Mr. Corrance asks whether (Irish)

> Medical Practitioners have *any just grounds of complaint.* This is one there is some difficulty in answering. With regard to the feeling of the Medical Profession generally in Ireland as to the working of the Act, it is, if there were some restriction in the issue of tickets, *decidedly in favour of it.*"

It is a *naive* confession that the Poor-law Medical Officers' Association of Ireland is in doubt whether those whose grievances it professes to redeem "have any just ground of complaint."

Perhaps this pronouncement appearing in the pages of a London journal is only for London readers. If it be true we venture to ask what is Dr. Maunsell's occupation?

The "Lancet's" Blunder about the Spectroscope.

We are by no means surprised to find that the *Lancet* is desirous of slurring over its gross scientific blunder. When a journal permits itself to be led into error on a scientific subject by a writer who knows nothing about the topic on which he ventures an oracular *dictum*, it is not unnatural to avoid further discussion.

But the question raised by the *Lancet* was one of the utmost legal as well as scientific importance, and we were therefore compelled to challenge our contemporary's statement. Although our challenge has been twice repeated, and although we have supported it by producing Mr. Sorby's conclusive paper, and reprinting Dr. Letheby's article, that challenge remains unanswered, and we once more repeat it.

Let the Editor of the *Lancet* name a single thing, the spectra of which would be confounded with those of blood by a skilful operator. Had he been present last Friday evening at the Royal Institution he would have known how universally his statement is pronounced to be erroneous by all who are practically acquainted with the spectroscope. He might possibly have witnessed for the first time the use of the instrument; for it is impossible to suppose the writer of the annotation in question could ever have himself employed it.

When we reflect on the legal issues that may depend on spectroscopic analysis we feel how immensely important it is that inaccurate statements should not be circulated on the authority of respectable periodicals. A few weeks ago the *Lancet* suggested that the course of lectures on Medical Jurisprudence might be dispensed with. People are now asking whether the editor and his assistants might not advantageously avail themselves of one of the courses now being delivered in London on this subject.

The Murphy Fund.

We are glad to see that this fund to which we have more than once adverted, progresses favourably. More than £200 has already been collected, and we shall heartily rejoice to hear that enough has been raised to secure Dr. Murphy's declining years the comforts he needs.

National Health.

We invite the special attention of our readers to the valuable lecture on this subject, delivered by Dr. Acland, at the London College of Physicians, and of which the first portion, corrected by the distinguished author, appears in our impression of this day. The whole of this learned lecture is in type, and it was our intention to have presented it to our readers in a single number. Its length however precludes this; but owing to its excellent arrangement each portion is complete in itself, and for each portion we ask the attention of all our readers.

A Legal Definition of a Quack.

Some time ago the *Philadelphia Reporter* quoted a decision of the Court of Appeals of New York to the effect that a homœopath is not necessarily a quack. It now adds that by a decision of the Supreme Court of the same State (*Ex parte Paine*, 1 *Hill*, 665), whoever "offers to practice even homœopathy or allopathy, as his patients may wish, is practically a quack in his profession." The *Reporter* commends this to the consideration of those numerous doctors who "have studied both schools, and find good in both," as they delight in informing their patients.

The Legal Union of Homœopaths and Legitimate Surgeons in Canada.

The Profession in Toronto met in considerable numbers on the 8th of March, and passed a series of resolutions on the existing state of Medical matters in the province of Ontario. The two following were the most important:—

> 3rd. "That we will not support any candidate who will not agree to modify the law under which the Profession of Ontario is at present incorporated, at least so far as to bring its Council and Examining Board in conformity with the provisions of the contemplated Medical Act for the Dominion of Canada."
>
> 4th. "That we further urge upon Medical men the desirability of requesting candidates to advocate a repeal of the Ontario Medical Act, which unites us with persons known as homœopaths and eclectics."

English Doctors and Argentine Diplomas.

In any account of the plague of Buenos Ayres it deserves to be recorded how nobly the English doctors and the clergymen of all denominations risked their lives daily. As for the native doctors, with very few exceptions, they fled into the camp at the first alarm, and left the heat and burden of the day to foreigners, whom the government continue to prohibit from practising till they shall have obtained an Argentine diploma. Indeed, one English doctor who arrived in the height of the panic offered his services and was kept idle for a week while the Faculty decided on the question whether he ought to be allowed to practise until qualified by them to do so. Eventually he was employed by the British Consulate, and has now a special dispensation to pursue his calling, pending the continuance of the fever, without a diploma.

A Gravediggers' Strike.

The admirers of trades' unions and strikes, who regard these combinations as proper and legitimate means of securing a higher pay than commercial competition or justice will allow, may read with advantage the following:—In the midst of the troubles and difficulties which accumulated on the shoulders of the overworked and bewildered municipality of Buenos Ayres during the height of the plague, the serenos and vigilantes (or policemen) struck for higher wages; and the panic having extended to the gravediggers, for many days no one could be found to put the dead under the ground, and the coffins were, therefore, piled up in a stack at the southern cemetery as the hearses and carts brought them in. The scenes at the cemetery were something frightful to behold, and remind one only of the horrible stories recorded of the plague of London. A large trench was dug, into which the bodies, some coffined but many merely swathed in their bedclothes, were shot out of the carts and quickly covered with lime—the trench remaining open till it was filled, when another was dug, and the dreadful work recommenced. It is computed that over 20,000 persons found their last resting-place in these pits.

Sanitary Neglect and its Results.

The terrible plague which has destroyed nearly one-third of the population of Buenos Ayres, seems, if we are to believe the accounts of correspondents, to have been the natural retribution of the utter and scandalous neglect of sanitation in the city. The two most glaring causes of the pestilence appear to have been the "conventillos" and the meat slaughtering establishments. The "conventillos" were simply cheap lodging-houses. In order to accommodate the largest possible number, the rooms of these "conventillos" are built round with shelves from the ceiling to the floor like berths in a ship, which were let out by the night, and the horrors endured by the poor wretches cooped up in these places during the hot summer nights have been described by eye-witnesses as something inconceivable. In one of these places it was discovered that the beds were never empty; the places occupied during the night by people employed during the day being filled until their return by the vigilantes or policeman who had been on duty in the night time. From one of these "conventillos" no fewer than seventy burials were registered. At a distance of about three miles to the south-east of the city there is situated a suburb called Barracas, on the small river Riachuelo, which consists mainly of barracas, or depots for hides and raw produce; while on either bank of the river are numerous saladeros or killing establishments, where the cattle from the camps are driven to be slaughtered, the hides preserved, and the carcases rendered down into tallow and "carne seca," or jerked beef. Here may be seen at every turn heaps of bones and animal refuse, while the offal and drainage from these establishments is discharged into the river to be carried away by the tide, or form accumulations on the banks, emitting fearful stenches under the action of the powerful rays of the noonday sun.

As a set-off to these horrors, a correspondent of the *Manchester Courier* says, "Neither prior to the decree which closed these establishments nor for a considerable period subsequently was there a single case of the plague, or indeed of any exceptional sickness, in the whole of this suburb of Buenos Ayres. He knew men who live on the very banks of the Riachuelo, below the southern railway bridge, and therefore in nearly the worst locality, who have bathed regularly in the river when there has been a full tide, and who enjoyed uninterrupted health throughout the worst period of the epidemic."

Small-pox at Southampton is on the increase. There were twenty-six deaths last week as against fifteen in the week before.

Government Quinine Manufacture in India.

The *Calcutta Observer* has laid bare a pharmaceutical *fiasco* in India, which is very discreditable to the branch of the Indian Government which has charge of the growth of bark and preparation of quinine. It asks whether the Government is aware that they are issuing under their sanction a preparation by the side of which the dangers of green pickles sink into insignificance. The officer in charge of the Government cinchona gardens has produced, with immense satisfaction to himself and the Government, a preparation which he is pleased to call "amorphous quinine;" if this preparation has one quality of which he is more proud than another, it is its beautiful green colour, so soothing to the eye of a fevered patient, so suggestive of the luxuriant growth of the Government gardens, and, we are afraid we must add, of the skill of its manufacturing agents. This pleasant-looking drug has been largely issued to the heads of departments for experiments in the public hospitals and dispensaries. If some fortunate accident had not prevented its actual use, there is reason to fear that the result of the experiment would have shown itself in a large increase in the death-rates of our hospitals, which would no doubt in due course, and according to well-established precedent, have been attributed to inappropriate buildings or insufficient ventilation. But, happily, Government has been saved from being placed in the position of a druggist ignorantly compounding and dispensing poison by the discovery made by Dr. Simpson, who is now sitting on the cinchona committee, that this green drug is little more than a cunningly-devised mixture of copper stewpan and bark, displaying, it must at all events be admitted, considerable skill in the dissolving of the stewpans. We trust that the escape will teach the Government that it is not real economy to entrust the more delicate operations to a European gardener assisted by Booteah coolies.

The Richmond Lunatic Asylum, Dublin.

The Report of Dr. Lalor, the Resident Medical Superintendent, notes that the new buildings and alterations, in progress for nearly the last two years, were advanced in the month of September last so far as to allow of their occupation, thus raising the accommodation of the asylum to 1,040 beds, the proposed limit of its extension. That portion of the Grangegorman Penitentiary occupied by patients as an auxiliary asylum has, therefore, ceased to be so. In order to enlarge the hospital accommodation and the cubical space for each inmate, it may be necessary to limit the accommodation to 980, or, at the most, to 1,000 beds. The number under treatment last year—1,324—is the largest since the opening of the asylum.

The Vacancy in the Medical Council.

Of all the silly things that have been printed about the Medical Council, perhaps the silliest is the suggestion of the Association *Journal* that the Government should appoint a provincial practitioner to succeed Dr. Rumsey. It is very odd that the *Journal* of the *quondam* Provincial Association should select such an instance as this to show its zeal, considering that only six out of the twenty-four Members of Council are "Metropolitan" practitioners. But what has residence to do with the matter? It can only affect the question as to travelling expenses, for which the item in the accounts is quite heavy enough. If the most suitable person reside in the provinces, by all means let him be nominated, but we trust the Government will not be influenced by such paltry considerations as residence, but will appoint a man who is well acquainted with the constitution and objects of the Council, and, if possible, one who has taken an active interest in all questions of medical politics.

The Adulteration of Food, Drugs, &c.

THIS Bill is not to be proceeded with further this Session. On the 1st instant the order for Committee was discharged, and the Bill withdrawn. It is very well that Mr. Muntz's attempt to deal with trade frauds has not become law. It was a bad Bill, in the same respects that its predecessors have been bad, and would have been worse than useless as a check on adulteration. It is, we fear, hardly to be expected that a measure adequate to deal decisively with adulteration will pass until the influence of Government enables it to stem the opposition of trade interests. Certainly, shopkeepers are worth too much to the present Government for them to give official support to any measure which would annoy that class.

The Secretaryship of the Dublin Hospital Board.

THE office of Secretary to the Dublin Hospital Board, rendered vacant by the death of Dr. Denis Phelan, has been conferred on Dr. Martin, Surgeon to Jervis-street Hospital. The duty of the Board is to administer the expenditure of the grant of £16,000 made annually from the Consolidated Fund, for the maintenance of certain of the Dublin hospitals. The apportionment of this grant has been always most unjust and one-sided, one-half of it being given to an individual hospital, and the other half to two or three institutions, most of which have landed property or other stated source of income, while most of the hospitals which are dependent for their support solely on private benefactors, are entirely excluded from participating in the State bounty. This job was perpetrated nearly twenty years ago, and it is high time that the injustice came to an end. We understand that an effort is being made by Mr. Pim, M.P., with this object. The selection of a secretary lay, practically, between Dr. Martin and Dr. Thomas More Madden. Dr. Martin is a gentleman in every respect fitted for the office.

Fever in Dublin.

THE early, untimely, and lamented death of Dr. Samuel Hewitt, of Dublin, has called closer attention to the prevalence in that town of an unusually virulent form of sporadic typhus fever. A few days before Dr. Hewitt's death, a son of Dr. Ringland's, of Harcourt street, died; since then we are distressed to learn that Dr. Haffield, of Charlemont street, has been dangerously ill of fever of a different form, and that a student of the City of Dublin Hospital is dangerously ill of the same disease.

Dr. Hewitt's death was the subject of great regret in the Profession in Dublin. He had, at an unusually early period of life and professional standing, succeeded his brother as Physician to the City of Dublin Hospital, and had achieved for himself the reputation of possessing much talent and versatility and unwearying industry.

Parenchymatous Nephritis in Early Life.

THE *Movimento* quotes the following remarks by Dr. Kjelberg, on "Parenchymatous Nephritis in Children." He says that, far from being rare, it is very frequent. Of 696 autopsies of children, made from 1863-69, he has met with it in 126 cases, without taking into account scarlatina or measles. In fact, it is above all in cases of acute and chronic gastric catarrh that it is met with; then in syphilis; in pyæmia; in meningitis; in erysipelas, pneumonia and pleurisy; in croup and diphtheria; and in capillary bronchitis. This is the clinical picture of the complication in gastric catarrh, according to thirty cases cited by our author; prostration, more or less coma; the eyes closed and more or less sunken. The nose cold and pinched; depression of the fontanella; the neck especially inclined to the right, and the occiput sunk into the neck; the veins of the neck more marked than in health. The child complains from time to time, and cries out hoarsely without motive, and falls into convulsions. The mouth is half open; the tongue dry; sometimes there is vomiting; the abdomen is generally depressed, soft and flaccid; respiration is slow and unequal; the skin dry, cold, and without elasticity, hardly rising after pressure; the extremities cold, with œdema and rigidity of the legs; the urine scanty, or suppressed, with albumen in it, with hyaline granular casts and a great number of rounded cells seen in it. Cerebral symptoms are often remarked although the autopsy shows no lesion to explain it. Doubtless a part of these symptoms depends on the disease of the stomach; but it is also clear that the *ensemble* of this is more like hydrocephalus, as described by Marshall Hall. This disease often is a complication of gastric disease when acute; but it is not possible to say if there was not parenchymatous nephritis at the same time, for Marshall Hall only examined the kidneys in one case. The author recommends for treatment mustard baths, poultices on the lumbar regions, and in case there is suppression of urine, compresses dipped in tincture of digitalis renewed three or four times a day. Stimulants and tonics to be given internally for the disease of the stomach. The same paper has also been quoted in a large number of our contemporaries.

British Association for the Advancement of Science.

THE next meeting of the British Association for the Advancement of Science, is to be held in Edinburgh, and will commence on Wednesday, 2nd August, under the presidency of Sir William Thomson, Professor of Natural Philosophy in the University of Glasgow.

The facilities now afforded by the several railway and steamboat companies to parties travelling from all parts of Great Britain and the Continent, render it probable that this meeting will be very numerously attended. The local authorities and the representatives of the various scientific societies, as well as all those officially connected with the Association, earnestly desire that the members and associates should receive a cordial welcome, and that everything possible should be done to make the visit agreeable and instructive.

The public buildings in Edinburgh, and especially the University Class Rooms, afford ample accommodation for the meetings of the sections, and from the proximity to each other are eminently convenient.

Edinburgh and its neighbourhood have peculiar attractions for visitors, whether scientific or not. The city itself, especially from its situation, is well worthy of a visit. The whole district, for thirty miles round, is of high interest from the historic and antiquarian point of view; and there is an admirable field for the geologist and for students of natural history generally.

The railway companies, in terms of an arrangement amongst themselves, will convey members of the association from any part of Great Britain to and from Edinburgh with 1st or 2nd class return tickets, such tickets being available from Tuesday, the 1st day of August, until and including Friday, the 11th day of August, being the day after the meeting is concluded. Further particulars will be given on application, and cards of membership forwarded, entitling the party to obtain such tickets. Tourists' tickets to the North and West Highlands will also be obtained at the principal railway stations, available for return within one month.

Health of Dublin.

In the Dublin Registration District the births *registered* during the week ending June 3rd, amounted to 200. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 177. The deaths *registered* during the week were 164. The average number in the corresponding week of the previous seven years was 144. Fever caused 6 deaths, viz.:—1, typhus; 3, typhoid or enteric; and 2, simple continued fever. Two deaths resulted from scarlet fever, and 1 from measles. Whooping cough proved fatal in 3 instances, and croup in 1. Ten children died from convulsions. Twenty-five deaths resulted from bronchitis, and 9 from pneumonia or inflammation of the lungs. Four deaths were referred to apoplexy, and three to paralysis. Seven deaths were caused by heart disease, 4 by aneurism, and 1 by endocarditis. Thirty-three persons died from phthisis or pulmonary consumption, 3 from hydrocephalus or water on the brain, 2 from scrofula, and a like number from mesenteric disease. Three deaths were ascribed to nephria or Bright's disease, 1 to stone in the bladder, and 2 to kidney disease, unspecified. Four deaths were attributed to liver disease, and 1 to jaundice. Two deaths were caused by accidents, and 1 was suicidal. The Deputy-Registrar of No. 2 South City District (High street) makes the following report:—"A second case of small-pox has occurred this week in our district, in a man who had just come over from Liverpool, where he had been staying in a lodging house where there were several cases of small-pox. He had been vaccinated and the disease is very much modified."

The Contagious Diseases Report.

The *Daily News*, referring to the Royal Commission on the Contagious Diseases Acts, whose investigation is now so far terminated that the Commissioners are to meet on Monday next to consider the terms of the report says:—"Although the evidence has been very voluminous the report will be somewhat brief. Will the divergent opinions which are known to exist among the members of the commission lead to the adoption of two hostile reports? This is, we believe, a point not yet absolutely determined. It would, however, not surprise us if an attempt were made to bring about something like substantial unanimity on one cardinal part of the inquiry. It is hardly likely that either the majority of the commission, or even a majority of its official members, will recommend the continuance of compulsory medical examinations. It is probable that the Commissioners will pursue a middle course. If, for example, they recommend the repeal of the Acts of 1866 and 1869, the only law then left in force would be the comparatively mild one of 1864. We are prepared to see some compromise of this nature not only proposed but agreed to, although it is, of course, just possible that the temper of the majority of the Commissioners may render the proposal impracticable. In that case—perhaps indeed in any case—we should look for a minority, as well as a majority, report."

The Difference in a Number.

A working man, afflicted with small-pox, was removed to one of the Metropolitan District Hospitals, his wife applied from day to day for information respecting his state, and was told " No." (by which he was designated), was worse, and in time was dead; in due course a letter arrived requesting her to arrange for the removal and interment of the body. A coffin was provided, the body placed therein and screwed down to prevent infection, mourning procured for the woman and child, and the funeral duly solemnised. A week after, the disconsolate widow was astonished by her husband opening the door and walking into the room in which she was at work. An error in the number had occasioned the mistake. The man and his wife are now endeavouring to obtain from the hospital authorities the amount expended upon the funeral and mourning.

The Yellow Fever at Buenos Ayres.

A correspondent of the *Manchester Courier* has given a most graphic narrative of the yellow fever epidemic at Buenos Ayres, and the circumstances which led to it. Throughout the whole of the year 1870 there had been a remarkable scarcity of rain, which gradually developed into a severe drought. It was not till the end of November, 1870, that the *Standard* announced one morning that the yellow fever had appeared in Asuncion, and that vessels coming down the river were bringing away infected people. Nevertheless, quarantine was not declared until after considerable delay, and indeed not until yellow fever had actually broken out in the lower part of the city. During the ensuing three weeks the fever was confined almost entirely to the lower part of the town, and it was hoped that the farther spread of the disease might be checked; but beyond a semi-official recommendation from the authorities to householders to whitewash their premises and to use disinfectants nothing was done. Meanwhile, the daily returns of deaths steadily augmented, until by the end of January the daily average of deaths exceeded 120, while the infection appeared to be extending its area. This was but the beginning of an exodus which from this time forward continued daily until it became a stampede. The Government published a notice that to facilitate departures from the city the fares on the Western Railway would be reduced 25 per cent. The suggestion thus conveyed was at once promptly acted on by the native population, who now fled the city in such numbers that the ordinary trains were insufficient to provide accommodation. Up to the end of January the ravages of the epidemic were mainly confined to the Italians, Basques, and natives, whose modes of living and absence of cleanliness favoured its development, and there had been comparatively few cases among the English, French, or Germans. It was not till towards the middle of February that the Government began to grapple with the epidemic. The sanitary commission was now working with an energy which would have been in the highest degree praiseworthy if it had only been directed with a little more skill and judgment. But in other directions, where some of this vigour might have done good, the neglect of the authorities was painfully apparent. As heretofore, the open reeking vasura carts continued to parade the streets, and make their nauseous collections far into the afternoons under a burning sun, instead of conducting their operations at night and early morning. The plan of lighting bonfires in the streets at night was tried, but had to be abandoned, as they became rendezvous for all the scoundrelism of the city, and, further, the flames were too often fed with refuse, infected bedding, which only contributed to increase the vile stenches of the city, while the combustion was but at best a doubtful antidote to the plague. By the end of March the daily average of deaths exceeded 400, while it was computed that there were over 10,000 sick out of the remaining population of the city, which could not at that time have been more than 40,000. In the next ten days the plague reached its climax, the deaths recorded on the 4th and 5th of April being 640 and 720 respectively, while on the 6th of April 500 entries at the cemetery were registered up to noon. A decree appeared on this date declaring the remaining days of the month feast days, and practically closing the town to all business, while the health commission issued a recommendation to the public at large to leave the city *en masse* as the only hope of stopping the plague. Thousands left by every conveyance that could be procured, and in every street Basques and Italians were to be met carrying their "khrattas" and bedding, and making for the nearest railway station. From that day the epidemic diminished.

The American Diploma Market.

We extracted recently from the *Boston Medical and Surgical Journal* a correspondence with the agent of one of those sham universities which gets its living by the licensing of Medical swindlers. That journal has published a second series of letters, which are interesting as showing that the diploma trade has become a regular branch of commerce. Perhaps before long the quotations for the various degrees will appear on the price-lists of the Yankee Stock Exchange.

Into the hands of one of the Profession came the card of which the following is a copy :—

"Collegiate Agency.—This agency has been established for the purpose of giving such information as is generally necessary before entering upon a collegiate course of study, or taking any of the learned degrees. Books, medicines, instruments, &c., will also be sent C. O. D., at market rates, upon receipt of orders. Physicians' practices sold on accommodating terms. Through the recommendation of this agency, physicians, lawyers, clergymen and teachers can obtain the honours of all the universities in the United States, such as the degree of A.M., A.B., M.D., S.D.D., D.D., LL.D., &c.—For additional particulars address A. J. Hale, M.D., Philadelphia."

The gentleman who received it wrote to the address indicated, to see at what cost a degree could be obtained from Harvard University. To this letter came the following reply :—

Dear Sir,—Yours of the 3rd inst. received. You can obtain the honorary degree of M.D. from the university of this city (Alop.) for 50 dols., sent by express C. O. D. This is a regular made out Latin degree, the same as issued to regular graduates. Your name in full and date you wish will be required. Very respectfully,

A. J. Hale, M.D.

The correspondence terminated with a letter, of which the following is an extract, and the papers passed into the hands of a second member of the Profession :—

Dear Sir,—Your card says "obtain the honours of *all* the universities," and I should hardly be willing to pay 50.00 dols. for a degree from a college so little known here as the one from which you offer me a degree. Please let me know further about your ability to procure me a degree from such a college as would be of more use to me here; or if this is out of the question, let me know who are the professors of the "Medical University of Philadelphia," and whether they include any names well known to the profession. Very respectfully,

This subject was then taken up by another gentleman who commenced the correspondence by a letter asking requirements for the degree of M.D. from Harvard University, or from the University of Pennysylvania? To which he received the following reply :—

Dear Sir,—Yours of the 15th inst. received. Am sorry to say that it is out of my power to obtain for you the degree of M.D. from either of the institutions you mentioned. If some other will suit you (and I *know* there are others that will do you the same good with precisely equal advantages), I may accommodate you. Can obtain one from the "American University" here, provided you send me a certificate signed by the P. M. or any other responsible man of your country, certifying that you are either a practising physician, or a student of medicine, or in some way that the faculty may know that the degree is conferred upon one that has some knowledge of medicine.

Very respectfully,

Lock Box 38, Camden, N. J.

P. S.—If you can send another order or two, it would lighten yours very much.

To this the *soi disant* candidate replied :—

My Dear Sir,—I understood that you had power to get me a degree from *any* University. Is it not so? If you cannot let me have one from either of the two I spoke of, perhaps you can get me one from one of the New York Colleges. Is it necessary for me to furnish the certificate you speak of? for that I cannot send you. Suppose that I could get a number of applications and forward them, would it not answer as well? I am, very respectfully yours,

Francis Williams.

He received a reply from "Lock Box" to the following effect :—

Dear Sir,—If you will send me one more order besides yours, and the date you wish them, I will furnish the two at the price I wrote you for each, by express C. O. D. And if you can furnish other orders from your friends, you will be allowed twenty per cent. (10.00 dols.) on each. Hoping to hear from you soon, I remain very respectfully.

Lock Box 38 Camden, N. J.

No allusion, it will be seen, is made to the New York Schools, which, of course, leaves it to be inferred that they also are not to be tampered with. On the 20th of November was sent the following :—

My Dear Sir,—I think I can furnish plenty of applicants, but some of them want to know whose names are to go on the diplomas, and if the University with which you are connected is a real thing. If so, I think we might find men who would like to be LL.D.'s also.

Very respectfully yours,

FRANCIS WILLIAMS.

The alacrity and earnestness of the reply will be seen in

DEAR SIR,—Yours of the 20th inst. to hand. Yes, sir, the University with which I am connected is a reality. A regularly chartered Medical Institution, now in successful operation, all right and legal. Please see circular enclosed. You need never hesitate to guarantee the legality of this Institution in every respect. Please let me hear from you immediately, and oblige yours truly.

Address, Lock Box 38, Camden, N. J.

With this came the printed circular of the American University of Philadelphia, with a long list of trustees and professors. The correspondence was broken off at this point, but an attempt at renewal by a letter, in which was enclosed the accompanying card.

CANCERS AND OTHER TUMOURS

Removed without the Use of Knife or Caustic

Information imparted for a Reasonable Sum.

Address
Lock Box, 60. *Newark, N. J.*

WE learn that Dr. Tabuteau, of Portarlington, has announced that he will offer himself for the Vice-Presidency of the Royal College of Surgeons in Ireland, at the election in June, 1872. Dr. Tabuteau is one of the most deservedly esteemed of the provincial Fellows of the College. He has for many years evinced an active interest in its affairs, and will no doubt receive a large support, especially from extra-metropolitan Fellows.

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SCOTLAND.

EDINBURGH.

EDINBURGH UNIVERSITY.—The widow of Charles McLaren, Esq., late editor of the *Scotsman* has bequeathed £2,500 to found a scholarship in Mathematics and Natural Philosophy, and a sum of £200 to the Royal Infirmary.

CRAIG *v.* JEX BLAKE.—Lord Mure, the judge before whom this case was tried, has decided that the verdict entitles the pursuer to apply for expenses, but the question of granting them will be decided by the First Division of the Court of Session.

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Literature.

FIFTH VOLUME OF THE SYSTEM OF SURGERY.*

WE are glad to welcome the concluding volume of the magnificent work which Mr. Timothy Holmes has successfully carried through another edition. This volume contains diseases of the genital organs, of the breast, of the thyroid gland, and of the skin, together with operative surgery, an appendix of miscellaneous subjects, and a full and valuable index.

To such a series of articles, it is, of course, impossible to do justice within moderate bounds, and we must content ourselves with announcing the completion of the modern cyclopædia of surgery, enumerating the articles of the volume before us, and deferring to future opportunities the analysis of some of the contributions. This volume opens with an account of the "Surgical Diseases of Women," by Mr. J. Hutchinson. He is followed by Professor Humphry, who treats diseases of the "Male Organs of Reproduction." Gonorrhœa, however, has a distinct article, by Mr. Henry Lee, who is followed by Mr. Birkett, on "Diseases of the Breast." Mr. Holmes Coote writes on the "Thyroid Glands." The skin obtains a share of this work, which should satisfy dermatologists of the regard in which their speciality is held. The "General Diseases of the Skin" are treated by Sir Wm. Jenner, the late Dr. Hillier, and Mr. G. Naylor, in an essay extending from page 305 to page 421, and this is followed by Mr. Thomas Smith, who extends the subject by treating on the "Local and Surgical Operations of the Skin and its Appendages," as far as the 480th page. "Operative Surgery" comes next, and Mr. Lister opens the department with an article on "Anæsthetics." Mr. T. Smith gives us "Minor Surgery." Then Mr. Holmes Coote gives a capital account of "Plastic Surgery," followed by "Amputation," by Professor Lister. This brings us to "Excision," on which we are delighted to meet with the accomplished Editor himself, whose own contributions, as well as his general superintendence of the work have done so much to make it what it is.

We have next Dr. Burdon Sanderson's article on the "Process of Inflammation," which is a kind of supplement to the able article on the subject, with which Mr. Simon opened the first volume. These two should, therefore, be read together, and we would advise everyone carefully to study the account of inflammation thus brought before them by Mr. Simon and Dr. Sanderson. We now come to the appendix which is, in itself, a most valuable treatise, which would, had it been printed in the same type as the rest of the work, perhaps have made a goodly sixth volume. The publishers, however, will be thanked for confining the work to five. In the Appendix we again meet with the accomplished Editor, who opens, with the "Surgical Diseases of Children," a subject he has made his own, and is here aided by Messrs. Brodhurst and Shaw. After this we get an article on "Apnœa," by Dr. George Harley, F.R.S., lately of University College and Hospital. Then Mr. G. Busk discourses learnedly of "Parasites and the Diseases which they Produce," and in a second article of the "Poisons of Venomous Insects and Reptiles."

Another contribution from the Editor is on "Surgical Diagnosis and Regional Surgery." Sir Ranald Martin then treats of "Hospitals," and Mr. Holmes Coote concludes the volume with an account of "Surgical Instruments and Apparatus." This article is fully illustrated with woodcuts—a remark which reminds us that this volume has more than 150 illustrations. There is also that invaluable aid to books of reference, a full index. We congratulate both publishers and editor on their successfully carrying through the second edition of this "System of Surgery, which is in itself the best surgical library in a small compass that any practitioner can select.

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Correspondence.

"NOT AFRAID OF THE TRUTH."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am not a member of the British Medical Association, but if I were, I should certainly resign all connection with "that publishing firm with an annual pic nic," since, it appears that the partners in the firm, are entirely at the mercy of any person whom they may choose to employ to edit their periodical. When distinguished members of that association, such as our townsman, Dr. Bell-Taylor, forward to the Editor of that journal, letters so important and conclusive as the one you published last week, what right, I should like to know, has the Editor to suppress it, and withhold information on a topic which is not only of professional, but of national importance from his readers. The MEDICAL PRESS AND CIRCULAR, to the honour of its conductors be it stated is not afraid of the truth, and I therefore venture to ask you to insert a short letter which I forwarded to the *British Medical Journal*

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* "A System of Surgery." Edited by T. Holmes, M.A., Cantab, Surgeon to St. George's Hospital. Second Edition, Vol. V. London: Longmans.

(of course not published), as soon as I found the Editor declined to fulfil his promise by publishing Dr. Bell-Taylor's letter.

Yours obediently,

THOMAS WORTH, M.R.C.S.

COPY OF LETTER COMPRISING "FACTS ABOUT THE CONTAGIOUS DISEASES ACTS ADDRESSED TO THE EDITOR OF THE 'BRITISH MEDICAL JOURNAL.'"

SIR,—As you are not inclined to publish Dr. Taylor's figures, will you allow me to call the attention of your readers to a few facts in connection with the Contagious Diseases Acts.

One of the most important of these appears to me to be conveyed by the tables of Messrs. Puche and Fournier, who carefully traced syphilis (the only venereal malady which can on any plea be considered a matter of state concern), to its source in 873 cases, and found that 625 patients out of this number, contracted the disease from the regularly inspected prostitutes of Paris.

Dr. Vintras also mentions, in his evidence before the Venereal Commission, that almost all the chancres (the true syphilitic sores), were derived from the public prostitutes of Paris, where stringent Contagious Disease Laws are enforced by a thoroughly trained police.

Dr. MacLoughlin assured me personally that twenty-seven years' extensive practice in Paris had led him to the same conclusion. When infected patients applied to him, he was in the constant habit of instituting an examination of the woman, and he declared that it was extremely rare to discover the source of infection in the female. In a work "On Prostitution in Holland," published by Dr. Huet, of Amsterdam, it is shown that taking twenty-four cities, and comparing some years before, with some years after the adoption of the system, that the proportion of disease among the soldiers, rose from 11·3 to 13·14, under the operation of the act.

The last report of venereal disease in the French army, shows that in Algeria, disease among the troops doubled in the space of a few years, under the operation of similar laws; also that amongst the French troops in Rome, where, owing to the prejudice of the Pope, these regulations were not permitted to be carried out, there was *less venereal disease than at any other station.*

The last report of the Sanitary Commissioner of the Punjaub, declares that the result of these laws affords no ground for congratulation, and that at Landour, Dasshai, and Nowshera (stations where these Acts have not been enforced), showed *the least amount* of venereal disease. Similar evidence has been received from Madras, Bombay, and Capetown.

These facts, considered in conjunction with the statement of M. Lecour, that there were at least 47,500 cases of venereal disease in Paris, in a population of a million and a half, while in London, in a *poor population* (such as apply to hospitals, and are most likely to suffer from such affections), of the same number, by the statistics furnished by Mr. Wagstaffe, to the Medical Officer of the Privy Council, there were only 455 cases of syphilis,—appear to me thoroughly conclusive as to the inefficiency of the system.

I am, Sir, your obedient servant,

THOMAS WORTH, M.R.C.S.L., L.R.C.S.E.

◆

IODIDE OF POTASSIUM FOR ACUTE RHEUMATISM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I was glad to read notes of cases by Dr. Sharkey, of Ballinasloe, of acute rheumatism, treated from the commencement by iodide of potassium. I feel pleasure in endorsing his observations, and the efficacy of the treatment proposed. I have been in the habit for some time of prescribing this salt, and I have been always highly pleased with the result.

I have at present in the workhouse hospital, a policeman, who was admitted suffering from rheumatic fever, and the iodide of potassium was nearly the sole treatment relied on, as my prescription book would testify—of course, the occasional administration of an anodyne was given, and the poppy fomentations to the joints, as suggested by Dr. Lyons. I have not used the poultices with carbonate of soda, as recommended by Dr. Sharkey, but, I am almost certain these alkaline poultices would be very good. I have met with no case where this treatment was adopted of any cardiac complication, if I did, I would even be inclined to pursue the same treatment.

Referring to the cardiac affection, Dr. Tanner says: "Most authors say apply leeches over the region of the heart, or resort to general bleeding, and quickly get the system under the influence of mercury. If the remarks which have been made in the section on inflammation, however, are true, no such remedies will be necessary, and I believe it will be better to get freedom from pain by full doses of opium, to apply hot moist linseed meal poultices over the cardiac region, and to continue the bicarbonate of soda or potash draught." Should effusion take place into the pericardium, he recommends the application of a blister, or a succession of them, and also diuretics with the iodide of potassium.

Referring generally to the treatment I have adopted in rheumatism, I have taken the hint from Tanner, where he recommends the iodide of potassium with quinine. He also recommends the local application of alkalies, but his internal treatment principally, is that advised by Dr. Garrod. I would suggest the perusal to Dr. Sharkey, if he has not already looked at it, of Dr. Tanner's chapter on "Rheumatism," and the treatment advised. In conclusion, I agree with Dr. Sharkey that no remedy has afforded me the same quick results as that of the iodide of potassium.

Your obedient servant,

JOSEPH O'KELLY, M.D.,
Medical Officer of Mount Bellen Workhouse Hospital.

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IRREGULAR CONSULTATIONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Had the allusion in your leading article of last Wednesday's issue dealt merely with myself personally I should have passed it over in silence, but as you have mentioned my name in connection with the Council of the R.C.S.I., I feel it due to that body that I should not allow it to remain without comment.

On reading that article, I could not help feeling regret that the pages of a medical journal should have been desecrated by expressions of political controversy. When we find all our daily transactions in Ireland tainted by the influence of this the true Upas of our unfortunate country, we might have hoped that at least our medical literature would have been kept in the pure atmosphere above its deadly emanations.

Regarding my connection with the case of Mrs. McGrough, I have only to say that, owing to the illness of the usual medical attendant, I was sent for to see that lady in an urgent attack of vomiting; and, when called upon by Mr. Erson for that purpose, I certainly did not sit down to consult the Medical Register as to his statutory qualifications. More especially, as, from what he then told me, I regarded him more as the intimate friend of the family than the medical attendant, and as such he acted during her entire illness. Facts in the inner life of that most painful and distressing case which have come to my knowledge under the seal of professional confidence, and which, therefore, have *not been made public*, have since confirmed me in the view which I had taken.

I have the honour to remain,

Your obedient servant,

EDW. HAMILTON.

Stephens Green,
June 9th, 1871.

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3 Upper Sackville street, Dublin.
10th June, 1871.

SIR,—In the article in your publication of the 7th inst., headed "Bad Company," you refer to the "[illegible] Document" as having been forthwith taken to the [illegible]

If you refer to the evidence you will find that it was signed upon Thursday, that the lady died upon Sunday evening, and that what purported to be a copy was presented to her husband upon the following morning. Had it been shown to him in the meantime an explanation and retractation could have been obtained, and thus an irreparable injury averted.

We are, Sir,
Your obedient servants,
TISDALL & TWIBILL.

A. H. Jacob, Esq., M.D., MEDICAL PRESS
AND CIRCULAR Office,
Molesworth Hall, Molesworth street.

◆

Gleanings.

Encephaloid Tumour of Rapid Growth. By Levi Bartlett, M.D., of Skaneateles, N. Y.

T. P., æt. twenty-four, after having carried, on his head, a straw bed half a mile without resting, which exhausted him much, discovered, two days afterwards, Nov. 26, 1870, a tumour, as large as a hen's egg, above the right clavicle, which increased in size on coughing, and at times appeared very much to diminish. Dec. 21, I first saw him. Tumour firm, elastic, twice its former size, and not painful; cough dry and spasmodic; pulse 80 to 90, small and feeble; demanding stimulants; pressure of the tumour on the œsophagus and trachea caused difficult deglutition and respiration, and pain in the surrounding parts. Jan. 3, 1871, tumour softer, with indistinct fluctuation, and more like pointing. Dr. Campbell in consultation. Exploration revealed a venous blood tumour; applied solution of iodine. Jan 8th, Dr. Earll was added to the consultation, and, on the 10th, Dr. Lansing Briggs, of Auburn. On second exploration we concluded that the tumour contained arterial blood, though there was no pulsation. This uncertain diagnosis and the dangerous locality of the tumour, we considered, precluded surgical interference.

Tumour at first spherical, afterwards oval, and at its maximum was five by two and a half inches. Gradually it assumed a harder and nodulated feeling, and diminished one inch in length. From the 12th to the 27th inst., his pulse was increased in frequency and hardness, accompanied with cough and bloody expectoration and palpitation; œdema of right arm and hand, with numbness and pricking sensation; serous effusion into the eyelids and adnata; paroxysms of dyspnœa, frequent respiration, with a rough rhonchus and prolonged expiration; right submaxillary gland much enlarged, and all the surrounding tissues appear full and engorged.

I had diagnosed "venous erectile tumour," similar in symptoms and locality to that of General Kilpatrick, successfully operated on by electrolysis last year. Dr. G. T. Campbell, after perusing Dr. Gross's chapter on tumours, in his excellent "System of Surgery," diagnosed encephaloid of the hæmatoid variety. Patient died on the 27th, and on the 28th the autopsy, made by Drs. Campbell and Earll, revealed a strictly encephaloid tumour, with so fragile an envelope as to preclude the possibility of enucleation. Apex of right lung adhered to the tumour and clavicle, and assumed a medullary appearance, with some engorgement. Effusion of serum into pleural cavity and the pericardium; liver hypertrophied; thymus gland enlarged, and surrounding tissues engorged; no other organs examined. Dr. Campbell found, on microscopic examination, characteristic cancer-cells, with oil-globules. Patient inherited malignant taint, his mother and sister having died of cancer.

The incipient stage of his disease may have previously commenced, but its rapid development may be referred to his over-exertion nine weeks ago.

Professor Gross mentions the case of a boy of eighteen, who died in less than eight weeks of an encephaloid tumour upon the scapula, a foot in its largest diameter! Ours is a partial corroboration of that case, which is truly rare.—*American Journal of Medical Sciences.*

Medical News.

Royal College of Surgeons.—The following members of the College having undergone the necessary examinations for the fellowship, on the 25th, 26th, and 27th ult., were admitted Fellows of the College on May 8th, viz.:—Messrs. William Preston Goodall, L.S.A., Birmingham; Charles Roberts, L.S.A., York, of St. George's Hospital; Thomas Hiron Bartlett, M.B. Lond., Birmingham, of the Birmingham School; Francis Henry Welch, L.S.A., H. M. 22nd Regt., Charles Fort, Kinsal, of the London Hospital; John Astley Bloxam, L.S.A., St. Bartholomew's Hospital; L. F. Grand, L.R.C.P. Lond., Plymouth, of St. Bartholomew's Hospital; Frederick Churchill, M.B. and C.M., Edin., of the Edinburgh and St. Thomas's Hospital; Richard Clement Lucas, L.R.C.P. London, Hungerford, and Alfred Ashby, L.S.A., Staines, Middlesex, of Guy's Hospital; Robert L. Tait, L.R.C.P., Edin., Birmingham, of the Edinburgh and Birmingham Hospital, and Thomas Cooke, M.D. Paris, 1871, of the Paris Hospitals. Seven candidates having failed to acquit themselves to the satisfaction of the Court of Examiners were referred to their hospital studies for one year.

Deputation on the Superannuation Question.—A very large deputation waited upon the Right Hon. James Stansfield, President of the Poor-law Board, and Mr. Hibbert on the question of the superannuation of poor-law officers. It comprised the following members of Parliament:—Messrs. Baines, Carter, Wheelhouse, Dickinson, Russell Gurney, Leatham, Sir Charles Dilke, Dixon, Rathbone, Lord Sandon, Graves, Cawley, Charley, Morley, Melly, Dalrymple, Hughes, R. H. Paget, F. Cadogan, Allen Gore-Langton, Henry James, A. S. Hill, Sir George Jenkinson, Sir James Elphinstone, Lord George Hamilton, and Dr. Brady; together with the following poor-law officials:—Messrs. Heaps, Lampen, Cleaver, Ellis, Hales, Johnson, C. C. Smith, Barstow, Maulding, Doggett, Hulbert, Powell, Davis, Foster, Hughes, Kilby, Bennet, Birch, and Whitworth.

Professor Tyndall on "Dust and Smoke," at the Royal Institution.—Professor Tyndall lectured on Friday evening to undoubtedly the most densely-crowded audience the fine hall of this institution has ever contained. His subject was "Dust and Smoke," and in his discourse and experiments he followed variously the courses he has for the last year or two been pursuing in respect to this topic. He touched successively on the dust or germ theory of the source of contagious diseases, on the origin of minute life, and, finally, on the effects of a new respirator for firemen, which he has perfected under the encouragement and aid of Captain Shaw, of the London Fire Brigade, in which the solid particles of the densest smoke are arrested by films of cotton-wool wetted with glycerine, and the most pungent gases by layers of charcoal. By these simple means firemen could remain within burning buildings for upwards of half an hour at a time with safety and comfort so far as their respiration was concerned.

Notre Dame.—*L'International* says that the attempt to destroy this building was frustrated by the courage and perseverance of the house-physicians and house-surgeons of the Hôtel Dieu, who obtained the assistance of a number of persons, and succeeded in extinguishing the fires.

The late Professor Kuss, of Strasburg.—A subscription has been commenced at Lyons with a view of raising a monument to the memory of Prof. Kuss, one of the most eminent professors of the Medical Faculty of Strasburg, who died at Bordeaux whilst attending the meetings of the National Assembly, of which he had been elected member.

Anatomy and Physiology at Cambridge.—Professor Humphry has given notice that in the ensuing long vacation (July and August), there will be classes for instruction in Practical Anatomy on Tuesdays, Thursdays, and Saturdays, at half-past twelve, commencing July 4th. There will also be classes for instruction in Practical Histology on Wednesdays and Fridays, at half-past twelve, commencing July 5th. This, together with a course of instruction in the Physiological Laboratory, under the direction of Dr. Michael Foster, will constitute a course of Practical Physiology. Gentlemen who have entered to the Anatomical lectures will be at liberty to attend these classes without additional fee.

The Royal Commission on Contagious Diseases.—The Commission has been engaged during the past week in the consideration, paragraph by paragraph, of the ample Report to the Crown, prepared by its Chairman, the Right Hon. W. Massey. It is rumoured that the Report proposes the repeal of the Acts of 1866 and 1869.

Bequests to Medical Charities.—The will of the Rev. Martin Cramp Tolputt, formerly of Enfield, who lately resided at Hengrove House, near Margate, sworn under £14,000, contains the following bequests:—the Middlesex Hospital, £100; the Kent and Canterbury Hospital, £100; the Margate Sea-bathing Infirmary, £100; the Margate Lying-in Charity, £50; and the Hospital for Lying-in Women, London, £50.

The Quacks and the Medical Bills.—A deputation waited upon Mr. Forster on Friday last, at the Education Department, to present a memorial from the Medical Reform Association, stating that they viewed with amazement and regret the steps taken by the so-called orthodox or allopathic practitioners, as set forth in the Medical Acts Amendment Bills (one of which is appointed to be read in the House of Commons a second time on the 16th instant), which seek to exclude utterly the entire body of medical dissenters, called homœopathic, hydropathic, &c., thereby unjustly monopolising the practice of medicine, surgery, &c., throughout the United Kingdom. The deputation was introduced by Mr. Joseph Cowen, who said that they would shorten the time the deputation had to occupy as much as possible. There were eighteen doctors present, who were all able to speak as to the object of their memorial better than he, and therefore he would at once call upon Mr. Hitchman, of Liverpool. Mr. Hitchman said that the large part of the Medical Profession which they represented had studied the subject of medicine with a view of alleviating the sufferings incident to humanity, and they wished to protest against their exclusion from the practice of medicine, surgery, &c., which, if the Bill passed, would ensue. They wished for medical freedom, and hoped that Mr. Forster would do his best to assist them in the matter. Mr. Pearce, Mr. Thornton, and Mr. Seckstone followed, further explaining the wishes of the deputation, and Mr. Forster said that he had very little time to stay, and, therefore, could not say much. He was under the impression that he had to receive a deputation from the orthodox medical practitioners, and finding this not to be so, he was not so well prepared to answer them on the subject of the deputation. All he could say was, that if the Bills got into committee, which, at this time of the session was very doubtful, what they had said would have the most careful consideration of the Government.

Charing Cross Hospital.—The annual distribution of prizes to the students in the Medical School of this Hospital took place on Friday, in the board-room, Professor Huxley in the chair. The Dean (Dr. Pollock), in presenting his report, congratulated the Medical School upon the important changes present and in progress connected with the institution. The new school buildings, including the library and the separate entrance, with the physiological laboratory for practical teaching, which has lately assumed so much importance, are now complete, and in a condition for efficient working. Additional accommodation for patients had also been provided, and the beds had been increased in number to 150, and there were now separate wards for the treatment of diseases of women and refractory patients. The Dean referred to the services of Dr. Beigel, who—reversing the principle of *cedant arma togæ*—had been with his countrymen in the battle fields of France, and had returned with the much-coveted order of the Iron Cross to resume his labours at the hospital. Mr. Galton, the lecturer in comparative anatomy, had been amongst the first to go out in aid of the sick and wounded, and in association with Dr. Mayo, had charge of the Alice Hospital, at Darmstadt, for many months. A student of the hospital had also rendered good service in the same cause. The hospital every year increased in importance and usefulness, and conferred great benefits upon the surrounding poor. The chairman then distributed the prizes, of which Mr. J. A. Lee carried off a considerable number. He gained the Llewellyn Scholarship, the gold medal, the governor's clinical medal, medals for medicine, midwifery, forensic medicine, and a certificate for pathology. Upwards of seventeen medals and as many certificates were awarded, after which the learned Professor addressed the students. The proceedings terminated with a vote of thanks to the Chairman.

NOTICES TO CORRESPONDENTS.

Dr. Acland.—The proof was received in time, another shall be sent.

Dr. Hearne.—We received the newspapers on the eve of going to press.

Dr. Smith.—The work appeared some ten years ago.

Mr. Hornibrook.—We have already announced the fact.

Mr. Morgan.—Copy received.

Mr. Widdup's second communication received.

Professor Inglis.—Proof of your article shall be forwarded.

INGUINAL HERNIA.

To the Editor of "The Medical Press and Circular."

Sir,—Being a subscriber for some years, I take the liberty of asking you through the columns of your widely circulated paper, whether there is any radical cure for a recent inguinal hernia in a man aged about fifty. I would feel obliged for your notice of this in your journal next publication.

Yours very truly,
T. G.

ATTEMPTED ASSASSINATION OF DR. JOHN ELLIOTT.

We learn by telegram that Dr. Elliott, while returning to Waterford from visiting a patient in Kilkenny, was fired at from behind a ditch. The bullet, fortunately, grazed the cheek without doing further injury. The doctor when fired at was on an outside car, which was drawn by a white horse formerly owned by a rent collector named Walsh, and it is thought the assassin mistook the doctor for Walsh. The police are scouring the neighbourhood; and in congratulating our brother professional and contributor upon his narrow escape, sincerely hope the scoundrel may be secured and brought to justice.

Dr. Locke Johnson writes to us in reference to our remark last week that a monthly contemporary had omitted to name the *American Journal of the Medical Sciences* as the one from which the extract on "Puerperal Eclampsia" was taken. He is right in supposing we referred to the *Doctor*, but he will see that we anticipated the explanation. It seems the printer mislaid one leaf on which were some remarks contributed by our correspondent, introducing the propositions cited, and that he filled up the columns with an item of news belonging to another department of the paper. We sympathise with Dr. Johnson, and can assure him that similar annoyances frequently occur to other journals,

In Type:—

"On the Causes and Cure of Prostatic Stricture." By R. Uniacke Ronayne, L.R.C.S.I., L.R.C.P., &c.

Dr. Basham's Clinical Lectures "On Diabetes." (Continuation).

"Practical Obstetrics." No. II. By Francis E. Clarke, B.A.

Communications have also been received from Drs. Haughton, Beard, Brown, Johnson, Drysdale, Atthill, Bell Taylor, Jones, Armfeld, Paul Attfield, and Messrs. Milton, Hornibrook, Lee, Solly, Middleton, Berry, Roberts, Bird, Nicholas, Popjay, Morgan, Hamilton, Mayne, Brown, Leigh, Mackenzie, Spurgin, Patterson-Lewis, Bratt, M'Millman, Currie, &c.

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MEETINGS OF THE LONDON SOCIETIES.

Royal College of Surgeons of England.—**Wednesday**, June 14th, 4 P.M. Mr. J. W. Hulke, "On the Minute Anatomy of the Eye."

Royal College of Physicians.—5 P.M. Dr. Guy, "On War in its Sanitary Aspects, with special reference to the period from 1793 to 1815."

Royal College of Surgeons of England.—**Friday**, June 16th, 4 P.M. Mr. J. W. Hulke, "On the Minute Anatomy of the Eye."

Royal Institution.—9 P.M. Mr. William Bradford, of New York, "On the Esquimaux and Ice of Greenland," illustrated by Drawings and Photographs.

Royal College of Surgeons of England.—**Monday**, June 19th, 4 P.M. Mr. J. W. Hulke, "On the Minute Anatomy of the Eye."

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VACANCIES.

Metropolitan Free Hospital. Assistant-Physician. Honorary.

West London Hospital. Physician for Diseases of Women; Ophthalmic Surgeon, and a Junior Assistant-Surgeon.

Hamadryad Hospital Ship for Seamen, off Cardiff. Resident Assistant Medical Officer. Salary £75 per annum.

Huddersfield Infirmary. Physician. Election, July 28th.

Limesdale Union. Medical Officer. Salary £60 for District and Workhouse.

Brighton Dispensary. Resident House-Surgeon. Salary £100 per annum.

Lambeth Parish, London. Dispenser. Salary £100, with residence.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

Practical Guide to the Baths of Aix-in-Savoy. London: Baillière, Tindall, and Cox.

Reports of the Inspectors of Factories to the Home Department.

Vaccination viewed Politically. By Professor Newman.

New York Medical Journal; La Presse Médicale Belge; Western Medical Advance; Nature; Boston Medical Journal, &c.

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APPOINTMENTS.

Byrne, Dr. F., Medical Officer, Public Vaccinator, &c., for the Kilmeaden Dispensary District of the Waterford Union.

Burke, Thomas H., L.K.Q.C.P.I., L.R.C.S.I., Poor-law Medical Inspector.

Callaway, E., M.R.C.S.E., Medical Officer for the Tamworth District and the Workhouse of the Tamworth Union.

Counihan, J. F., L.K.Q.C.P.I., L.R.C.S.I., Medical Officer, &c., for the Kilrush Dispensary District, Co. Clare, and Medical Attendant to the Royal Irish Constabulary, Kilrush.

Ewen, A. B., M.R.C.S.E., Medical Officer for the Tydd District of the Holbeach Union, Lincolnshire.

Fowke, F. W., L.R.C.P.Ed., M.R.C.S.E., Medical Officer for the Chipping Warden District of the Banbury Union.

Grealy, J. W., L.R.C.P.Ed., Medical Officer, &c., for the Westport and Louisburgh Dispensary District No. 2 of the Westport Union, Co. Mayo.

Hoysted, Dr. J., Resident Assistant Medical Officer to the Littlemore Pauper Lunatic Asylum, near Oxford.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 21, 1871.

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CLINICAL LECTURES,

Delivered during the Session 1870-71,

IN THE WESTMINSTER HOSPITAL.

By W. R. Basham, M.D., Physician to the Hospital.

The Subject of Diabetes—(*Continued*).

At the conclusion of the last lecture, I expressed an intention of testing the efficiency and agency of the ammonio-saline treatment of diabetes, which had been uninterruptedly carried on for near three months, by discontinuing it for a few days, and carefully noting the condition and symptoms of the patient while deprived of the medicine; for if, while taking the salines, the leading and more characteristic symptoms of diabetes subside or become mitigated, and if, all other things being equal, the diet the same, and everything about the patient being the same, then if, on the remedy being discontinued all the characteristic symptoms of the disorder return, it is a fair logical inference that the mitigation of the thirst, the disappearance of the clammy, sticky state of the mouth, the diminished quantity of urine and percentage of sugar, the more natural appearance of the stools, and the abated craving for food, were legitimately the effect of the ammonio-saline remedies. She discontinued the medicines on the 5th April; the diet was strictly continued. On the fourth day of the interval she complained of missing the medicine. She stated that the clammy, thirsty feeling in the mouth had returned, that her food did not satisfy her as when taking the saline. The amount of urine was daily increasing; its specific gravity had become 1·038, and the amount of sugar proportionately augmented. There was an evident return of all the leading conditions of the diabetic state on the discontinuance of the ammonio-saline. After an interval of ten days, to be certain that this recurrence of the more prominent and characteristic symptoms was not accidental, the carbonate and phosphate of ammonia were resumed in the form described in the last lecture. If, again, a mitigation of symptoms followed, if the urine and sugar decreased and the thirst became modified a few days after the operation of the remedies, it could not be reasonably asserted that these agents were inactive, or of no therapeutic value. Five days after the resumption of the medicine, the specific gravity of the urine had gone down to 1·027, and the proportion of sugar to the ounce had decreased to ten grains. Other symptoms had again disappeared; there was little or no thirst, the tongue was not clammy, the breath was inodorous, and the appetite nothing inordinate. You must recollect, however, that it is by no means an unusual occurrence in diabetes in the latter periods of life, for the symptoms to oscillate between great extremes, irrespective of whatever remedy may be employed, so that in the view of some this decline of the more distressing conditions might be considered as the natural law of the disease, apart from any therapeutic agency. It is doubtless true that in what has been termed senile diabetes these variations are frequent. But it is not a little singular that the abatement of the symptoms always correspond in this case to the operation of the salines, and the aggravation of them to the interval in which they were discontinued. The same results have so constantly been observed by me in the treatment of diabetes in another class of practice, that I have no hesitation in placing the greatest reliance for the mitigation of the more distressing symptoms, particularly that of thirst, to the beneficial action of the ammonio-saline treatment. It must be admitted that there are cases of diabetes in the treatment of which all that can be hoped for is mitigation, not cure. Reference to the preliminary remarks I made in a former lecture will prove that it is not difficult to diagnose such cases, to determine the fact at the commencement of the treatment how far it will probably be curative, how far only alleviative. This can and ought in every case to be determined by an analysis of the urine, collected at definite periods of the day, having reference to the time of taking food. If the morning urine, passed after an interval of some eight or ten hours fasting, contains but little sugar, perhaps only a trace; if the urine passed some hour or two after breakfast or dinner, no rigid abstention of diet having been observed, present evidence of a well-marked notable amount of sugar, the inference should be that the sugar was derived from the farinaceous elements of food, that it was therefore an error of digestion in some of the primary stages, rather than implicating such organs as the liver, lungs, or nervous system as its causes. On the other hand, where the evidence of sugar in the morning urine (*urina sanguinis*) is as great as that of the urine of digestion (*urina cibi*), the disease has a more remote origin, the digestive function is in error, but so is probably that of liver, lungs, or ganglionic system. In the first type of cases the more distressing symptoms of diabetes—unsatisfied appetite, emaciation, restlessness, are absent, or only present faintly, and not distressingly; in the second type of case all of these, with others, are present in aggravated form. Diet and medicinal treatment will cure the first, but diet, however strictly regulated, or remedies however appropriate, will do no more than alleviate the second, for under no circumstance is the disease in this form otherwise than incurable. You will easily perceive, therefore, how desirable, not on scientific grounds only, but on purely practical grounds, how imperatively necessary it must be in each case to determine to which of these two types of the disease the case under your treatment may belong. The mitigation of the more urgent symptoms on each occasion, a few days after resuming the remedies, left no reasonable doubt of the therapeutic influence of the ammonio-saline plan of treatment. Under these agents the patient is increasing in weight, is gaining week by week an increase of bodily vigour, and losing all the prominent and more distressing symptoms of the diabetic state. You will find it convenient in practice in private life to keep, in a tabular form, a list of the articles of diet, which, in the dietetic treatment of diabetes may be allowed, and those which are forbidden; a list also of the wines and beverages which may be taken or avoided is also useful. The following list fulfils these objects:—

Diet Table in Diabetes.

General rules to be observed by those suffering from Diabetes, who should earnestly recollect that an accurately observed diet is more effective in relieving the disease than any other known means.

VEGETABLE FOOD.

Articles of Food Forbidden.	*Articles of Food Allowed.*
Every form of vegetable food. containing Flour (Farina), Starch, Dextrine, or Sugar.	All the Cabbage Tribe (*cruciferæ*)
All articles made from Wheat Flour—	Cabbage, Cauliflower
Bread, Biscuits, Pastry.	Broccoli, Borecole
Oatmeal,	Scotch Kale, Brussels Sprouts
Peas, Beans, Haricots, Lentils	Sea Kale, Cardoons
Rice, Sago, Tapioca, Arrowroot	Couve Tronchuda (Portugal Cabbage)
Semolina, Revalenta,	Spinach, French Beans
Potatoes, Yams,	Artichokes
Carrots, Turnips, Radishes,	Cucumber, with Oil
Parsnip,	Asparagus,
Macaroni, except with Cheese	Onions, Leeks,
Vermicelli,	Mushrooms, Truffles,
Cocoa, Chocolate;	Lettuce, Endive, and
All Fruits rich in Sugar	All varieties of Cress
	Italian or Corn Salad
	American, and Water Cress
	All kinds of Acid Fruits
	As a substitute for Wheaten Bread—
	Gluten Bread
	Bran Bread
	Bran Biscuits
	Brown Bread, cut thin and toasted, may be allowed

ANIMAL FOOD.

Articles of Food Forbidden.	*Articles of Food Allowed.*
None.	The Food of the Diabetic Patient should be as much as possible selected from the Animal Kingdom.
No article of food derived from the Animal Kingdom is forbidden in Diabetes.	All kinds of Meat
In every kind of made dish prepared from Animal food, the sauce or gravy, if needed, must be thickened with either Gluten Flour or Egg Powder.	All kinds of Game
	All kinds of Poultry
	All kinds of Fish and Crustaceæ
	Eggs of every variety that are edible
	Cheese in every form and variety.
	The Curds of Milk

DRINK.

Forbidden.	*Allowed.*
All varities of Beer—	All the Bordeaux Wines
Ale, Stout, Porter	St. Julien
Sweet Cyder	Medoc
All Home-made or Sweet Wines,	Lafitte
All Wines containing a per centage of Sugar or Dextrine—	Sauterne, &c.
Port,	All the Rhine Wines
Sherry, Brown or Golden	Every variety of Hock
Madeira	Marcobrunner
Champagne, if sweet	Rudesheimer
Sparkling Moselle	Steinberger
Sparkling Hock	Red Assmannshauser
Sparkling Burgundy	Spirits—Brandy (Cognac), Whiskey, Gin unsweetened, Rum, Hollands;
	Tea, Coffee, without Sugar, but with Cream, *ad libitum*
	Soda, Seltzer, Vichy, and similar Waters.

The whole surface of the body should be clothed with flannel winter and summer.

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ON THE NATURE OF THE VENEREAL POISON

AS TESTED BY

DIRECT PROOFS AND PRACTICAL OBSERVATIONS.

By Mr. Morgan, F.R.C.S.I., M.D., Univ. Dub.
Surgeon to Mercers's, and to the Westmoreland Lock Hospital, Dublin; Professor of Surgical and Descriptive Anatomy; R.C.S.I., &c.

The question of the duality of the venereal poison is one of such interest in a practical as well as theoretical point of view, and so great a difference of opinion still prevails amongst medical men on the question, that any evidence which may still further go to elucidate the subject is, I think, of importance. It is remarkable that in this country perhaps more than in any other greater variations in the primary and in the consequential phenomena of the disease have been observed, and that practical observation here, when carefully carried out and strictly defined by facts, does not correspond with the views and definitions of many writers, or with the statements of some who should be conversant with the appearances of the disease. The temptation of explaining certain phenomena by the aid of a supplementive imagination is no doubt alluring, and the theoretical supposition of one certain form of lesion giving rise in direct course to one of a specific form, is well calculated to mislead our study of this very difficult question, unless thoroughly tested and proved. The value, therefore, of direct inoculations and testings is incomparable when put side by side either with the vague history of patients or of visionary speculations as to the form of sore, which originated that which may be under observation. The pages of this Journal* during the past twelve months have shown the necessity of applying the crucial test of taking nothing in this question for granted, otherwise we might, for example, have been led to suppose that a woman living in England, and *assumed* to be syphilitic, communicated a true syphilitic sore to the face of a soldier, preceded by incubation and followed by skin manifestations. Dates, "which can be proved on oath," are given, "to put your readers in correct possession of them," and "this interesting illustrative example of syphilitic infection," the narrator had not the slightest doubt was derived from a mucous patch on the woman's lip! The value of the proposed adjuration unfortunately for science, went for nothing, as there was not the *faintest* evidence that the "paramour" ever had venereal in any shape whatever, far less a labial patch. This man was believed to have been, before that period, free from any syphilitic affection, therefore, if the source of his affection was not purely speculative, some value might possibly attach itself to the report of a sore which "had glazed over" when examined, and an incubative period might have been ascertained of about thirty days.

This incubative period has been lately much discussed and laid stress upon, as peculiar to true syphilis, but lately Dr. Hammond has adduced an example with circumstantial minuteness, where the incubative period was but *thirty-six hours*, while Amè Martin gives a case of seventy-two days, and taking thirty-six cases of experimental inoculations on sound persons, there is a difference in the incubative periods of thirty-six days. Mr. Wallace, of Dublin, has been freely quoted by writers, as proving a long incubative period by his direct inoculations, I have, however, been so struck by Dr. Hammond's case, as confirming my own direct observations, that I have obtained Mr. Wallace's private case-books, which give the "arcana" of his observations, and on examining them, I find but little to confirm such a supposition, on the contrary, his incubation periods were very short, just as in Dr. Hammond's case, and in my own direct observations on syphilitic cases by inoculations with the vaginal discharge of syphilised women, being from two to three days. In the cases I illustrated in this paper, and in the *Dublin Quarterly Journal*—the resulting pustules and sores produced on syphilitic patients from vaginal discharge, were similar to these I now quote, from Mr. Wallace's Case-book (No. 13) 1836.

> The evil that men do lives after them,
> The good is oft interred with their bones.

And as the subjects of these inoculations have long since forgotten, or parted with any ills that may have been caused them, I propose diffusing the information concerning them, which is indeed most valuable and convincing. Any evils that may have been caused by his indiscreetly zealous testings, Mr. Wallace certainly amply condoned for, by the introduction of that invaluable anti-syphilitic,—iodide of potassium, the pains with which he tested its use, and the immense stride he took, in the better treatment of the disease, by the discontinuance of the excessive mercurialisations so common in his day, deserve the highest commendation, and from a survey of his treatment, I may fairly state that he never would have introduced the remedy so largely and beneficently if he had not by direct testing and observation, finally adjusted the cases to which it was specially applicable.

The observations of Mr. Wallace are the more to be relied on, as he had no anticipation of the modern theories and modifications of the forms of sores, and although Ricord and others have carried away the credit of the testings by inoculations, Mr. Wallace had shown them even in 1829. I would, however, conclude that knowing the unfortunate Hibernian tendency, which O'Connell so emphasied; that his fellow countrymen instead of aiding his efforts, or encouraging his zeal, would not only "roast him," but many of them be found "to baste him," he never thought well of putting his information as derived from such practical sources in a regular form for the Profession to judge from.

The rule seems to be in this country that any efforts to advance our knowledge must be checked, and our public institutions neglected for any purpose of scientific advancement. Governments in other countries assist the labours of those who have sufficient energy to devote themselves to the work; witness the books of Ricord, Boeck, the Reports of Boston City Hospital, &c., but here the course of the "good easy man," that continues in the pleasant routine of duty, gives least trouble, and makes no innovations or advance, is the most commendable, and he is accounted wise in his generation. It is a great loss that Mr. Wallace's notes and testings have not been published, and his valuable drawings catalogued and made known.

So early as the year 1829, Mr. Wallace tested and proved the auto-inoculability of suppurating bubos.

He proved, what was then not certified by direct experiment, that a syphilitic patient was susceptible of true gonorrhœa.

He proved that condylomata were inoculable, as now stated by Boeck (p. 68 of his book), and since proved, and whether inoculated on sound persons or on infected, the incubation period (so called) was in both cases three days.

He has also shown, as in the first of the following cases, that primary and secondary inoculations produced the same effects, and that sores presenting precisely the same appearances, and commencing as pustules, caused suppurating bubos, and were followed by constitutional signs.

In the second case the pustules appeared likewise in two days, and lasted about forty—followed by constitutional signs.

In the third case, the patient unquestionably was syphilised, and produced by inoculation from his secondary ulcer, pustules which conveyed the virus; or else the dual theorists must admit that he was a second time suffering from an infecting sore at the urethral orifice, which, Mr. Wallace remarks, "felt hard"—or else, if assuming it had existed unseen as a hard sore, it produced a pustule in twenty-four hours.

From Mr. Wallace's Case-Book 13, *p.* 82.

July 13, 1834.—P. M. labours under gonorrhœa. Have cut him on dorsum of penis in three places, and in one place on the upper and inner part of each thigh, and applied matter from a man labouring under exanthematic primary and secondary. To the cut nearest the pubis I applied matter from the orifice of the urethra of the exanthematic patient. The sores from which I took the matter, which I applied to the other sores (cuts) had somewhat a pustular character.

July 15.—All the spots cut have inflamed; the bases also feel tumid; there does not seem any difference among them.

July 17.—All the punctures have inflamed very much; he complains of great pain; they are like small furuncles; the colour of the skin round the spots in some parts is as red as if it was about to be gangrenous.

July 19.—The inflammation has increased round all the punctures, applied adhesive plaster to them all.

July 20.—All the punctures have formed excavated ulcers with tumid bases; still very painful; applied caustic to one on his right thigh and one on penis.

July 21.—All less painful where touched with caustic.

July 24.—Size of all the ulcers have considerably increased; a tumour has formed at the anterior and upper part of right thigh; the ulcers have the characteristic appearance.

July 25.—The sores are now tumid at base and granulating.

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* "Duality of Venereal Sores." By B. F. McDowell, M.B., &c., &c. March 29, 1871.

July 26.—Ulcers are less inflamed; their areolar margins more tumid; tumour at anterior and upper part of thigh is the same; a small tumour has formed amongst the hair of the pubis; it is the size of a large nut, and the skin is red.

July 28.—The tumour in the right thigh is pointing; the skin covering it is extremely red, and the base hard; all the ulcers are enlarged, and their bases more tumid; the lump among the hair of the pubis is rather more red and larger in size.

July 29.—I have punctured the tumour on the thigh, and a quantity of matter of a thick yellow character has been discharged.

August 6.—The sores have the same character as P. W. (next case), but some of them seem drying; the tumour on the pubis which was opened does not discharge itself at the opening entirely; it would seem that it had been composed of two glands.

September 1.—The sores on right and left thigh have been healed one week; the bubos on thigh and pubis are nearly closed; the sores on the dorsum were nearly healed, but have now become brown, and are spreading into each other. He had from his gonorrhœa a swelling on his testis some time ago; the running still continues; his general health is good.

September 19.—The sore on the dorsum has extended much; the tumour on the left groin has healed, and one is forming on the right groin; the surface of his body and scalp in particular is affected with an eruption of small tubercles or papulæ or imperfect pustules; no pains of sore throat, but a stiffness in his jaws; eruption has been out four days.

October 6.—Several spots of eruption have come out, all small tubercles or small papulæ; the sores on his thighs are healed; the sore on the root of the penis is healthy-looking; the glands in the groin near pubis are enlarged; he looks pallid, and there are a number of spots on his face; the isthmus faucinne is white, but not sore (*patchy*); the discharge from urethra continues.

October 28.—He has applied with a fresh crop of eruption, the spots confluent and scaly papulæ; says they are itchy; they are numerous in his hair and the calf of his leg.

Dec. 1.—The general surface is covered with a flat papular, or as Dr. S. says, in Paris it is called lenticular; the glands on left groin are enlarged; has no pains or sore-throat; the pharynx looks red and dry.

It is unnecessary to trace the case further. It is seen that he was only a sufferer from gonorrhœa. That he was inoculated from "pustular sores;" and as Mr. Wallace mentions "exanthematic affection," when speaking of condylomata, it may have been secondary (which is my own opinion), and so noted by Mr. Wallace. It is evident, however, that whatever views be taken, it was not a true chancre; that incubation was but two days; that in eleven days suppurating bubo formed in groin, in sixteen days on pubis; in sixteen days opened; in twenty-eight days sores on thigh, one healed; and in forty-seven days the rash appeared; patches in fauces in thirty-four days; in fifty-six days rash formed in the hair as a fresh crop.

In this case there was no incubation whatever, and the signs of constitutional followed in their natural order. I have enquired after this man (June, 1871); he is dead some years. He died of old age, and left three children, strong and healthy.

(To be continued.)

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ON USING LONG FORCEPS WITH THE PATIENT IN THE LATERAL AND SUPINE POSITIONS.

By Andrew Inglis, M.D.,
Professor of Midwifery in the University of Aberdeen.

In a former paper[*] I showed that, in short forceps cases by adopting the supine position and by introducing the blades from the front, as is done when using the catheter on a man who is in bed, the otherwise inevitable preliminary disturbance, and the consequent exposure of the patient are entirely avoided, while the instruments following during their introduction the antero-posterior curve of the pelvis, meet with the smallest possible resistance. As to extraction in that position of the patient, I showed that the operator had more power to act, and also that by using it, more relaxation of the soft parts at the outlet was obtained than by any other posture.

This position cannot, however, be adopted from the first in long forceps cases, for, when the instruments are properly adjusted on a head at the brim, the handles project backwards in the line of traction, and would be buried in the mattress were the patient lying supine in the middle of the bed, so that, to adopt the supine position at all in such cases we must bring the nates *over* the edge of the bed and double up the limbs as in lithotomy. This is the method universally adopted on the Continent but is not satisfactory. It is offensive, demands more assistance than is required in any other position, and, moreover, it puts the perineum more on the stretch than need be.

The plan I have adopted for some time for the high operation is as follows:—

The patient is laid on her left side diagonally in the bed, but not with the breech projecting over the edge, her head low, the limbs not drawn up much, only slightly flexed, the knees being kept a little apart by a pillow.

Introduction of Blades in Occipito-anterior Presentations.—The occiput having been ascertained to be near the right groin, the two first fingers of the left hand are introduced along the back wall of the vagina till the head is reached. Their points resting firmly on the head, are to be pushed up to the most posterior part of the presentation and retained there, keeping back the os and folds of mucous membrane. After this, the left half of the forceps is introduced, at first it is held horizontally, the handle projecting forwards between the limbs and the convexity of the blade lying in the palm of the examining hand. The blade is then made to slide in along the anterior surface of the fingers, observing the mesial line of the pelvis, till it arrives at the point where they touch the head. After this a partial rotation by pronating the right hand, is made in order to send the blade laterally, which results in a slight raising of the handle towards the patient's right hip. It is then pushed on, the handle passing in its progress backwards and downwards till it rests firmly against the perineum. The blade in its course through the vagina, traverses over the front of the pelvic portion of the rectum, and as it gets into the uterus, passes more forwards, and when finally adjusted, lies immediately in front of the transverse bi-section of the pelvis at the brim, with its tip resting on the head behind the left ear. The second blade is next introduced. The fingers of the left hand rest on the head as before, the right blade is passed along their palmar surface horizontally, keeping the mesial line of the pelvis till it reaches the head where the fingers touch. It is then rotated partially, by supination of the right hand, the handle is slightly depressed, and then pushed onwards, upwards and backwards, till the locks meet at the perineum. This second blade will lie in the posterior half of the right side of the pelvis at the brim, opposite the sacro-iliac joint, and should cover the right zigomatic region of the head.

In the second position of the head, the introduction is exactly similar in all respects, excepting that the blades must be made to grasp the head, while they lie in the reverse oblique diameter, the left blade being sacral, and the right pubic.

Traction.—When the patient is placed diagonally in the bed, with the breech far from the edge, the traction can be applied during the first part of the proceeding in a most effective manner. Her body sinks into the mattress, and is not easily displaced, while the operator stands straight before his work in a good position for exerting force with accuracy. As the head progresses, the power of pulling and guiding gradually diminishes, for the handles get forward between the limbs ; but this allows the patient to be turned on her back, and the case becoming a short-forceps one, is much more easily terminated in the supine position. Apart from theoretical considerations, proofs of this may be met with in practice—for I have more than once seen it happen, that where the head could not be moved while the patient was on her side, it passed through easily after she was turned on her back.

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[*] Medical Press and Circular, June 8th, 1870.

Occipito-posterior presentations.—With regard to the third and fourth presentations of the head at the brim, no such definite rules as the foregoing for using forceps can be laid down, for the course of the head through the pelvis in these presentations varies considerably. For instance, it may turn as it advances into an occipito-anterior presentation, and may then be treated as such, or the occiput may descend into the hollow of the sacrum, so as to oblige the head to pass out of the pelvis with the face under the pubes. In the latter case the handles sometimes project so far backwards at the end of the extraction that it would be impossible to put the patient on her back in the bed, and the head may also emerge in the oblique diameter of the outlet, the occiput passing over the sciatic notch of one side. This oblique course of the head is by no means rare in such cases, and were the patient on her back, the handles could not be diverted sufficiently to one side.

The conclusions I would point at, in connection with this and the previous paper, are as follows:—

1st. In all long forceps cases, introduction of blades can be effected from the front.

2nd. Therefore, the patient can lie in the middle of the bed during introduction.

3rd. Consequently, traction during the first part of the operation is more effective.

4th. After the head fills the pelvis, the case becomes a short forceps one (except in the rare cases quoted), which can be more advantageously treated by using the supine posture.

Before leaving the subject, I would again refer to the pernicious custom of doubling up the patient, and thus tightening the soft parts concerned with the outlet of the pelvis; even in ordinary labour in primiparæ advantage ought to be taken of this supine position to slacken the perineum, and the relief which is given by doing so, is often very marked—most women, if left to choose their own position at the end of their first labour, turn on the back of their own accord, and if they do so, they can hardly be persuaded to turn again on the side.

CLINICAL LECTURES
ON THE
DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.

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LECTURE II.

Leucorrhœa — Definition — Characteristics of — Sources — Vaginal — Cervical — Uterine — Causes — Treatment — Cliterodectomy.

It is a matter of much regret that the nomenclature of the diseases peculiar to women is so vague and indefinite, that terms which in reality only express a symptom the result of very various pathological conditions are commonly used as if indicating a special disease. Thus we hear it said that a patient is suffering from "leucorrhœa" or it may be from "menorrhagia," while in point of fact these terms should only convey the idea of a prominent symptom. To-day I propose to call your attention to the subject of leucorrhœa, a word which literally means a white discharge and for which the popular synonym is "the whites," it is a symptom met with in connexion with affections widely differing the one from the other, while the discharge itself varies greatly in colour, in consistence, and even in chemical properties. It is essential that you should bear in mind that though as I have stated leucorrhœa means a white discharge, the term is to be understood in a relative sense as opposed to a red sanguineous one, and that it includes all non-hæmorrhagic vaginal discharges ; thus very frequently it is of a light cream colour, sometimes of a yellow, or again of a greenish tinge; it may be inodorous or fœtid, but nevertheless the patient is sure to tell you that she has The Whites. In its natural healthy condition the vagina while moist should not secrete any appreciable discharge, but hardly any departure from a perfectly healthy state of either vagina or uterus ever takes place, without leucorrhœa in some of its forms being present. You cannot have failed to remark gentlemen the extreme frequency of this symptom among the patients who have presented themselves here, and yet you have seen that the affections from which they suffered were very various. But before reminding you of the different abnormal conditions on which as I have from time to time pointed out these discharges depend, I must briefly enumerate the main characteristics which they present and the sources from which they proceed. As already mentioned the term leucorrhœa includes a great variety of non-hæmorrhagic discharges. It very commonly presents itself as a profuse mucous discharge, inodorous and light in colour, or again as a thick creamy fluid coating the whole surface of the vagina and flowing into the speculum as you introduce it ; then you have seen it so evidently purulent that as I pointed out it was impossible to say whether it was the result of gonorrhœal infection or not ; in others it assumed a curdled appearance, or lastly was seen as a thick tenacious glairy secretion, issuing from and filling up the os uteri. Now it is quite evident that these various forms of leucorrhœa must not only depend on different causes but also must be secreted by different parts of the genital canal. Accordingly we find vaginal leucorrhœa, cervical leucorrhœa, and uterine leucorrhœa, to exist as three distinct affections. The discharge when proceeding from the vagina is generally a light coloured creamy-looking fluid unless acute vaginitis be present, when it becomes almost purulent ; it often is secreted from the whole surface of the vagina, but in some cases, especially in children, it seems to proceed mainly from the vulvo vaginal glands. Again in some forms of ulceration of the os uteri the discharge is profuse and semi-purulent. That poured out by the cervical glands is very different in character ; the glands situated in this part of the uterus are very numerous, and when inflamed secrete a copious tenacious albuminous fluid, closely resembling in appearance the white of egg ; this discharge is so remarkable and so pathognomonic of disease of the cervical canal as to be unmistakeable. Lastly you may have leucorrhœa proceeding from the interior of the cavity of the uterus itself. The occurrence of this form of leucorrhœa is less easily recognisable than that of the others, but of its existence as a special affection I entertain no doubt ; it is seldom that any discharge other than the glairy mucous secreted by the cervical glands is seen to issue from the interior of the uterus, but there is ample evidence to show that a copious discharge is under certain circumstances poured out from the mucous membrane lining the body of the uterus. This membrane performs a very important function—namely, that of secreting the menstrual discharge ; it becomes at each catamenial period congested and thickened, and this great and frequently recurring change in its condition predisposes to the occurrence of disease, in addition to which there is also to be taken into consideration the vast alterations which occur in it during pregnancy and subsequent to delivery or abortion. As a matter of fact we find that the approach of menstruation is in most women ushered in by the appearance of a white mucous discharge, which there can be but little doubt is mainly secreted by this membrane, therefore that a similar discharge should present itself when it is the seat of disease is to be expected. In physical characters the discharge issuing from this source is often not to be distinguished from that secreted in the vagina, but while the latter has an acid the uterine discharge has an alkaline reaction, and it is the mingling together of these two fluids of opposite reactions which gives origin to the curdled appearance sometimes seen in the vagina.

The causes of leucorrhœa may be either constitutional or local. Anything which debilitates the constitution is liable to be accompanied by the appearance of a white discharge; thus it is seldom absent when lactation has been unduly prolonged, or again if a woman be debilitated by profuse menorrhagia she is nearly certain to be further weakened by the occurrence of leucorrhœa in the intervals between the menstrual periods. Again it is met with in delicate girls, especially those of a leucophlegmatic temperament, in whom there exists a tendency to phthisis, and not infrequently in them it is the precursor if not the cause of the lung disease. Dr. Bennett who for several years was engaged in practice at Mentone, a favourite resort as you are aware for consumptives, remarked that great improvement frequently took place in the condition of many patients threatened with phthisis, in whom leucorrhœa existed, on that discharge being checked by appropriate treatment, a remark capable of easy explanation if we bear in mind how exhausting must be the effect of a profuse discharge so rich in albumen as is leucorrhœa. In cases which come under either of the heads I have alluded to—namely, debility arising from over-lactation or from the effects of a weakly strumous constitution our treatment must be twofold—namely, first endeavour to check the debilitating discharge and then to invigorate the constitution and improve the general health. With the view of effecting the former you will order the use of astringent vaginal injections, those of alum or sulphate of zinc being the best, from two to four drachms of either salt being dissolved in a pint of tepid water. This quantity should be injected twice a day into the vagina by means of an ordinary syphon syringe, and at the same time you should by change of air when possible, by the adoption of a generous diet, and by the judicious administration of tonics, of which the preparations of iron are especially appropriate, endeavour to improve the patient's general health, but other cases of leucorrhœa are met with less amenable to treatment than these—namely, those which depend on the existence of visceral disease, such as that of the liver. Cases in which special treatment can do no good and therefore is to be avoided.

It would be tedious and unprofitable for me to enumerate all the constitutional causes which predispose to the occurrence of leucorrhœa. I may briefly sum up this part of the subject by saying that any disease which debilitates and enfeebles the health is likely to be sooner or later accompanied by leucorrhœa; but in addition to the numerous cases depending on disease of other organs or of the system at large, we meet with leucorrhœa as a symptom of local disease and of none more frequently than that of inflammation of the vagina itself or vaginitis as it is termed. You have seen over and over again examples of this. The mucous membrance lining the vagina in common with that of all other parts of the body, is liable to inflammation of both an acute and chronic character; the latter however is much the most common. We have recently had under treatment two well marked instances of acute vaginitis, one in a young woman, J. McComack. She stated that she had been married for four years but had never been pregnant. She complained of burning pain in the vagina, of pain in the back and of scalding on making water. On examining her the entire length of the vagina was seen to be of a bright scarlet colour and very tender to the touch, the introduction of a small speculum and even of the finger giving great pain, the mucous membrane covering the os uteri was bright pink, the cervix itself being evidently congested. As the speculum was being introduced we saw a copious purulent discharge of a greenish yellow colour to pour out from its sides. Now these cases of acute vaginitis are rare and I always look on them with suspicion, accordingly I questioned this patient closely as to the possibility of her having contracted gonorrhœa, she said it was impossible; but be the cause what it may we had here to deal with a case of acute inflammation of the mucous membrane of the vagina and I treated it as I would similar inflammation occurring in any other part of the body. If an oculist meets with a case of acute purulent ophthalmia he endeavours in the first instance to arrest the progress of the inflammation by local blood-letting I advocate the same practice in acute vaginitis. You may remember that in this case I punctured the cervix freely and encouraged the bleeding and ordered her saline purgatives, but I did not in the first instance make any application to the vagina. Caustics or astringents used at this stage would only have done harm. In the case I am refering to I punctured the cervix at intervals of a few days and on each occasion abstracted a good deal of blood and when the acuteness of the inflammation had subsided applied to the vagina a solution of nitrate of silver five grains to the ounce and subsequently a stronger one. At the end of two months this young woman returned having in the interval become pregnant. Now had this woman been in hospital instead of attending as an out-patient I should in addition to the local abstraction of blood by puncturing or by leeches and the exhibition of purgatives, have prescribed warm hip-baths and directed the vagina to be syringed with infusion of tobacco leaves at least twice daily which would not only have expedited the cure but also have alleviated the woman's sufferings, and these are the means I recommend you to adopt in your future practice; but as I have already said cases of acute vaginitis are of infrequent occurrence. This case afforded a good example of the difficulty of deciding between simple acute inflammation of the vagina and that depending on gonorrhœal infection. I must avow that I know of no means of distinguishing between them, but though acute vaginitis is not very often seen, sub-acute inflammation of the vagina accompanied by leucorrhœa is common enough and is the cause of much suffering, the burning pain in the vagina, the frequent desire to micturate and the scalding on micturating, though not so severe as in cases such as the one I have just detailed are constant and most distressing. The causes of these attacks are various, you meet them sometimes in young healthy women who generally attribute them to cold, but they are seen more frequently in married women in whom, in addition to the causes named I am inclined sometimes to attribute their occurrence to the effects of too frequent sexual intercourse and of intercourse occurring too soon after a menstrual period or before the vagina has regained its normal condition after delivery. There is one form of sub-acute vaginitis which gives rise to very distressing symptoms, in it we see aphthous looking patches on various parts of the vagina, I have invariably remarked that this condition of the vagina is accompanied by most distressing pruritus, not that pruritus does not occur in cases of vaginitis in which these aphthæ do not exist, for on the contrary pruritus is a very common accompaniment of sub-acute vaginitis, but it is most marked and nearly if not always present in conjunction with them, and here let me impress on you the uselessness of attempting to treat itching about the vulva without first ascertaining what the condition of the vagina and uterus may be, for you will seldom fail to discover either that inflammation of the mucous membrane exists or that the uterus is congested or ulcerated, and till these be cured all your efforts to relieve permanently the pruritus will fail. If vaginitis alone exist you will with the view of attaining this object and at the same time of checking the pruritus which it causes use in the first instance soothing applications and then astringent ones, of the former none can compare with infusion of tobacco. It should be made by infusing two drachms of the unmanufactured leaf in a pint of boiling water, I have never seen the least unpleasant results follow its use while the relief it affords has often been marked. Another mode of treatment of the greatest value is the application of glycerine, a roll of cotton wool with a strong thread attached to facilitate removal and saturated with glycerine should be passed into the vagina through a speculum and allowed to remain there for twenty-four hours, this produces a copious watery discharge which is often followed by very satisfactory results. In a future lecture however I will refer at greater length to the local use of glycerine in uterine affections. Syringing the vagina with a solution of borax dissolved in tepid water, or an infusion of tobacco is in such cases of great use, it should be used of the strength of about three drachms to the pint and injected by means of one of the continuous syphon syringes manufactured by Maw and Co., on the principle originally suggested by Dr. Evory Kennedy. These syringes can be obtained at a moderate price of all chemists. The itching in these cases is sometimes almost intolerable, to relieve this most distressing symptom I am in the habit of recommending the patient after she has sponged herself with warm water to lay inside the labia a piece of lint soaked in a lotion composed of carbolic acid ten grains, acetate of morphia eight grains, dilute hydrocyanic acid two drachms, glycerine four drachms, and water to four ounces.

Sometimes when the vagina is excessively tender, medicated pessaries containing acetate of lead or tannin do good but I do not think they can be relied on. You will generally find that this form of vaginitis is associated with a weakly state of the constitution and that you are called on to administer tonics, and of these the mineral acids seem especially useful; but it does not follow because you cure the vaginitis that the leucorrhœa will disappear. Sometimes it continues when all symptoms of inflammation have subsided and then you can use freely and with great advantage as injections solutions of alum three drachms or of sulphate of zinc two drachms to the pint; but often all our efforts fail to check entirely the discharge and it becomes chronic or disappears only after a long interval. Before leaving the subject of vaginitis let me caution you against pronouncing every little blush of redness which may be seen on the vagina to be inflammatory or of attributing all the symptoms the patient may complain of to that affection. The leucorrhœal discharges of which I have hitherto been speaking are secreted from the various glands which surround the orifice of the vagina and from the vaginal mucous membrane itself. A profuse semi-purulent discharge which must be included under the term leucorrhœa is secreted from the lips of the os uteri in a peculiar form of ulceration of that part of the womb to which I will in a subsequent lecture draw your attention and of which you saw an excellent example in the case of Mrs. H—— recently discharged from hospital.

In nearly every case of leucorrhœa the discharge is much more profuse immediately after the menstrual period has terminated, and occasionally it seems to take the place of the latter which is then suppressed, in these cases the leucorrhœa is profuse at the date when menstruation ought to occur, and lessens considerably or nearly disappears for a time corresponding to the interval between the ordinary periods. This is likely to occur when the patient is debilitated by prolonged lactation, or by the existence of some constitutional disease. A white discharge accompanied occasionally by a good deal of vascularity and irritation of the orifice of the vagina is also not unfrequently met with in unhealthy strumous children, this has sometimes given rise to the suspicion that the child had been injured by an attempt at sexual intercourse, and you must exercise great caution in such cases, in giving an opinion, but unless strong confirmatory evidence exists showing that an attempt at penetration has been made I would have you slow in encouraging the idea. You may have recently seen an example of such a case in the children's ward the little patient was but six years old. Cleanliness and a nutritious diet with the exhibition of iron speedily improved her condition, I also passed a camel's hair pencil saturated in a solution of nitrate of silver up the vagina every four days and she was soon quite well. You must also bear in mind that irritation about the vulva may be kept up in children by the presence of worms in the rectum.

Hitherto I have spoken only with reference to discharges of purely vaginal origin, we have besides however not only cervical but uterine leucorrhœa. You are all aware of the appearance which cervical leucorrhœa presents, I have called your attention to it so frequently. In its healthy condition the cervix uteri secretes a transparent viscid fluid in such small quantities as not in general to attract any attention or be observed when the speculum is introduced, but when the cervical canal becomes the seat of inflammation this secretion becomes not only much more profuse but thick and tenacious, blocking up the entire of the os uteri and hanging out of it as a thick rope of viscid mucous which it is almost impossible to wipe away. Cervical leucorrhœa or as it is sometimes called "cervical catarrh" is an effectual bar to pregnancy, in this contrasting with the other forms of leucorrhœa which do not necessarily cause sterility. The condition of the cervix giving origin to cervical leucorrhœa is one very difficult to cure, to do so you must treat the whole extent of the cervical canal and this can seldom be accomplished without dilating it to an extent sufficient to enable you to apply to its whole length a strong caustic such as the fuming nitric acid to which I give the preference above all others, the application of solution of nitrate of silver and even of the solid nitrate itself will seldom be sufficient. If the case be not of very old standing the introduction of solid zinc points as suggested by Dr. Braxton Hicks often do good. You have seen me apply them several times with success, they cause a good deal of local irritation and give some pain but this soon passes off. At present however I can only glance at the treatment of this most obstinate affection, I shall return to it again when the subject of ulcerations of the cervix uteri come before us.

I have already stated that leucorrhœa may proceed from the interior of the body of the uterus, the diagnosis of this form is less easily made than that of the others. It is generally accompanied by a greater or less amount of pain, which is not necessarily present in either of the other forms, the reason of this is easily understood; for uterine leucorrhœa is I believe nearly always the result of congestion of the lining membrane of the womb. When leucorrhœa is vicarious with or as already stated takes the place of the regular menstrual discharge it is probably from the interior of the uterus that it proceeds. Perhaps the present is the most suitable time I shall find for alluding to a practice unfortunately of not very rare occurrence which while it destroys the health of the body, if persisted in, impairs in no less a degree the powers of mind and which is nearly always accompanied by leucorrhœa I allude to masturbation. I do not believe all I have heard as to its great frequency but that it is practised by many females is too true. In some I have no doubt it has been the result of uterine disease, the habit having been contracted accidentally in the first instance in the efforts to procure alleviation from the irritation which so often exists about the orifice of the vagina, but be the cause what it may it is soon accompanied by vaginitis and endo cervicitis manifested by the presence of the well-known glairy cervical discharge. But beware of charging a patient with being addicted to this degrading habit because suspicious symptoms present themselves, the dilated pupil, the downcast look, the uncontrollable excitement which a vaginal examination causes generally tell the tale—added to this there is often a severe lancinating pain complained of immediately over the pubes and in several cases I have noticed that vomiting *at night* has been a prominent symptom. These distressing cases can be cured by moral means alone, local treatment is useless and generally injurious for it attracts the patient's attention to the genital organs the very thing we should be most anxious to avoid. I cannot find words sufficiently strong to condemn as I would the barbarous practice of mutilating the patient by the removal of the clitoris. This operation is as useless as it is disgusting for there is no truth in the idea that in the clitoris alone is seated the nervous expansion which subserves the sexual orgasm.

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NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

By Dr. Acland, F.R.S.,

Regius Professor of Medicine in the University of Oxford.

Part II.

How the Foundations are Sapped.

Such being the general conception of the foundations of national health, it would at first seem to be an easy task to describe the causes which may sap them. It would be easy, if dealing with a social *tabula rasa.* In an old country, however, growing with unprecedented rapidity on a limited area, the questions involved touch every point of political economy. Theories concerning population, religion, liberty, existing privileges, and natural rights, are to be met, accepted, or denied at every point. Ignorance and prejudice have to be dealt with among honest persons, self-interest with the unpatriotic. The haste to be rich among the unwise, the intolerance among the cultivated of opinions counted narrow, and inadequate appreciation of the extent to which our world lies under law (binding even the seeming free agency of man), all check the progress of popular knowledge as to the foundation of national health. Take the single illustration of mills on streams. How long, after the effect of damp subsoil in injuring the health of the people has been proved, is it just to a population that one man should keep up mill-dams to such a height as to swell his profits by some small per centage, and destroy his neighbour's health, when other arrangements might, with little loss to him, at once abate the evil. It is an instance of a thousand. The mill owner, it is true, would have claim to compensation for his prior rights, earlier occupancy, and interests hitherto permitted, nay, protected, by law. But the human race and every civilised community is essentially progressive, and no society ought to shrink from dealing with rights which have produced consequences essentially different from anything that could have been contemplated when they were allowed to grow up. One main duty of the present age of the world, and in this country urgent, is to strive to prepare for coming generations.

The foundations of the national health may be sapped in so many ways, that the catalogue is as long as it is dismal. Bad air, bad food, bad clothing, deficient fuel, too long hours at work, intemperance, all excesses, excessive exercise, excessive study, fanaticism, gluttony, idleness, late hours, intermarriage among unfit persons, depressing passions, as gambling, whether in hells or on the Stock Market, overcrowding and bad lodgings, bad dwellings, or dwellings on unfit sites, all engender disease, and deteriorate the race. They produce struma, rickets, gout, hypochondriasis, and many other diseases, with consequent loss of power, imperfect work, moroseness, and misery to others besides those affected, in an ever expanding circle.

Again, bad water produces not only actual *fatal* disease in individuals, but short of that, as was stated at length and with much acuteness long since by Hippocrates,* engenders continuous feeble health, when acting either with or without the other causes above-named. These various mischief-bringing elements in the "pangenetic" structure of society may act either on a single person, or on the masses. Some act on the poor, some on the rich, some equally on both. Time forbids me to analyse or extend the list, and show the precise way in which each member of the ghastly catalogue acts on the human constitution. I will only add one instance, formerly quoted by me elsewhere. A girl, having been seduced, entered a workhouse. A female child was born. She was brought up in the union, and was there at school till nearly of age. She went out, straightway became first a prostitute, then syphilitic; returned to the workhouse, and brought forth a syphilitic infant, to be reared, like her mother, with difficulty. There she lives in misery, and may, perhaps, repeat the dismal tragedy of her grandparent and of her parent at the cost of the nation.

But are we sure that the needless waste of the higher kind of life is not in other ways as reckless and as pitiful? I do not speak of death by war, or by avoidable accidents, of mad races against time by sea, or of wholly unnecessary speed by rail, though these imply mischievous wear and tear to individuals and to classes of men; but I allude to useless wear and tear of health imposed on public men, and the waste thereby of power valuable to the nation.

For instance, the House of Commons contains within it the picked executive of a free people, who have deliberately selected them from the whole nation for the decision of the greatest problems of the national life. Yet custom will allow that ministers thus carefully selected for their special aptitude to do the finest work, are often occupied more than half the night on formal and unimportant discussions. Thus the real work of their office is done under unnecessary pressure, such as none but the most robust can bear, and their health fails perhaps at the moment of their highest administrative perfection.

Again, the buildings which public men occupy are often far less calculated for maintaining health than they might be; and trifling as may seem the remark, it is to be doubted if they can always obtain with readiness food suited to the necessity of exhausted nerve power. There can be no doubt that actual illnesses are often brought on from these two avoidable causes.

We cannot, however, now consider all the ways in which the habits of pressure of civilised life needlessly tend to waste the force, and crush the physical elasticity of the people. Instances of various kinds will occur to every mind. Let these, from the extremes of the social scale, suffice for illustration. Rather let us here seek, if means of prevention may be found such as will pervade the whole framework of the national life.

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Hospital Reports.

KING'S COLLEGE HOSPITAL.

Saturday, March 18th.

Excision of the Knee-joint.

(Under the care of Sir W. Fergusson, Bart.)

The history of the case is as follows:—About two years ago in jumping over a wall he fell, and hit his left knee against a stone. After the accident he occasionally felt pain in the knee when walking, and about nine months he was laid up and unable to walk, with a swollen knee, and for fourteen months has been under Sir William's charge as an out-patient, but not improving, he was admitted into the hospital. At present, the knee is much swollen and misshapen. There is an opening below, discharging much pus; a large abscess in the thigh, and two smaller openings close together on the inside of the knee.

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* In his treatise on "Air, Water, and Places."

The two sinuses on the inside of the knee are superficial, but the one below the knee leads to diseased bone.

The patient having been placed under chloroform, Sir William commenced the operation by making a single transverse cut across the joint, from one lateral ligament to the other, laying bare the anterior; he then carefully removed the diseased cartilages, and any suspicious structures on the patella, and about the joint generally; the lower articular surfaces of the femur, and then the corresponding surfaces of the tibia were sawn off. The parts were then brought into apposition by means of sutures, and the limb placed upon a straight splint. When the boy had been removed from the operating table, Sir William, in an instructive speech, contrasted the various methods that had been adapted during the last thirty-five years for diseases of the joints, such as they (the pupils) had just seen.

First, there was the good old steady method of amputating, when half-an-hour, or even more, was occupied in removing a limb. Secondly, this was succeeded by "the cutting and slashing style," the object being to remove the limb in the shortest possible space of time, and a flap operation was considered to have been performed well, if it occupied less than a minute. Lastly, there was the present, or conservative method, and for his own part he much preferred the last. Here you had the entire foot and leg saved.

A case was then shown to the class by Sir William, which had been operated upon by Mr. Henry Smith. The wound had perfectly healed after the eighth week, and the man came into the theatre by himself on crutches, and looked remarkably well, and illustrated what Sir William Fergusson says in his "Practical Surgery," viz., that the simple incision, consisting of a straight line, is the one in most common use, and ought on all occasions to be preferred when circumstances will permit. The scar left is less observable; it is more readily made, and its edges can be more accurately brought together. The man had not had a single bad symptom.

Another case was then brought in. Sir William Fergusson had operated on the case the day before Mr. Smith had operated on his. There had been a slight delay in the healing, consequent upon a small ligature not having come away, but with this exception the wound had perfectly healed, and the woman was in excellent health, results of the most encouraging character to continue this operative procedure over the good old steady, or the slashing method of amputating.

May 20th.

Removal of Tumour from Side of Neck.—Clinical Observations on Recovery from Excision of the Knee-joint.

The tumour, which was very small, was situated on the side of the neck, and took a good deal of careful dissection to remove. Sir William afterwards remarked that the history of the tumour was somewhat obscure, but he had no doubt that it was glandular in origin, and from a small piece which he had subsequently removed, this impression was much more true to his mind. Slight as the operation might appear, tedious and horribly fatiguing as it might have been to many who had been watching the steps of the dissection, it might not be uninteresting to remember of what value a correct knowledge of anatomy was in these cases,—for instance, division of the internal carotid most people would admit was a dangerous complication, wounding the large veins in the neighbourhood was another serious accident, and most probably of a fatal character, while the sudden twisting of the face to one side would be somewhat awkward, as indicating that the portio dura had been wounded.

Again, this operation differed from the *modus operandi* pursued now-a-days for the removal of tumours, inasmuch as the removal of tumours by the knife only was a rare procedure, for modern surgery clearly showed that the large sweeping incisions and constant use of the knife were avoided when the recognition of diseased from healthy tissue was observed, as then it was possible, by the aid either of the elevator, or the handle of the knife, or even with the nail, to enucleate, as it were, the tumour.

Sir William then introduced to the class, a lad, twenty-one years of age, on whom he had operated for diseases of the knee-joint a year ago, by removing a wedge-shaped piece of the diseased bones.

Sir William observed that when the lad first presented himself, the limb was nothing more than an incumbrance, and had been so for a period of nearly eighteen years, and from its peculiar bent position, which he imitated to the class most successfully, not only impeded motion, but necessitated the boy using crutches; all the muscles, especially those of the calf, were atrophied, and his general health suffered.

Sir William Fergusson then made the boy undress himself and walk up and down, which he did remarkably well. There was a slight limp in his gait, and the limb, *ex necessitate*, being shorter than the other, he rested the weight on the toes, but, as Sir William pointed out, this was compensated for when the lad was dressed, by his wearing a high-heeled boot. The class would notice that the limb was a little bent, which in his opinion was, in an ankylosed limb, preferable to the straight position. As regarded the union between the bones, it was precisely similar to the union after fracture, and ankylosis after disease. Another point was the remarkable development of the calf, and, indeed, of the contour of the limb generally, which he maintained was such as no person need be ashamed of, and the lad was now able to walk, with the assistance of a stick only, seven or eight miles a day with ease. The objection of the old school to such operations of modern surgery as the one under consideration was—sinuses, yet, strange to say, while deprecating their presence in operations after excisions, they failed at the time of so doing to remember that sinuses after amputation were of the commonest occurrence possible. Again, in reference to the presence of a sinus, as in the case now before the class, its presence did not affect in any material way the health of the lad, while it was fair to presume that Nature had left it there to facilitate the exit of something, probably a small piece of dead bone, and that ultimately it would dry up. In contrasting the limbs it would be observed that there was only one and a-half inches difference between the two limbs as the result of excision, while the alternative—amputation, instead of a good limb and foot, you would have to wear either a cork or wooden leg, and however well mechanical surgery might make an artificial limb, it would never equal or prove as useful as the foot itself. Indeed, if the shortening were several inches, still the foot, Sir William maintained, was superior to any artificial stump. In this case Nature had been for a period of twenty years endeavouring to repair an injury; conservative surgery being brought to her aid, in six months afterwards the lad was able to walk, and now, twelve afterwards was able to earn his own livelihood.

In conclusion, Sir William said excision of the knee-joint, an operation to which he had devoted more than twenty years' special attention to, had met with such success as to be fairly denominated one of the greatest triumphs of modern surgery.

THE MIDDLESEX HOSPITAL.

From the reports of the Medical and Surgical Registrars, which are exceedingly full and carefully arranged, we find that the number of patients admitted during the year 1870 was 1,992. The number remaining in the hospital on Jan. 1st, 1870, was 214. Total number under treatment:—males, 1084; females, 1,071; less transfers, 32; total, 2,123; by governors' letters, 1,217; accidents and urgent cases, 896. Of these 231 remain under treatment. Discharged, 1,639; recovered or relieved, 1,479; unrelieved, 80; at their own request, or for other reasons, 80; died, 253. Mortality among the total number of patients under treatment, 11·9 per cent.; mortality, excluding surgical cancers, 9·6 per cent.

During the year 1870 there were admitted into the Medical wards 898 patients, of which number 13 were transferred from the surgical wards; there remained 75 under treatment on Jan. 1st, 1870. Total, 973:—males, 463; females, 510. 93 remained under treatment on Jan 1st, 1871; 19 were transferred to the surgical wards. 722 were discharged; 660 relieved; 28 unrelieved; 34 at their own request or for other reasons; 139 died; total 973. Mortality among the total number of patients under treatment, 14·28 per cent.

Causes of death:—One hundred and thirty-nine patients died during the year. *Post-mortem* examinations were made on 120 of these. The following is an abstract of some of the causes of death.

Acute Tuberculosis was met with five times.

Case 1. F., aged 22.—The disease ran its course presumably in twelve days. The membranes of the brain, the pleuræ, the peritoneum, and the liver, were the seats of miliary tubercles. The left lung contained small masses of yellow cheesy deposit, some of them breaking or broken down into cavities.

Case 2. F., aged 28.—The disease ran its course presumably in twenty-five days. The pleuræ, lungs, and peritoneum were affected. There was a large cavity of some standing at the apex of the left lung. The liver was cirrhosed and fatty.

Case 3. M., aged 21.—The disease ran it course presumably in forty-five days. The membranes of the brain and the lungs were affected. There were old cavities in both lungs.

Case 4. M., aged 30.—The disease ran its course presumably in twenty days. The patient had been admitted with fistula in ano and chronic phthisis. The pleuræ and peritoneum were affected. Both lungs contained yellow cheesy masses and cavities. There were cirrhosis of the liver and ulceration of the bladder.

Case 5. M., aged 48.—The disease ran its course presumably in fourteen days. The membranes of the brain and the pleuræ were affected. There were obsolete tubercles in the lung and fatty degeneration of the muscular fibres of the heart.

Chronic Tuberculosis was met with seventeen times. It was associated in at least three cases with acute tuberculosis, in two cases with obsolete tubercle in the lungs, in four cases with ulceration of the intestine, in one case with chronic tubercular peritonitis, in one case with ulceration of the bladder, in three cases with cirrhosis of the liver, in one case with epithelioma of the œsophagus, and in one case with aortic valvular disease of the heart.

Obsolete Tubercle occurred in twenty-three cases. It was associated in five cases with valvular disease of the heart, and in seven cases with disease of the kidney, five of which were instances of contracted granular kidney.

Pleuritic Adhesions (*old*) were observed in fifty cases, or 41·66 per cent.

Pleuritis (*Recent*) was observed in twenty-five cases, or 20·83 per cent.

Pulmonary Apoplexy was observed in nine cases. It was associated with aortic valvular disease of the heart four times, with mitral disease, four times, and tricuspid disease three times; with pneumonia three times, and with bronchitis and emphysema four times. It was associated in three cases with embolism of the kidney.

Cardiac Valvular Disease was observed in twenty-three cases. The *aortic valve* was affected in sixteen cases, the *mitral valve* in twelve cases, and the *tricuspid valve* in five cases. All these valves together were affected in three cases, and both the aortic and mitral in three cases. Disease of the pulmonary valve was not found. These cases were associated with pulmonary apoplexy in five cases, with pneumonia in five, with so-called obsolete tubercle in five, with renal disease in eight (contracted granular kidney, four; fatty kidney, three; and acute nephritis, one); with embolism of the kidney in four; of the spleen in three, and of the left vertebral and carotid arteries in one. Cancer was present in two, phthisis pulmonalis in one, and cirrhosis of the liver in two.

Fatty Degeneration of the Muscular Substance of the *Heart* was observed in eleven cases. It was associated in four with contracted granular kindey, in three, with cardiac valvular disease, and in two with bronchitis and emphysema.

Aneurismal Dilatation of the walls of the *Heart* was observed in four cases.

White Patches on the *Pericardium* occurred in forty-five cases, or in 37·4 per cent. This is probably much below the mark.

Recent Pericarditis was observed in nineteen cases. It was associated with old pericardial affection in twelve cases, including five cases of adherent pericardium, and eight cases of white pericardial patch, and with renal affection in ten cases (six of contracted granular kidney, two of acute nephritis, one of fatty kidney with embolism of the organ, and one of embolism alone.)

Adherent Pericardium was observed in eleven cases.

Apoplexy.—Cerebral Hæmorrhage was met with four times.

Case 1. M., 35.—Hæmorrhage into the cerebellum, the pons Varolii and its immediate neighbourhood. Hypertrophied and fatty heart. Atheroma of the arteries.

Case 2. M., 45.—Extravasation into the right corpus striatum, optic thalamus, and hemisphere. Enlarged and fatty heart. Atheroma of arteries.

Case 3. M., 32.—Hæmorrhage into the left corpus striatum and optic thalamus. Atheroma of arteries. Syphilitic disease of the liver.

Case 4. 64.—Extravasation into the right hemisphere, corpus striatum, optic thalamus, and both lateral ventricles. Fatty and enlarged heart, atheroma of arteries, and contracted granular kidneys.

Simple Ulcer of the *Stomach* was observed in two cases. It produced perforation in both.

Renal Disease was met with in thirty-seven cases. The characters were those of *acute nephritis* in two cases, of *contracted granular kidney* in twenty-two cases, of *fatty kidney* in eleven cases, and of *lardaceous kidney* in two cases.

Lardaceous Disease occurred in five cases. It was associated in three cases with constitutional syphilis, with pyelitis and postuterine abscess in one case, and with old fistula in ano in the fifth case.

Lithotomy.

Dr. O. M. Doyle, of Oconee, S. C., has communicated to the *American Journal of Medical Sciences* a case in which he performed his operation on a boy, æt. twelve, and extracted a calculus, measuring 5½ inches in its greatest circumference, and 3 3-16 inches in its smallest. The patient made a rapid recovery. The operation was performed without anæsthesia, the patient having exhibited a remarkable intolerance of the anæsthetic tried—a mixture of chloroform and ether.

Enormous Doses of Chloral taken.

Dr. P. Williams relates (*Baltimore Med. Journ.*, Feb. 1871), a case of a man who took, it is supposed with suicidal intent, so far as could be ascertained, about six hundred grains of chloral, the only appreciable effect of which was the production of profound coma lasting eighteen hours, ending in complete recovery without any medical treatment during the state of coma. Dr. Williams says he did not interfere, because the patient's heart and lungs did not seem to be dangerously affected. Dr. Williams was fully satisfied of the purity of the drug, from an examination of part left in the package.

Another case is recorded (*Buffalo Med. Journ.*, Feb. 1871), by Dr. W. Halbrook, of Palmar, Mass., in which a married woman, æt. twenty-four, took over four hundred grains of chloral in half a goblet of water. The patient was soon rendered insensible, and continued so until her death, about fifteen hours after taking the medicine.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 21, 1871.

THE COLLAPSE OF THE MEDICAL BILL.

WE are not inclined to self-complacency or we might fairly commence by referring to the accuracy of our predictions as to the last Medical Bill. Our contemporary has been gratified by its proposals being talked about in the House and then—withdrawn. Nor can we regret the circumstance, for the Bill was admitted by those who most strenuously supported it to be imperfect. In fact, as will be seen by our report—which we believe will be found the fullest that has appeared—the utmost asked for it was that it might be referred to a Select Committee with Mr. Brady's Bill, in the hope that evidence would be obtained from those who have studied the position and prospects of the question, and that some principles might be adopted on which Medical reformers are generally agreed. It is to be hoped that this *fiasco* will lead real reformers to subdue some of their differences, to take counsel together, and not allow the subject to be made ridiculous by rivalries that ought never to have been indulged. If at the last we felt bound to reiterate our objections to this particular measure, it was only because, though stated at the first in terms which extorted the approval of our contemporary, no effort had been made to meet those objections, to reply to those criticisms in a spirit worthy of those who should have only the good of the Profession at heart. Our course has, therefore, been consistent and dignified, and our opposition must, therefore, be admitted to be more reasonable than that of the Association which has so persistently played the part of the dog in the manger in respect to every reform except its own pet scheme.

We hope, now it has had its little say, that the *Lancet* will not imitate its opponent, but will in the time that remains join hands with all earnest reformers; so that if the Bill, half promised by Government for next Session, should be one likely to benefit the Profession, it may obtain the united support of all who hold our calling and its dignity in the highest respect. The discussion in the House should have taken the mist from the eyes of some, and taught them the necessity of unity. Let us hear no more of unworthy rivalries, but let all willing to work for the common good join hands to secure what all profess to desire.

Some points were brought out in the debate that have not been as fully considered as they deserve to be. Thus, Mr. Jessel, the member for Dover, did good service by taking up the question from a non-medical point of view. We feel sure that the hon. and learned member who displayed such a grasp of the subject has done good service by the objections he put forward. It is of the highest importance that the relations between the public and the Profession should be understood and appreciated, not so much for the sake of Medical men as for that of laymen, who are too apt to imagine that their interests clash. Nothing could be better for the cause of Medical reform than that the public should have to see, as the Profession sees clearly enough, that the interests of Medical men are identical with those of the nation at large. Let this conviction once penetrate the House of Commons and the cause of Medical reform will have made a great advance. Much as we differ from Mr. Jessel, we return him our best thanks for contributing to this end, and we look forward to the time when we may find him, after full consideration, convinced that the interests of the Profession and those of the public—divergent as they now appear to him—are in reality identical.

THE BRITISH MEDICAL ASSOCIATION.

SOME TIME ago some of the most distinguished office-bearers, as our readers know, surrendered their dignities on account of the Reform Committee's proceedings. A correspondence in a contemporary has led to further action. Drs. Paget, Acland, Stokes, Embleton, and Rumsey, have resigned all connection with the Association, which has now no longer the right to enumerate them as simple members. We very cordially approve of this course; for men of high position who are known to have opinions of their own ought not to be made parties to the propagation of views which they do not entertain.

We have no doubt at all that if the other distinguished men who have no sympthy with the Reform Committee would follow this noble example, the whole affair would speedily collapse or the vaunted Reform Committee would be left with so small a tail that its action would be harmless. It is grievous for a great Association with such a history, to fritter away its resources, to descend into the position of a mere journal company with a standing committee of obstructives dubbing themselves reformers, but exhibiting their zeal by harping for ever on one string and opposing the efforts of all who will not pronounce their shibboleth.

There was a time when members made valued contributions to a goodly volume of Transactions. Once the Provincial Association encouraged the hardworking practitioners in the country to contribute their experiences to the general store of knowledge, afforded them a medium for doing so, and promoted good feeling among the members of the Branches. What have we now? A mass of metropolitan material, no doubt, but that by no means supplies a want, for it is obtained by rivalry with other periodicals, and often consists of the same lectures or reports. And all the while provincial contributions are neglected, and the proceedings of the Branches huddled into a corner and confined to a chronicle of the titles of papers read and the names of members elected. And all the while a mass of material which the Association was intended to utilise was running to waste. Why do members complain to us week after week, and compel us to take note of their own affairs? Why should we be deluged with letters saying their papers are only lost by being read at their Branches, and if sent to their own organ are quietly entombed? Let them make their voices heard by their own servants. Let them insist on their own journal carrying out their views. If they have suffered themselves to become competitors of independent journals, to be the means of pushing an advertising trade, to pay for the circulation of puff paragraphs and the distribution of anonymous comments on the gossip of the week, or spiteful remarks on independent journals, surely they have but themselves to blame. If they do not like thus to squander a good income collected under the pretence of promoting medical science, they should make some movement to restore the Society to its primitive plan. The Annual Meeting is approaching, and we shall see whether the members will make their voices heard, or whether they will once more allow the wire-pullers to stultify them as they did when they suffered them to pass a resolution to disregard an instruction that had been passed in a much larger meeting the day before.

The lesson of Leeds ought to have sufficed to open the eyes of all, and no one engaged in that disgraceful farce ought to be suffered to continue in office.

We should be right glad to have the proceedings of all the Branches reported in full. All other matter should give place to this. All other material is to be found in all the other journals. There would be an immense saving in printer's bills and the other expenses of the journal if it were to be a simple but accurate chronicle of the doings of the Society and nothing else. Then there would be some money to expend on the promotion of those objects about which we now get nothing but talk. Practical medicine would make some advance, and there would be also a chance that the Society might give expression to the voice of the Profession.

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THE PHARMACEUTICAL SOCIETY AND THE GOVERNMENT.

SHORT, sharp, and decisive has been the action of the government in dealing with the trade obstructiveness of the Pharmaceutical Society, and the conclusive and energetic method which the Privy Council has taken in dealing with "vested right" to slovenliness and obstinacy affords us a most welcome omen, that, when the time comes, parliament will give as short a shrift to similar mulishness in matters medical. The Council of the Pharmaceutical Society, having been entrusted under the Pharmacy Act with the duty of framing regulations to protect the public from accidental poisoning, neglected and refused to enact such protective rules. First they remembered to forget the duty; then, on being gently stirred up by the Privy Council, they issued the necessary regulations; next, in response to the clamour of the druggists, they withdrew them again and put them forth as "Recommendations," which, with tongue in cheek, they *advised* should be adopted. This *ruse*, being a little hackneyed by use in the Medical Council, only produced a smarter stimulus from the Privy Council. Thus situated, with the spur of Mr. Simon in their flanks, and the "vested" slovenliness of the druggists dragging hard *a tergo*, the Council endeavoured to assign their burthen to the Society. But the members would have none of it, and cast it back upon the Council, which, the official journal of the Society continued to declare, had no business to bear it at all.

The last issue of that periodical furnishes us with the last scene but one of the play.

The General Meeting of the Society had hardly dispersed when the following note comes from the Privy Council:—

"Medical Department of the Privy Council,
"June 1st, 1871.

"SIR,—Adverting to my letter of the 4th ult., the Lords of Her Majesty's Council, believing that the Annual Meeting, therein referred to, of the Pharmaceutical Society has now been held, direct me to inquire what steps the Society has taken with regard to the matters to which that letter had reference.

"I am, Sir,
"Your obedient servant,
"JOHN SIMON."

But the Council of the Society, trusting, no doubt, to the exhaustion of the parliamentary session, could not bring themselves to believe that the Privy Council meant anything greater than *brutum fulmen*, and they determined to run the hopes of the druggists against the chances of legislation, and to adhere to their Recommendations. The Secretary was accordingly directed to reply to Mr. Simon that, at the meeting of the Council of the Pharmaceutical Society, held on the 5th April, it was resolved that regulations for the keeping, selling, and dispensing of poisons should be issued as Recommendations.

In this form they were submitted to, and adopted by, the Annual Meeting of the Pharmaceutical Society, held on the 17th May last, and copies will at once be distributed by the Council to Pharmaceutical Chemists and registered Chemists and Druggists throughout the country. The Council beg to submit to the Lords of Her Majesty's Privy Council a copy of the recommendations and the resolution of the Annual Meeting thereon.

A rude shock awaited the Council's anticipations. Next day a short bill made its appearance in the Lords under the auspices of the Lord President which was ordered to be printed on the 6th instant. On Monday it was read a second time. On Tuesday it passed through Committee. On Thursday it was read a third time, and passed, and probably before these observations reach our readers, will be well on its journey through the Lower House.

The measure is brief and simple. It takes from the members the duty of protecting the public from poisoning and gives it to the Council of the Society, and if the Council is contumacious (as the *Pharmaceutical Journal* gently phrases it, "under certain conditions"), it empowers the Privy Council to do the business for them.

The clause is as follows:—

"If at any time it appear to the Privy Council that there are no regulations for the time being in force under the principal Act as to the keeping, dispensing, and selling of poisons within the meaning of the principal Act, the Privy Council may serve a notice on the Council of the Pharmaceutical Society, requiring them to frame and submit for the approval of the Privy Council regulations as to the matters aforesaid, and if the council of the Pharmaceutical Society, within the time limited by such notice, not being less than two months from the date of the service of the notice, make default in framing such regulations, or obtaining the approval of the Privy Council thereto, the Privy Council may themselves frame regulations as to the matters aforesaid."

This proceeding on the part of the Government has our most hearty approval. The public required security against misadventure; certain traders did not choose to incur the trouble of providing that security, and trifled with public interests and legislative dignity by shamming activity which they had no intention of giving effect to. The Government gave fair warning, and the caution not being taken, acted at once.

The object attained is no small one, but the precedent of such a procedure in the case of obstructive corporations is infinitely more serious and valuable. We earnestly hope that the Ministry will deal in the same spirit with medical legislation, that they will exhaust every form of caution and inquiry, and, failing result from their entreaties and warnings, will take Medical Reform into their special care, and administer plain justice to the public, the Profession, and the Corporations in utter disregard of obstructive Councils or "vested" rivalries.

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HOSPITAL ELECTIONS.

The appointment of the staff to the charities is a subject of frequent complaint, and one of no little difficulty. The modes adopted are diverse enough and yet none seem to give satisfaction. St Mary's Hospital at one time pretended to have an excellent system, but it seems to have broken down, if we may judge from an attempt to change it now being made. No wonder if some of the strange things related to us by candidates—successful and unsuccessful—be true. The same remark may be made of University College. If half the stories current in town as to the way in which elections have been conducted, the vaunted checks and counter checks had better be left alone. And so we might go on with King's College, the elections to which for some years past could not have caused greater surprise or disappointment under any system; and so of many other hospitals. It is just the same in the provinces, all sorts of plans have been tried and all are simply unsatisfactory. Perhaps the worst of all is the plan which involves a canvass of a large number of donors who know and can know nothing of the merits of the candidates. Surely it is time governors gave up their share in the patronage of our charities. Too much power in the hands of the existing staff also gives rise to frequent surprises and vexatious unprofessional embroglios. Existing physicians and surgeons do not often covet the power to appoint their colleagues, though they frequently possess, and perhaps naturally, a larger influence. Should they use it? This is admitted to be a very difficult question, and we have often been urged to propose some new plan. It is strange that the rage for competitive examinations should not have passed over our hospital authorities. In France the *Concours* has long been the naturalised method of advancement, and if it has not given universal satisfaction, the results compare very favourably with our own. Why has it not been tried here? Is it that the Profession is so split up that we have no authorities to whom we could entrust such duties? or it is that we feel the difficulty of making any examination a criterion of the powers of a good physician or surgeon? It may be due to both these causes and to some others combined. Still it does seem when all our own plans are admitted to be bad that we might give a trial to one that has succeeded on the Continent. For ourselves, having seen the process and watched the results at home and abroad, we should have no fear of trying in London the method that has succeeded so well in Paris. The want of a great central body to entrust with the authority and the details of a body that should have the confidence of the public and Profession alike, may be an almost insurmountable obstacle to a gradual initiation of the method.

But some say surely the medical politicians will triumph and give us a reformed Council. May the day be not far distant.

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Notes on Current Topics.

Insanity and Inebriety.

The *Tenth Annual Report of the Alabama Insane Hospital* by the Superintendent discusses the subject of the treatment of inebriates, and the important question is asked, "Are inebriates insane?" It argues in favour of a reformatory for inebriates, to be under the "jurisdiction of the courts." The scheme contemplates bringing the "facts before the grand jury, and upon the finding of a true bill, the case should be duly investigated," &c. The "allegations being proved," the inebriate should be committed for a term of not less than two nor more than five years to the reformatory, and supported there at the expense of the State. For the results of institutions which are conducted on the voluntary system, the *Philadelphia Reporter* quotes from the proceedings of the American Association for the cure of inebriates: — More than thirteen years of experience of the Washington Home, and the treatment of nearly three thousandfive hundred patients have clearly demonstrated that under favourable circumstances even the worst cases of intemperance can be cured. . . . . . . We put every man upon his honour, and we find by long experience that such a guarantee insures a better discipline, a more correct behaviour than any code of laws, or long list of imposing regulations can possibly enforce.

The Washingtonian Home is in the City of Boston, the average length of term does not reach three months, and the percentage of cures is larger than in insane asylums.

The Inebriates Home, of King's County, New York, is conducted without written rules, and though the class of persons received there are, many of them, taken from prisons and police stations, and some of them belong to what is known as the dangerous classes, there is no difficulty in controlling them without bars or locks. . . Fully one-third of the cases treated recover, and the average continuance less than six months.

In the Sanitarium, near Philadelphia, about 40 per cent. of cases recover. The average length of residence is one hundred days.

Other authorities might be cited to prove the value and success of institutes on the voluntary principle. The *Reporter* thinks the experience of insane asylums in the treatment of inebriates is not encouraging, as but few patients recover, and the reason probably is, that they are subjected to unsuitable restraints and surroundings.

The Lunacy Law of England and Ireland.

The *Journal of the Irish Medical Association* published lately a very important letter on this subject from Mr. Bewley, one of the counsel for the defence in a recent lunacy case.

"At common law—that is, by the unwritten law of the land—no person is justified in confining a lunatic unless his insanity is of such a character as to render him *dangerous* either to himself or others. No matter how beneficial restraint may be for the lunatic's own mental or bodily health, any person who detains him against his will has no legal justification for his conduct, and will be liable to be sued in an action of false imprisonment. It follows from this that the superintendent of public lunatic asylums, and the proprietors of private lunatic asylums, will not be justified in receiving or detaining any persons who are not dangerous lunatics, unless some justification is given to them by the statute law.

"In England they have complete protection, if they comply with the requirements of the Lunacy Acts. Under the provisions of the 8th and 9th Vic., cap. 100, sec. 99, if any question is raised as to the sanity of any person confined in a public or private asylum, it is not incumbent on the superintendent or proprietor to establish that the person was a dangerous lunatic at the time of his detention. It is sufficient for him to show that the necessary order and certificates were obtained prior to the admission of the lunatic, and, even if it should appear that the patient was perfectly sane at the time of his admission to the asylum, the order and certificates will furnish a complete answer to any action against the superintendent or proprietor, if the latter has acted with *bonâ fide*.

"By the 9th and 10th Vic., cap. 84, it is provided that pauper lunatics are not to be confined unless there is a medical certificate that the lunatic is a proper person to be confined; but these Acts authorise the confining of lunatics that are not dangerous, and the order and certificate are a complete protection to the superintendent of the county asylum.

"The law in Ireland in reference to the foregoing matters is on a very different footing. Although it is necessary that before the admission of a patient into a public or private lunatic asylum, the certificate and order required by the Irish Lunacy Acts should be procured, these orders and certificates afford no protection whatever to the superintendent of the public asylum, or the proprietor of the private asylum. In any action at law, or proceeding by *habeas corpus*, the superintendent or proprietor must justify the detention of the lunatic according to the course of the common law, that is, he must prove that the patient was a *dangerous* lunatic at the time of his admission to the asylum, and during his detention there. No degree of imbecility or unsoundness of mind will warrant the detention of a patient if he be not a dangerous lunatic or a dangerous idiot; and the law on this subject appears to me to be precisely the same whether the patient be a pauper lunatic detained in a district asylum or a private patient in a private asylum. There is no provision in the Irish Lunacy Acts corresponding with the 99th section of the 8th and 9th Vic., cap. 100, nor do the Acts relating to the treatment of the lunatic poor in Ireland justify the detention of pauper lunatics who are not dangerous.

"As the absence of the certificate by a second medical man would, in such cases, render a person liable to be indicted for a misdemeanour in not complying with the requirements of the Act of Parliament, of course he should not admit any *paying* patients without the double certificate."

Islington Board of Guardians.

The Guardians of the Islington Union, acting on a gentle hint administered to them by the Poor-law Board, have recommended that a modest increase of salary be given to those medical officers of that parish whose duties are extremely heavy, judged in apposition to the duties of their collaborators. We wish it were possible for us to impress on the Poor-law Board and also on the Guardians of Islington Union, the actual necessity there is of still further increasing the salaries of their medical officers without exception. We do not consider any annual salary of less than £150 per annum remuneration proportionate to the arduous responsibility of the parish duties of Islington, nor adequate to the position the medical officers of that parish should maintain. It may be argued that the private practice or the private means of medical officers as a rule, materially assist those gentlemen to starve off the proverbial wolf, but we hold it to be unwise in the Poor-law Board and in the guardians of the poor, to be in any case influenced by such considerations.

Medical Touting.

There is an ugly rumour current to the effect that in one of our metropolitan parishes—north of the Thames—a medical election was lately carried by means of nicotine administered in the proper quarter, and in Weed. Cheques are also spoken of as being gifts from a semi-ubiquitous "uncle" to very distant relations indeed. In a letter on the subject just received the writer says, "two to one in favour of a thorough exposure of this vile transaction." Why don't the local papers ask who refused the boxes of cigars, and from whom?

North London Consumption Hospital.

Amongst the charities of London, few are more deserving than those devoted to the treatment of consumption and diseases of the chest. Among these we are glad to see that the North London Hospital still perseveres in its laudable efforts, and has lately been encouraged by the receipt of a donation of a thousand pounds from the munificent anonymous benefactor who has presented a similar sum to so many of the charities. In the instance before us the money has been applied to the purpose of a building fund, for in about two years' time the present lease expires, and it is highly desirable that a new hospital should be ready to receive the patients. We hope the committee will adopt the Pavilion style, now acknowledged to be the best, and one that will always permit enlargement as the funds expand. By this plan too they would be able to begin their building at a much earlier date. This evening the Anniversary Festival is to be celebrated by a dinner, at Willis's Rooms, when ladies and gentlemen will sit down together under the presidency of the most noble the Marquis of Bute. We trust that this innovation will be a great success. One of the worst features of our charity dinners is the absence of the ladies, and we cordially commend the committee for inviting to join at the dinner those who contribute in other ways so much to the success of our charities. It is desirable that this first dinner of the kind should be a great success, and should induce other institutions to follow the example they set. We therefore call particular attention to it, and hope that it will result in a very large accession of funds to the hospital.

Dr. T. King Chambers will deliver the Harveian Oration at the Royal College of Physicians, London, to-day, at five p.m.

The Murphy Fund.

THE numerous articles that have already appeared in reference to the fund now raising for "Dr. Murphy," late Professor of Midwifery at University College, a once brilliant member of the Medical Profession, whose world-wide reputation needs no comment from us, attest the interest felt in the movement. The warm support, and in many cases handsome subscriptions given, leads us to hope that the future will not disappoint us, and that our much respected brother will, through the kindness of his friends, be in his declining years supplied with those comforts which fortune has denied him.

The late Dr. England.

WE regret to announce the decease of Dr. William England, of Ipswich, who formerly practised at Norwich and at Wisbeach. He studied at Dublin, Edinburgh (where he graduated M.D. in 1829), and at Paris, and was intimately acquainted with all branches of Medical literature. He died on the 1st inst. at Lowestoft, where he had gone for a change.

The late George Mallett, of Bolton.

THIS gentleman, who died on the 5th, had for more than twenty years been on the staff of the Bolton Infirmary, to which on his retirement, a few years ago, he was appointed consulting surgeon. He was a Fellow of the College of Surgeons, who died at the age of sixty-nine, full of honours, and greatly esteemed by all who knew him.

Small-pox in London.

SMALL-POX in London, which had decreased, has again taken a spurt. The deaths reported by the Registrar-General for the last four weeks respectively, were 267, 257, 229, and 245. There were 108 deaths in the small-pox hospitals last week. It is to be hoped the renewed increase will not continue.

In the provinces there have been sad outbreaks. In Liverpool, though last week there were forty-one deaths, it is hoped that the epidemic will continue its rapid subsidence. From Sunderland, Newcastle, Longton, and other places, the reports are not encouraging.

MR. S. TILLEY, medical officer to the Rotherhithe vestry, has been presented by the vestry with a gratuity of £50.

A BILL to amend the Vaccination Act, 1867, has been introduced by Mr. Forster, and read a first time. The second reading is fixed for to-morrow.

MR. STAPLETON will move in committee on the Metropolis Water Bill a clause making it obligatory upon all the companies to give a supply on Sundays exactly as on other days of the week.

THE Hastings prize medal of the British Medical Association has been awarded to Dr. J. Milner Fothergill, of Leeds, for his essay "On Digitalis: its mode of Action and its Use." The adjudicators, Drs. Charlton, A. P. Stewart, and Waters, of Liverpool, describe it as an essay of great original merit.

SMALL-POX caused altogether twenty-nine deaths in the eight principal towns of Scotland during the month of May last; in London alone the deaths from that disease in the same month were over 1,200.

FOR the newly-created appointments in the staff of St. Thomas's Hospital Dr. Murchison, F.R.S., is reported as likely to be elected as physician, Mr. Croft as surgeon, Dr. John Harley and Dr. Frank Payne as assistant physicians, and Mr. Francis Mason and Mr. Henry Arnott as assistant surgeons.

SCOTLAND.

EDINBURGH.

DEATH OF A WATERLOO OFFICER.—Deputy-Inspector General of Hospitals R. Daun, M.D., died in Edinburgh on the 14th inst., in his 87th year. He entered the service in October, 1803, and served at the Cape of Good Hope in 1806; also the campaign of 1815, including the battle of Waterloo.

ABERDEEN.

ROYAL INFIRMARY AND LUNATIC ASYLUM.—The report laid before the managers of these institutions at their quarterly meeting states that during the past quarter two deaths had occurred from small-pox. The total cost for the extension of the fever hospital amounts to £2,832. Since last meeting fifty-six patients had been admitted into the Asylum and Elmhill House, the total number of patients being 444. The meeting strongly disapproved ot the terms of the Lunatic Regulation Bill, and agreed to take the steps necessary to oppose it.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

THE following is a programme of the proceedings at the forthcoming meeting of the British Association in Edinburgh:—A reception room will be opened on Monday, July 31, at 1 p.m., and on the following days at 8 a.m., for the issue of tickets to members, associates, and ladies, and for supplying lists and prices of lodgings, and other information, to strangers on their arrival. On and after Monday, July 31, members and persons desirous of becoming members or associates, or of obtaining ladies' tickets, are requested to make application in this room. In the reception room there will be offices for supplying information regarding the proceedings of the meeting. The "Journal," containing announcements of the arrangements for each day, will be laid on the table on Wednesday, August 2, and the following mornings, at 8 a.m., for gratuitous distribution. Lists of members present will be issued as soon as possible after the commencement of the meeting, and will be placed in the same room for distribution. For the convenience of members and associates, a branch post office (which will be available also for communication between members attending the meeting) will be opened in the reception room. Members and associates may obtain information about local arrangements and facilities afforded by the railway companies on application to the local secretaries at Edinburgh. The first meeting of the General Committee will be held on Wednesday, August 2, at 1 p.m., for the election of sectional officers and the despatch of business usually brought before that body. The General Committee will meet again on Monday, August 7, at 3 p.m., for the purpose of appointing officers for 1872, and of deciding on the place of meeting in 1873. The concluding meeting of this committee will be held on Wednesday, August 9, at 1 p.m., when the report of the Committee of Recommendations will be received. The General Committee appoints at each annual meeting a committee to receive the recommendations of the sectional committees, and to report to the General Committee the measures which they would advise to be adopted for the advancement of science. The first general meeting will be held on Wednesday, August 2, at 8 p.m., precisely, when Professor Huxley, LL.D., F.R.S., F.L.S., &c., will resign the chair, and Professor Sir William Thomson, LL.D., F.R.S., &c., will assume the presidency, and deliver an address. On Thursday evening, August 3, at 8 p.m., a soiree; on Friday evening, August 4, at 8.30 p.m., a discourse; on Monday evening, August 7, at 8.30 p.m., a discourse; on Tuesday evening, August 8, at 8 p.m., a soiree; on Wednesday August 9, the concluding general meeting will be held at 2.30 p.m. The sections are:—A. Mathematical and Physical Science; B. Chemical Science; C. Geology; D. Biology; E. Geography; F. Economic Science and Statistics; G. Mechanical Science. The presidents, vice-presidents, and secretaries of each section will be appointed by the General Committee on Wednesday, August 2. The different sections will assemble in the rooms appointed for them, for the reading and discussion of reports and other communications, on Thursday, August 3; Friday, August 4; Saturday, August 5; Monday, August 7; and Tuesday, August 8, at 11 a.m. precisely. The committees, consisting of officers of sections and members conversant with the several branches of science selected by them, will meet in rooms adjacent to the section rooms, at 2 p.m., on Wednesday, August 2, and at 10 a.m. precisely on the other days. The railway companies, in terms of an arrangement amongst themselves, will convey members of the Association from any part of Great Britain to and from Edinburgh with 1st or 2nd class return tickets, such tickets being available from Tuesday the 1st day of August, until and including Friday the 11th day of August, being the day after the meeting is concluded. Farther particulars will be given on application, and cards of membership forwarded, entitling the party to obtain such tickets. Tourists' tickets to the North and West Highlands will also be obtained at the principal railway stations, available for return within one month, with permission to break the journey at Melrose, Edinburgh, Perth, Dunkeld, Blair-Athole, Aberdeen, Inverness, and any other station where the train or steamer stops, either in going or returning. A list of the principal hotels and lodging-houses has been made up, with a tariff of their charges, which will be available to members on application.

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Parliamentary Intelligence.

HOUSE OF COMMONS.—June 14, 1871.

MEDICAL ACT (1858) AMENDMENT BILL.

Dr. Lush, in moving the second reading of this bill, explained the circumstances attending the withdrawal of the bill of last session, and stated that as government had declined to bring forward a measure this session in consequence of the pressure of public business, therefore he had brought in the present bill. Another hon. member had also introduced a similar measure, so that there were two bills now before the house. No doubt he brought forward this bill from a professional point of view, but the interests of the public and the profession were intimately blended together. About fifty years ago considerable alteration was made in the mode of licensing medical men, and by the Act of 1858 a General Medical Council was nominated, but in its nomination the rights of the medical profession were ignored, because the members of the profession had no influence in that nomination. The Council, further, did not possess the confidence of the profession; and really their only power was to tax members of the profession for inserting their names in certain books. The present bill was not of his own framing so much as the result of considerable thought on the part of medical men. The first principle of it was that the existing Council should be abolished, and the second that the members of the Council elected in their place should be fewer. Not only was the change to affect the number, but the origin from which they were to spring. The Council under the bill would be in number twelve, instead of twenty-four, and four would be nominated by the examining bodies, four by the Crown, and four by the great body of the profession. It was also provided that before any medical man could practise he should pass one particular examination, representing the minimum of qualification, instead of there being as at present eighteen examining bodies. Some of the examinations now passed were of a most inefficient character. There were anomalies in the present system, and what reason could there be, he would ask, why the University of Durham, for instance, should have the right to send a representative to the Medical Council?

Mr. Jessel said that the bill differed from that of the government last year in this, that the profession were by the present bill to have the nomination of the board of examiners; and he thought that there was not a sufficient safeguard for the public interests. The bill would give a monopoly of examination, and the examiners were to be nominated by the profession. The examination was also strictly provided for by the bill, without any room being given for progressive improvement in such examinations. Many medical men said that there was no confidence in existing examinations; and, indeed, there had been a competition downwards, so as to secure as large a number of persons as possible for examination. In some instances, also, the examiner had a pecuniary interest in the examination. But these things were undoubtedly evils. No doubt examinations had in modern times been much improved; but what was most of all wanted was a security for progressive improvement in examinations. The moment that you got only one examining body you would lose the probability of gaining such improvement. He thought that the examiners should not be appointed by the body which would have the control of the medical profession. If such were the case students would say that they were virtually examined by a body which had an interest in preventing persons from entering the medical profession. The cardinal point was to secure a thorough examination, and one that would be fair to all; and, above all, the examining board and the controlling board should not be composed of the same persons. He thought that an examination should be so managed as to test the qualification to practise, and that if this were done, it would become immaterial whether the candidate had or had not attended certain classes or institutions. Such a system would lead to perfect freedom of teaching, and he believed that great improvement would follow.

Dr. Brewer observed that he must confess to a feeling of astonishment at the strange misconceptions which the honourable and learned gentleman the member for Dover (Mr. Jessel) appeared to entertain on the objects contemplated by the bill brought in by the hon. member for Salisbury (Dr. Lush). The hon. and learned member for Dover, charged the promoters of the bill with the design of perpetuating the abuse whereby the nineteen universities or corporate bodies, who had the legal power of granting degrees and licences to practice in Medicine or Surgery, were all found competing with each other for candidates, and he rightly attributed to the pecuniary interest involved in securing the largest share of students, a direct inducement to lower the standard of efficiency demanded for obtaining a degree, and thereby lessening the security of the public and depreciating the test which an examination ought to supply. He (Dr. Brewer) could hardly account for the wondrous misapprehension of the object and scope of the bill which this representation exhibited. Surely the hon. and learned gentleman had omitted to read the bill, and had so fallen into the error of attributing to it the very blots of the Act of 1858, at which the bill before the House aimed, and which it was the special object of its promoters to remove. It had become patent that the actual constitution of the Medical Council was too restricted, and that the unrestricted competition between licensing bodies for the fees and the patronage of students was dangerous to the future success and advancement of medical science, no less than unsatisfactory to the great body of practitioners throughout the country. It was patent that the Council had failed to regulate and [illegible] this state of things, and whether the defect were [illegible] attributed to the constitution of the Council or not, the [illegible] practitioners of the country generally believed that a [illegible] ling of that body would be required in order to make it harmonise with the other provisions which must form the subject-matter of any good Medical Amendment Act. The bill provided that the Council should be diminished in number, and that whilst the government should be empowered to nominate one-third, the old corporations should be represented more as a body of mixed constituences than by individual representation. But the chief modification in the constitution of the Council, would be found in the provision for the direct representation of the medical practitioners throughout the United Kingdom. The hon. member for Dover, rightly apprehended that his suggestion to trust simply to any examination as the test of knowledge without taking cognisance of the educational training of students, whether that training were picked up in by-lanes and in a helter skelter manner, or in obedience to a prepared and well considered system, would not meet with the concurrence of the profession generally, and he (Dr. Brewer) would take leave to point out to the hon. and learned member for Dover, one of the most obvious reasons for this dissent. The science of medicine was not a certain science. It was unlike chemistry, astronomy and mathematics, and it formed one of a groop of uncertain sciences, requiring more of the individual and affording less assistance from positive knowledge than any of the certain sciences supplied. Consequently the instrumentation of the mind—so to say—the excellence of the result of training on the individual, was of greater consequence than any mere technical knowledge or special train of facts. The reliability to be placed in the medical practitioner arose far more from the flexibility of his mental operations, the use he had of the processes of thought, the exercise of his mental faculties than on any mere glibness in answering medical queries, or even in knowing the physical framework, or symptoms of morbid structures of the body. It was in fine the instrumentation of the mind rather than the mere knowledge of facts which made a great physician. Therefore, it was of no slight and secondary consequence that a good course of study and a competent body of professors and teachers should form a prominent part in any scheme which aimed at elevating the standard of medical education. He was not sanguine enough to believe that the bill before the House would or could pass as it stood. He was not prepared to say that there were not some serious defects, and more serious omissions in its provisions, but the object the promoters of the bill had in view, was to pass the second reading with the express understanding that it should subsequently be referred to a Select Committee upstairs, where evidence might be invited into the undoubted defects of the law as it existed—into the proposed constitution of the new Council—into the best method of forming an examining board—into the nature of inspection required to secure a due care in conducting the Examination, and, in fine, to show by what modification of its provisions or by what additional precautions or suggestions material might be collected for the preparation of a bill for medical reform, which should secure what the hon. gentlemen the member for Dover desiderated—that which the government bill of last year failed to assure—and that which must be the common aim of the promoters of this bill and of all earnest medical reformers, a better supply of competent practitioners, through the means of a higher standard of excellence in medical study and medical examinations. If the hon. member for Dover were sincere in his deprecation of the abuses to which he pointed, and desired the reforms which he had suggested, he would undoubtedly succeed in both these objects far better by sending this bill to a Select Committee upstairs, than by the course, which through misconception of the aims of the bill, he had foreshadowed.

Dr. L. Playfair, in seconding the motion, said his constituents were of opinion that the subject was too large for any private member of the House to pass a bill with regard to it, and that only the government could grapple with the question. He, therefore, trusted that his hon. friend would withdraw the present bill.

Mr. Forster said that neither of the parties had any right to expect a government measure on the subject in the present session. The government hoped to be able to settle the question next year, and if they were not able to bring forward a measure with that object he would throw no obstacle in the way of a bill which might be introduced for the purpose by a private member.

Dr. Brady said there were at present nineteen different medical examining bodies, nineteen modes of medical licensing, and nineteen different systems of medical education. The bill proposed to reduce these to one for Ireland, one for Scotland, and one for England. It would not be easy to decide the question in the present session; but he trusted that the government would, early next year, introduce a satisfactory measure on the subject.

Sir J. Gray expressed his gratification at the announcement that the government would consider the subject during the recess, with a view to grappling with it in the next session.

Dr. Lush then withdrew his motion.

MEDICAL ACT (1858) AMENDMENT (No. 2) BILL.

The order of the day for the second reading of this bill was also withdrawn.

Literature.

THE ACTION OF NEUROTIC MEDICINES IN INSANITY.*

The Fothergillian Prize of last year, was awarded to Dr. Clouston, the able Medical Superintendent of the Cumberland and Westmoreland Asylum at Carlisle, for an essay on the "Action of Neurotic Medicines in Insanity," which is an invaluable contribution to therapeutics.

We give the concluding propositions, which show that the essay consists of three parts.

1. Experiments to determine the effect on maniacal excitement of single doses of certain medicines, stimulants, and food. 2nd. Experiments to determine the effect on maniacal excitement of prolonged courses of certain neurotic medicines. 3rd. An account of clinical observations and experience of the effects of the same medicines in all kinds of insanity.

2. To compare the effect of opium on maniacal excitement, with that of bromide of potassium, with that of cannabis Indica, and with that of a mixture of bromide of potassium and cannabis Indica, and to compare the effect of these with that of a pure stimulant in large quantity, and with that of a nutritive food, eleven maniacal patients were treated with drachm doses of each of the medicines, and with four ounces of whiskey, and the beef-tea made from a pound of beef on successive days, and the results noted. Each experiment was repeated from fourteen to twenty-nine times.

3. A mixture of one drachm of bromide of potassium with one drachm of the tincture of cannabis Indica is more powerful to allay such excitement than any of the other drugs or stimulants tried. It is more uniform and certain in its effects, more lasting, interferes less with the appetite; and to produce the same effect the dose does not require to be increased after long-continued use.

4. Single doses of opium tended to raise the temperature and to lower the pulse; single doses of the mixture above mentioned to lower the temperature and quicken and weaken the pulse, of bromide of potassium alone to raise the temperature and lower the pulse, of cannabis Indica alone to raise the temperature and quicken the pulse, of whiskey to lower the temperature very much and slightly to quicken the pulse, and of beef-tea to lower the temperature in the least degree and to lower and strengthen the pulse.

5. By giving bromide of potassium and cannabis Indica together, not only is the effect of either given separately immensely increased, but the combination has an essentially different action from either of them given alone.

6. Bromide of potassium alone can subdue the most violent maniacal excitement, but only when given in immense and dangerous quantities, and its effects are so cumulative while so given, that after they have once begun to appear they increase for days after the medicine has been stopped, almost paralysing the cerebrum and sympathetic.

7. To produce sleep in mild excitement, one drachm of the bromide of potassium is about equal to half a drachm of laudanum. To allay maniacal excitement, forty-five grains of the bromide and forty-five minims of the tincture cannabis are rather more than equivalent to a drachm of laudanum.

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* "The Action of Neurotic Medicines in Insanity." By T. S. Clouston, M.D., Medical Superintendent of the Cumberland and Westmoreland Asylum, Carlisle. The Fothergillian Prize Essay for 1870.

8. Seven cases of chronic mania were treated for twelve weeks with opium, in doses rising gradually from twenty-five minims of the tincture up to ninety minims three times a day, and the results noted. After getting no medicine for several months the same cases were treated with a mixture of bromide of potassium and cannabis Indica in gradually increasing doses, and the results noted and compared with those of the opium treatment.

9. Under the opium treatment the patients all lost weight continuously; there morning temperature was lowered and also their evening temperature, but the latter (which was too high, and its being high was a bad sign) very slightly, and their pulse was decreased in frequency. The opium allayed the excitement in the larger doses but it soon lost its effect.

10. Under the bromide of potassium and cannabis Indica treatment the patients only lost in weight very slightly for the first six weeks, and after that they gained, their weight being more at the end of eight months' treatment than it was to begin with. Their appetites were not interfered with. Their temperature fell, especially their evening temperature, and the pulse was slightly increased in frequency and weakened in force, while the excitement was subdued, and the medicine showed no signs of losing its effect, even after being thus used for eight months. The maximum of good effects and the minimum of the ill effects of a sedative drug were thus obtained by using the bromide of potassium and the cannabis Indica in combination.

11. The bromide of potassium alone may be continued for months in doses of half a drachm three times a day, and the patients gain in weight and remain healthy in body, but the proper dose, whether given alone or along with cannabis Indica, varies greatly in different cases.

12. Cannabis Indica being a diuretic, and the bromide of potassium being carried off by the kidneys, it is probable that the former in that way helps to prevent the cumulative action of the latter when given alone.

13. When the two are given together, the first symptoms developed are those of the cannabis Indica, but these soon merge into a state of drowsy calmness of the nervous system which is in all respects the opposite of nervous irritability.

14. Fifty-one cases of various forms of insanity were treated by bromide of potassium alone or along with Indian hemp, and the results were that eighty per cent. of these were benefited more or less in some way, and twenty-five per cent. were most decidedly benefited.

15. The milder cases of puerperal and climacteric insanity were sometimes remarkably benefited by drachm doses of the bromide of potassium given at night.

16. In some of the cases of acute mania the excitement was subdued in a few days by the bromide combined with Indian hemp in doses of from half a drachm to a drachm of each given three times a day.

17. In some cases of periodic mania and general paralysis all the worst symptoms of maniacal excitement were allayed by giving a mixture of bromide of potassium and cannabis Indica in doses of from half a drachm to a drachm and a half of each three times a day. This was continued in one case for nine months with the best effect.

18. In three cases of periodic mania, attacks were cut short by a mixture of the two medicines, or by the bromide alone. In one of these complete recovery followed.

19. Fewer cases of simple melancholia were benefited by the bromide alone or along with Indian hemp than any other form of insanity. Some were made worse by them, but in one case of this disease where there was great excitement and hallucination of hearing and suspected organic disease of the brain, the combination gave immediate and complete relief of all the symptoms for four months.

20. One case of senile mania was successfully treated at home by a mixture of the bromide of potassium and tincture of cannabis Indica, when she was to have been sent to an asylum. It seems probable that some such cases, and also patients with short attacks of mania might be treated by the same medicines at home, when at present they have to be sent to lunatic asylums, on account of the want of such a safe and powerful sedative.

HEALTH.[*]

AMONG the many thoughtful minds that have raised men to eminence in our Profession, none is more original than Mr. Hinton's, whose "Man and his Dwelling-place" embodies a system of philosophy. The book before us consists of some papers reprinted, with additions, from the *Cornhill Magazine*. The reader may be sure it will well repay perusal. We would particularly direct attention to the chapter on "Nursing," in which will be found some characteristic key-notes. If all popular works on Health were written in the spirit that pervades this production we might hope for some improvement in the public taste in relation to such subjects.

CHINESE PHYSIC.[*]

A VERY interesting work has appeared from which we may gather a few notions respecting the condition of medicine in the great empire of China. Dr. Porter Smith has studied carefully the several works which may be called Chinese pharmacopœias, and has produced such a volume as cannot fail to be of service to his brother medical missionaries and to many others. We shall scarcely be expected to enter upon a full account of the Chinese Materia Medica. Those who seek such will find it in the volume before us, together with Latin, English, and Chinese names for most of the articles.

It seems the Celestials are acquainted with the properties of iron, and that a sort of Griffiths's mixture is to be found in their formulæ, containing both iron and myrrh. They seem also to have plasters, liniments, ointments, and other applications of which lead is the basis. Some of their remedies correspond closely enough with what were common in Europe a century or two ago. There is a great tendency to poly-pharmacy, and some filthy remedies are also employed. One of the more moderately nasty of these is the tincture of the five poisons which is put outside the shops of rich traders that the poor may help themselves to it as a prophylactic. It contains centipedes, scorpions, snakes, and other venomous creatures.

There is much to be of real use in this book, and Dr. Smith deserves our best thanks for the great labour he must have bestowed upon it.

CROOKES'S CHEMICAL METHODS.[†]

THE able editor of the *Chemical News* here offers a companion to the laboratory, in which will be found information not easily accessible elsewhere. At the same time it does not pretend to be a complete text-book for students. In fact its title aptly describes it. The author has tested most of the new processes that have been published in his journal under his editorship. Some of these he has found of great value; others he has improved upon. Hence the treatise before us. It needs no commendation from us. The mere verification of such methods as have appeared during the last dozen years by so accomplished a chemist as Mr. Crookes, is a labour for which practical men will thank him, and considering the improvements he has suggested, the work may be considered as essential to every laboratory. We are glad to see it is furnished with an index.

THE CURE OF ANEURISM.[‡]

DR. WILLIAM MURRAY has published in a little work the history of the case of Mark Wilson, who was cured by him of aneurism of the abdominal aorta in 1864 and remained well to 1870. Having died then, Dr. Murray has been able to watch the case through all its stages, and he has, no doubt, accomplished a feat which entitles him henceforth to mention in the history of aneurism. The description of the case, and the *post-mortem* appearances in death six years after, are written by Dr. Murray with modest satisfaction; and he has added some very valuable remarks.

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[*] "Thoughts on Health and some of its Conditions." By James Hinton. 1871. London: Smith, Elder, and Co., 15 Waterloo place.

[*] "Contributions towards the Materia Medica and Natural History of China, for the use of Medical Missionaries and Native Medical Students." By Fred. Porter Smith, M.B., London, Medical Missionary in China. 1871. London: Trübner and Co.

[†] "Select Methods in Chemical Analysis, chiefly in Organic." By Wm. Crookes, F.R.S. 1871. London: Longmans.

[‡] "The Rapid Cure of Anuerism by Pressure." By Wm. Murray, M.D. Lecturer on Physiology at the University of Durham. 1871. London: J. and A. Churchill.

SPENCE'S SURGERY.

ALMOST simultaneously, the third and fourth parts of Professor Spence's "Surgical Lectures"[*] have appeared. These two hadsome parts may be bound together, as the two former ones, thus giving two noble volumes for which title-pages and indices are provided. The two volumes extend over more than 1,400 pages, and comprise 129 lectures, followed by seven series of clinical cases, illustrating the surgery of various regions, besides fifty-eight plates, the colouring of some of which is most graphic. The work was undertaken in order to give the author's pupils a text book for his class and former students in a permanent form, his oral instructions in the principles and practice of surgery. It will be observed that some lectures are more elaborate than others. This is mostly the case in respect to subjects to which the author has devoted much attention. The probable explanation is that the lectures were not delivered as a single course. In fact, they represent Professor Spence's teaching in about a quarter of a century, revised at this date by himself after thirty-five years' practice as an hospital surgeon. They are therefore less controversial than didactic, not to say here and there dogmatic, and this we think the correct method for the teachers to follow. Students do not want to know the many differences of opinion that prevail on any subject: they desire a safe guide and are content to follow him. In Professor Spence they find such an one, and the surgeon who in practice refers to this practical work will find that this author gives him no uncertain guidance, but lays down clearly and distinctly the principles upon which he acts, and relates faithfully the practice he has followed with a success worthy of the high and responsible position he so ably fills. We had intended to direct special attention to two or three lectures we have more attentively studied, but after all think it as well to advise the student to master the entire work.

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HISTORY OF MEDICINE.[†]

FOR the long delay in noticing Dr. Wise's "Review of the History of Medicine," we must plead that hard work has taken precedence of recreation, and that the perusal of his interesting volumes is to be classed in the latter category.

The learned author divides the history of medicine into five periods: 1. The primitive Oriental in which the mysteries of theology were combined with medicine and astrology; 2. The ancient period, when the Western branch of the Aryan race accumulated stores of knowledge. In this the Greek and Roman systems are included; 3. The transition period, comprising the Egyptian and Jewish systems, and the decay of learning in Europe; 4. The restorative period when learning once more revived; 5. The philosophical period, from the XVth century to our own times.

Here it will be seen is a very comprehensive plan, and one which even the two volumes before us, full of learning, as they are, do not perfect; and the author should therefore hasten to supplement them with a third.

Part I., the primitive period among the Asiatic nations, is very complete, and must have involved years of labour. We are glad, too, to notice that the author has availed himself of the aid of native scholars in his work, and that it therefore can lay claim to greater exactitude than the most zealous European scholars could accomplish without such assistance. The first book is devoted to the ancient state of medicine among the Hindus.

In Book II. we have a review of the Buddhist systems of medicine, which we most heartily commend to the reader; and in Book III. comes the history of Chinese medicine which is, of course, full of most interesting material.

It seems to us that by a little judicious management of type and paper a third volume might be made to complete Dr. Wise's grand scheme.

We hope that a work so rich in information as this will arrive soon at a second edition, in which event we trust that the printers and publishers will do their part in a manner more worthy of the author. We would suggest indeed that such a work might very judiciously be issued in parts, a plan which would give the author the time he must need to revise the proofs, and enable the purchasers after reading each division, at all events, as an agreeable diversion, to encase the volumes in a binding that should make them ornaments for the best shelves of the library.

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NEW EDITIONS.

ON SPERMATORRHŒA[*].

MR. COURTENAY'S work has reached another edition. As he truly says, professional opinion is greatly divided on this question at present, and Lallemand's great work has perhaps done as much harm by the treatment he so indiscriminately advised, as by calling notice to a common and grave complaint in the male sex. We agree with Mr. Courtenay that it is but rarely that the microscope shows animalculæ in the urine, or in the discharges at stool of patients supposed to be suffering from daily pollutions, as Lallemand said, and are quite in unison with his energetic persuasions both to the Profession and the public not to make use of cautery or injections of strong nitrate of silver solutions in almost any case. Even the solution of ten to twenty grains to the ounce of nitrate of silver may be followed by stricture, and Mr. Courtenay mentions several cases where this result had ensued. It appears in page 35 that Sir W. Fergusson said that in one year several cases of stricture produced by these injections had come under his care; and on meeting Sir B. Brodie one day, that surgeon is said to have expressed his opinion (page 44) of cauterisation as follows: "I have never known it to do any good, but have often known it to do much harm." Donné, Remak, Pickford, and Wintrich, endorse these views against cautery as being useless in almost all cases, and very injurious in most. Mr. Courtenay does not consider one emission a week or every ten days too much for health, and says that married men would not think so as to connection; and as to the quantity lost by patients at stool or in urine, he does not believe that it is sufficient to cause the symptoms, but that the nerves are affected and the whole system weakened by premature excitement or sexual excesses. Hence, general, instead of topical treatment is usually indicated. All means which tend to restore the general health are to be tried. In cases of great irritability of the neck of the bladder, opiates are useful, and the occasional introduction of a bougie. By these means, even when he has in rare instances failed to cure, he has not done any harm. In short, we may state that Mr. Courtenay seems to consider seminal emissions rather as the effect than as the cause to any great extent of debility, consequently his is much opposed to the prevalent ideas. However, he adds, "In some rare and exceptional cases, both nocturnal and diurnal involuntary losses of semen do occur with such frequency and in such quantities, as to place it beyond doubt that they are the main causes of the debility and impotence under which the patients suffer." We could have wished that the author had given us more information as to the treatment he adopts for the latter class of cases, and, indeed, for that form of impotence which is often so intractable in young men of twenty-five or thereabouts. The Profession would be glad of some hints from specialists who have had such large experience as Mr. Courtenay. Our own idea is that marriage is the main cure and preventitive against spermatorrhœa, onanism, and impotence, and that all kinds of drugs and other interference is but of little avail. Mr. Courtenay, perhaps, in some future edition, may go into the therapeutic part of the subject. Meanwhile, we can conscientiously say that this is the soundest treatise on the subject of involuntary seminal emissions we have had to peruse for some time, and we advise all medical men to read it.

WE have to announce a second edition of Dr. John Smith's "Dental Handbook,"[†] which has undergone thorough revision, and has also received some additions from its author. The volume is based on the lectures Dr. Smith gave at Surgeons' Hall, contains just what is needed by medical practitioners and students, and is also a capital little handbook for dental students to employ as their introductory work to the study of the structure and diseases of the teeth.

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[*] "Lectures on Surgery." By James Spence, F.R.C.S.E.; Surgeon to the Queen in Scotland; Professor of Surgery in the University, Edinburgh; Late President of the Royal College of Surgeons, Edinburgh, &c. Edinburgh: A. & C. Black.

[†] "Review of the History of Medicine." By Thomas A. Wise, M.D. F.R.C.P., Ed., Principal of Hooghly and Dacca Colleges, &c., &c. 2 vols. London: Churchill. Edinburgh: A. & C. Black. Bombay and Calcutta: Thacker and Co.

[*] "On Spermatorrhœa." By F. B. Courtenay, M.R.C.S. Eighth Edition. 1871. Pp. 91. London: Baillière, Tindall and Cox.

[†] "Handbook of Dental Anatomy and Surgery, for the use of Students and Practitioners." By John Smith, M.D., F.R.S.E. and F.R.C.S., Ed., Surgeon Dentist to the Queen, and to the Royal Infirmary, Edinburgh, &c. Second Edition. London: J. and A. Churchill.

Mr. Henry Smith has just brought out a third edition of his favourite little book on the "Rectum."* It is so short a time since the last was noticed that there is little to add that is new, and we are glad that the author has kept his book of the same size. It comprises his Lettsomian Lectures delivered at the London Medical Society in 1865, and we like it so well that we hope in future editions, to which we predict it will run, no change may be made further than such as may be rendered imperative by the progress of surgery.

We have received the second part of the first volume of Dr. Beale's new edition of Todd and Bowman's standard work on the "Physiology of Man."† We shall not be expected to examine this part at great length, although it is almost at this date to be considered a new work. We have quite forgotten when the first part appeared, but it is some years since, and we do therefore hope that Dr. Beale will go on a little faster with his work. There is nothing in this small part that has not been in some form or other partially published, and therefore we think we are entitled to grumble a little at the tardiness with which it has appeared. Of the twelve coloured plates in this part, drawn by Dr. Beale himself, we have only to express unalloyed admiration.

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Medical News.

Royal College of Surgeons of England.—Mr. John Morgan Puddicombe, of Dartmouth, and Mr. Edward Glover Bartlam, of Broseley, Salop, admitted members in March, 1837, and October 1839, respectively, have been elected Fellows of the College. Upon the recommendation of the Museum Committee, Mr. J. Frederick Goodhart, of Guy's Hospital, and Mr. James Lidderdale, of St. Mary's Hospital, have been appointed Pathological and Anatomical assistants respectively for the year ensuing. Mr. Charles Hawkins has given notice of the following motion for the next meeting of the Council: "That a committee be appointed to consider and report to the Council if any alteration should be made in the wording of the diploma now granted to members of the college, or in the mode of issuing such diplomas." As many as 350 candidates have entered their names for the preliminary examination now being held for the diploma of Fellow or Member of the College. The following gentlemen are candidates for seats in the Council at the election in July.—Messrs. Cock, Busk, Le Gros Clark, Spencer Wells, Critchett, and Holt.

Cambridge University.—On Saturday last, the degree of Doctor of Medicine was conferred after examination upon the following gentlemen:—Sir George Henry Cornewall, Edward Polwhele, Trinity; James Charlton, Wm. Edward Hart, John Henry Lester, Frederick George Landon, Henry Archibald Williams, St. John's; Charles Vincent Dolbe, Clare; Thomas Astley Horace Hamond, Magdalene; Robert Albert Meaden, Huyshe Wolcott Yeatman, Emanuel.

King's College Hospital held its annual dinner last Wednesday, Lord R. Grosvenor, M.P., presided, and the company numbered nearly 200, receipts last year from every source were £8,855, against £12,828 in 1869. After the toast of the evening had been proposed by the chairman, who said that the hospital was a free one, out-patients being admitted without let or hindrance, while all its arrangements were of the best description, the treasurer announced that the donations amounted to £4,500.

A Good Example.—The Liverpool Corporation has resolved to grant the privilege of free bathing in the public baths, Paul street, to all the children attending elementary schools, on such days, and at such hours as shall be arranged by the acting engineer; the children, on every occasion, to be in charge of a master or mistress.

New Works and new Editions in Medicine and Science, during the Past Month.—Eleventh Report of the Army Medical Department, 8vo.; Lumley (Wm. Golden), Manuals of the Duties of Poor-law Officers, 3rd. edition; Sanitary Commission, Vol. 2; Duties of Medical Officers of Health; *Medical and Surgical*:—Byford (W. H.), A Treatise on the Chronic Inflammation and Displacements of the Unimpregnated Uterus, 2nd. edition; Crookes (Wm.), Select Methods in Chemical Analysis (chiefly Inorganic), post 8vo.; Dillnberger, Handy Book of the Treatment of Women's and Children's Diseases, according to the Vienna Medical School, with Prescriptions, 12mo.; Elwell (J. J.), Medico-Legal Treatise on Malpractice and Medical Evidence, 3rd. edition; Holmes (T.), A System of Surgery by various Authors, 2nd edition; Milne (Alex.), The Principles and Practice of Midwifery; Neligan (J. M.), Practical Treatises on Diseases of the Skin, 2nd edition, post 8vo.; Norton (A. T.), Affections of the Throat and Larynx, roy. 8vo.; Pennefather (John P.), Deafness: Its Early Cause, 8vo. pp.; Ray (J.), A Treatise on the Medical Jurisprudence of Insanity, 5th edition; Richardson (Benj. W.), Discourses on Practical Physic, 8vo.; Schmidt (G. von), on the Curability of Cancer, its Treatment without Surgical Operation, 8vo.; Smith (John), Handbook of Dental Anatomy and Surgery, 2nd edition; Smith (Henry), The Surgery of the Rectum, 3rd edition, 12mo.; Smith (W. A.), Human Entozoa, 8vo.; Spence (James), Lectures on Surgery, 2 vols. 8vo.; Transactions of the Obstetrical Society of London, vol. 12, for 1870; *Science*:—Beale (Lionel S.), Life Theories: Their Influence on Religious Thought, post 8vo.; Munsell (O. S.), Psychology or the Science of Mind, 8vo.; Neftel (W. B.), Galvano-Therapeutics. The Physiological and Therapeutical Action of the Galvanic Current upon the Acoustic, Optic, Sympathetic, and Pneumogastric Nerves, 12mo.; Tyndall (John), Fragments of Science for Unscientific People, 2nd ed.; Wesley (J.), Electricity made Plain and Useful by a Lover of Mankind and of Common Sense, Cr. 8vo.

The Conversazione at the Royal College of Physicians.—Among the works of art were Mr. Holyoake's portraits of the Princess Louise and the Marquis of Lorne; Mr. Frederick Sandy's fine picture of Mrs. Anderson Rose; two Madonnas, the contributions of Drs. Hare and Bishop respectively; vases and cameos; copies in mosaic of figures in the blank windows of Cardinal Wolsey's Chapel, at Windsor, with a selection of modern Venetian glass (sent by Salviati and Co.); photographs, autotypes, and heliotypes of surpassing excellence; the remarkable etchings of Mr. Seymour Haden; selections of fossils and diamonds from South Africa, and Gold from New Zealand; specimens of Japanese and Persian decorative art; curiosities of the Esquimaux and North Pacific Islanders (the contribution of Dr. Rae); electro-thermometer for deep-sea soundings and other scientific instruments sent by Sir C. Wheatstone; specimens of microscopes by Messrs. Ross, Murray and Heath, How, and Powell and Lambert; a spectroscope for use in the Bessemer process, showing the spectrum of silver, with other specimens of the same class of instruments, contributed by Mr. Browning; Mr. Apps's electrical recording anemometer; Mr. G. H. King's aquaria, teeming with marine animals, hippocampus, and others; Mr. Crouch's microscopic structure of Eozoön Canadense, from Dr. Carpenter's dredgings in the Phillipine and Ægean Seas, &c. &c.

Gleanings.

Abscess within the Cranium.

Prof. N. R. Smith relates (*Baltimore Med. Journ.*), the case of a clergyman, who had received an accidental blow from a sharp stone on the left parietal bone. The blow was followed by inflammation of the pericardium—suppuration and detachment of that membrane from the bone. Then followed necrosis, and a final separation and discharge of a small sequestrum, involving both tables of the bone. There remained a fistulous opening, which never closed during the long period of twenty years. It so little interfered with his general health that he continued, during that time, to discharge the duties of his calling, though occasionally suffering pain in the head and vertigo, especially when the discharge was in any way impeded.

He was first seen by Prof. Smith in the summer of [illegible], with Dr. Van Bibber, when they found a fistulous orifice surrounded by granulations, which, in a measure impeded the discharge. The pus which was daily discharged, was of ordinary consistence and appearance, but was fœtid.

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* "Surgery of the Rectum." By Henry Smith, F.R.C.S. London: J. and A. Churchill.

† "The Physiological Anatomy and Physiology of Man." By Rob B. Todd, William Bowman, and Lionel S. Beale. A *new edition the last named Author*. Part II. of Vol. I. London: Longmans & C

"We inserted with care an ordinary probe, which, to our surprise, sank by its own weight, apparently through a fluid, into the cavity of the cranium fully two and a half inches, when it encountered the membranes of the brain. By exploring with the instrument cautiously, in different directions, we ascertained the existence of a hemi-spheroidal cavity within the cranium, almost co-extensive with the parietal bone. On withdrawing the instrument, we found it covered with fœtid pus. The opening in the cranium was smaller than a quill, and was obstructed by granulations investing its canal. The efforts of nature to restore the normal condition of the parts were defeated by the inadequacy of the discharge, and the occasional aggravation of symptom was attributable to the increase of the granulations, which obstructed the flow.

"I immediately advised, Dr. Van Bibber concurring, that the crown of a trephine should be applied, and a button of bone be removed from the cranium.

"With the aid of Dr. Van Bibber, I immediately applied a trephine, about seven-eighths of an inch in diameter. The progress of the section was slow and difficult, the bone being found of ivory hardness, much thicker than common, and of unequal thickness in various parts of its circumference. We proceeded, however, without hesitation, knowing that the membranes were far removed from the inner surface. At length the button was prized out, and there immediately issued some three ounces of fœtid pus.

"We feared some disturbance of the cerebral functions from the sudden removal of such pressure from that organ, but nothing notable resulted. We applied light dressings, so as to allow the discharge to flow without impediment.

"No morbid phenomena of any kind resulted. By inspection and by the probe, it was ascertained that the dura mater was slowly rising, and the cavity being obliterated. He left us in some ten days after the operation."

Prof. Smith saw the patient last summer, and found him entirely recovered.

Case of Fracture of the Fifth Cervical Vertebra, Laceration of the Spinal Cord, Complete Paralysis of the Body, and Prolongation of Life for three months.

By Brooks R. Hamilton, M.D., of Nauvoo, Illinois.

May 2, 1866, was called to see W. S., a small spare-built man, æt. sixty-two, who, whilst pruning a tree, missed his hold and fell to the ground, some twelve feet, striking on his head. He was suffering much pain about the posterior portions of the head and neck, with inability to move the head without great pain. There was complete paralysis of both sensation and motion from the base of the neck down, except in the outer portions of the deltoid muscles, and in some parts of the biceps of both arms, at which points imperfect sensation still remained; intellect clear, and respiration entirely diaphragmatic.

A careful examination failing to develop displacement of any of the vertebræ, I inferred that the injury might possibly be concussion of the spine, but was, most probably, fracture of the fifth or sixth cervical vertebra, and that, if such proved to be the case, death would most likely be the result.

Dr. J. F. Weld, an old and much respected practitioner, was called in consultation, who agreed with me in the diagnosis and prognosis. Patient remained much the same throughout the night and following day. Beef-essence, stimulants, and morphia were administered in sufficient quantities to support and mitigate suffering.

On the evening of the second day an "interloper" asked permission of the family to administer strychnia and arnica, "specifics" which he had known to save the lives of different persons "hurt just this way." Dr. Weld and I, of course, objected to the exhibition of any such "specifics," as they would not only be useless, but positively injurious.

We were answered: "Your prognosis is death. Homœopathic medicines are not strong, and if they do no good, they would do no harm." We, of course, retired from the case.

The administration of strychnia and arnica, alternately, every thirty minutes, did not very satisfactorily justify the assertions that they were "not strong," and that "if they did no good they would do no harm," for, in some twenty-four hours, the characteristic tetanic contractions, from the excessive use of strychnia, became generally developed, and with such an increase of suffering and sense of impending death that I was again called upon to take charge of the case.

After the effects of these "harmless" agents had passed off, the patient remained much the same for two or three weeks, when his suffering became less intense. All through the warm days of May, June, and July, the diaphragm was the only muscular structure engaged in carrying on the function of respiration. During this time the bowels were relieved at proper intervals by washing the fæces down with a Davidson's syringe and warm water, and scooping it out in the usual way. After some six weeks the urine dribbled away, doing away with the use of the catheter. His friends procured a large rubber air-mattress, rubber cushion for the sacrum, urinal sac, etc., all of which did much towards making him comfortable and prolonging life.

Such palliative remedies were exhibited as seemed to be indicated from time to time. After the local inflammation was sufficiently subdued, electricity and strychnia were cautiously tried, but always without benefit, and if carried sufficiently far, with an aggravation of suffering. The patient's intellect remained clear, appetite became good, and the digestive functions appeared to be perfectly carried on.

There were many troublesome complications coming up during the entire progress of the case, prominent among which were sloughing of the integument and fascia from over the sacrum and os calcis, inflammation of the right testicle, with formation of matter, and catarrh of the bladder. By changing the position of the patient, and relieving the pressure on the sloughing parts, healthy granulations were set up, and much progress apparently made toward recovery—until a short time before death. The urinary discharge again became natural, and the testicle healed after evacuation of the pus. There was no improvement in the paralysis, and the patient died July 30th, ninety days after the injury.

Before death there was a general disorganisation of the whole system from the neck down. Mortification had made terrific advances along the back and spine, and in the lower extremities—death being hastened by septicæmia.

Autopsy eight hours after death.—With the assistance of Drs. Weld and Coggswell, I cut down upon the injured part, and found the spinous process of the fifth cervical vertebra broken off near its base—through the laminated portion of the bone—on each side, and tilted over to the right, with the sharp edge pushed well into the spinal canal.

The portion of bone, after separation from external attachments, was perfectly loose, and could be removed by the fingers alone. The meninges and cord were softened and broken down.

Owing to restrictions placed upon the autopsy by the family, the examination was carried no further.—*American Journal of the Medical Sciences.*

NOTICES TO CORRESPONDENTS.

D.—Perhaps in our next.

Dr. Haughton.—It was quite impossible to comply with your request.

H.—Better to omit the personal remark. It is sure to be wrongly judged by outsiders.

Dr. Pearce, Plymouth.—The communication you speak of "On Method," had not been received at the time of going to press.

Alpha.—We have no wish to trouble our readers with a lengthy dispute, in which so far as we can discern no principle is involved.

Dr. Ewing Whittle, Liverpool, will please receive our thanks for his very amusing letter, and his remarks upon Medico-Social Communism, &c. We quite coincide with his views, but because we admit the opinions of the other side, it must not be supposed we endorse them. Our only regret is, that Dr. Whittle's "pressure of professional engagements" prevents his name oftener appearing in our columns.

Southampton Medical Society.—We see in a local paper that since a society appears to exist and has lately passed a resolution on the dispute on which we have commented, we should be glad to hear of whom the society is composed, and who were present at the meeting. At present, we see no reason to modify our remarks, but may say they were founded entirely on the reports that appeared in the Southampton newspapers.

THE SPECTROSCOPIC ANALYSIS OF BLOOD.

The important medico-legal bearings of the question raised by the *Lancet* as to the value of the spectroscope have been fully proved, and three times in our columns has the challenge been made to the editor o that journal either to acknowledge the blunder into which he has been betrayed by a writer without practical knowledge, or to justify his statement by naming a single thing which would be confounded with blood by a skilful operator. The *Lancet* is silent. The natural inference is, that its editor cannot name any such substance, and even on a technical scientific point will not confess to an error.

"IRREGULAR CONSULTATIONS."

To the Editor of "The Medical Press and Circular."

Dear Sir,—In reference to your remarks as to my having been "consulted" in the case of the lady upon whom a coroner's inquest was lately held in the city, I beg to state that I never saw the lady in question. Sometime before her death a specimen of her urine was sent to me for analysis, and beyond performing the analysis I had nothing to do with the case; indeed, as I think you are aware, I do not practise medicine at all.

Faithfully yours,

15 Pembroke road, Dublin. Charles A. Cameron, Ph.D.
June 16, 1871.

THE AMERICAN DIPLOMA MARKET.

To the Editor of "The Medical Press and Circular."

Sir,—I was much amused by the perusal of Correspondence in this week's Press and Circular in reference to the American Diploma, we have in this town one of the great guns of Philadelphia College who signs his certificates as M.D., and styles himself on a brass plate "Dr." Surely our licensing bodies should take some steps to prevent the public being gulled into the belief that he is a properly qualified "Dr." of medicine.

I am, Sir, yours respectfully,

June 17, 1871. C. P.

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BOOKS, PAMPHLETS, AND MEDICAL JOURNALS RECEIVED.

The Chemical Nomenclature of the Pharmacopœia. By Prof. Attfield.

The Antiseptic System, a Treatise on Carbolic Acid and its Compounds. By Arthur Ernest Sansom, M.D. Lond.

Report from the Vaccination Committee. (Illuminated).

Some Forms of Ammonia. By R. Farquharson, M.D. Edinburgh: Oliver and Boyd.

L'Independente; Boston Medical Journal; Gazetta Medica; Indian Medical Gazette; New York Medical Gazette.

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VACANCIES.

Guisborough Union. Medical Officer. Salary £35, with extras.

Bridgewater Union. Medical Officer. Salary £60, with extras.

Liverpool Northern Hospital. Junior House-Surgeon. Salary £80.

Holesworthy Union, Devon. Salary £26, exclusive of fees.

St. Mary's Hospital, London. Three Vacancies. Assistant Physician, Assistant-Surgeon, and Dental Surgeon. All Honorary.

Stockwell Small-Pox Hospital. Assistant Medical Officer. Salary £13 per month.

Hereford General Infirmary. House-Surgeon. Salary £80, with board.

Devon County Lunatic Asylum. Assistant Medical Officer. Salary £120, with board and residence.

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APPOINTMENTS.

Broadbent, W. H., M.D., a Physician to St. Mary's Hospital.

Dubois, L. V., Assistant House-Surgeon to the Huddersfield Infirmary.

Ellis, J. J., L.R.C.S.Ed., Medical Officer for District No. 1 of the Sudbury Union, Suffolk.

Johnson, T. S., L.R.C.P.Ed., Medical Officer for the Arnesby, &c. District of the Lutterworth Union, Leicestershire.

Kenny, J. B., L.K.Q.C.P.I., Medical Officer, &c., for the Newtowngore Dispensary District of the Bawnboy Union, Co. Cavan.

Lane, J. R., F.R.C.S.E., a Surgeon to St. Mary's Hospital.

Lloyd, R. H., M.R.C.S.E., House-Surgeon to the Salford and Pendleton Royal Hospital and Dispensary, near Manchester.

O'Neill, Dr. William, M.D., Edin., L.R.C.P.Ed. Lic. in Midw., Medical Officer for the Workhouse, Mitchelstown Union, Co. Cork, vice James Phelan, L.R.C.S. & L.A.C., deceased.

Parker, W. A., M.R.C.S.E., House-Surgeon to the Victoria Hospital for Sick Children, Chelsea.

Rust, H. R. G., M.R.C.S.E., Medical Officer for the Finchingfield District of the Braintree Union, Essex.

Sheppard, E., M.D., M.R.C.P.L., Professor of Psychological Medicine at King's College, London.

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Marriages.

Fay—Parker—On the 7th inst., at Christ Church, Timperley, Cheshire, Tullius W. Ward Fay, M.R.C.S.E., of Liverpool, to Euphemia, daughter of the late John Parker, Esq.

Stamford—Waller.—On the 7th inst., at the Parish Church, Chesterfield, Wm. Ackrill Stamford, M.R.C.S., of Tibshelf, Derbyshire, to Florence Louisa, third daughter of Hugh Eccles Waller, M.D., of Chesterfield.

Trent—Delay.—On the 10th inst., at the Parish Church, Lower Tooting, Thomas Trent, M.R.C.S., to Mary Ann, eldest daughter of Wm. Delay, Esq., of Brookfield House, Upper Tooting.

White—Fisher.—On the 25th of March, at Free Church, Jamaica, Hugh Brady White, L.K.Q.C.P.I., Staff Assistant-Surgeon Army, to Alice Jane, daughter of Thomas Fisher, Esq., of St. Andrews.

Brookes—Robson.—On the 13th inst., in London, R. C. Brookes, Surgeon, of Westminster-bridge road, to Frances, only daughter of the late F. Robson, Esq., of Ampthill square.

Deaths.

Clarke.—On the 5th inst., J. H. Clarke, M.B., L.R.C.S.I., of Kilkeel, Co. Down, aged 56.

Haffield.—On the 11th inst., H. B. Haffield, F.R.C.S.I., of Dublin.

Jones.—On the 6th inst., James Jones, M.D., M.R.C.P.L., of London.

O'Toole.—On the 7th inst., at St. Germans, Merrion, Dublin, Gerald R. O'Toole, L.K.Q.C.P.I., L.R.C.S.I., Staff Assistant-Surgeon Army, aged 35.

Peacocke.—On the 5th inst., at Hazareebaugh, Bengal, George Peacocke, M.D., Surgeon 63rd Regiment, aged 39.

Rogers.—On the 9th inst., at Bramshot, Hants, George Leslie Rogers, M.R.C.S., aged 38.

Bright.—On the 14th inst, at Cheltenham, Sophia, the beloved wife of James Bright, Esq., M.D.

Hatfield.—On the 18th inst., very suddenly, R. B. Hatfield, Esq., M.D., of the Manor House, Sawtry, aged 55.

Lewis.—On the 12th inst., in London, Hester Margaret, daughter of the late General Sir William Pringle, and wife of Dr. Walter Lewis, Physician to H.M. Post-office.

Advertisements.

ROYAL COLLEGE OF PHYSICIANS
OF LONDON.

FIRST OR PRIMARY PROFESSIONAL EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, JULY 3rd. Students are admitted to this Examination after the termination of the Second Winter Session of Professional Study at a recognised Medical School.

SECOND or PASS EXAMINATION for the LICENCE.—The next Examination will commence on MONDAY, JULY 10th. Gentlemen who have completed four years of Professional Study according to the College regulations are eligible for admission to this Examination.

Registered Medical Practitioners, qualified before January, 1861, are admitted to examination under special by-law.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Pall Mall East, 1871. H. A. PITMAN, M.D., Registrar.

ROYAL COLLEGE OF PHYSICIANS OF LONDON. The next PROFESSIONAL EXAMINATION for the MEMBERSHIP will commence on Thursday, JULY 20th, 1871.

Candidates are required to give fourteen days' notice in writing to the Registrar of the College, with whom all certificates and testimonials required by the by-laws are to be left at the same time.

Pall Mall East, 1871. HENRY A. PITMAN, M.D., Registrar.

THE LONDON SURGICAL HOME FOR DISEASES
AND ACCIDENTS OF WOMEN,
2 OSNABURGH PLACE, REGENT'S PARK, N.W.

Medical Practitioners are invited to attend Cliniques and Operations, by Mr. BAKER BROWN, every Thursday, at Two o'clock. Cards of admission may be obtained of W. ROBERTS O'CONNOR, Esq. Resident House Surgeon.

MALVERN COLLEGE.

The THIRD TERM will begin on Wednesday, September 20th.

Terms of Tuition and Board, £90 per annum.

For Clergymen's Sons after Examination, £80

Three Scholarships worth £80 per annum for one or for two years to be examined for in December.

For details apply to the Secretary.

STATE APOTHECARIES AND PHARMACEUTICAL
CHEMISTS AND PERFUMERS.

THE MEDICAL HALL.

J. J. GRAHAM & Co., beg respectfully to inform the Nobility, Gentry, Medical Profession, and Public generally, that

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are carefully compounded by duly-qualified Pharmaciens, and that none but the purest Drugs and Chemicals, prepared in accordance with the New Pharmacopœia, are used.

Medicines delivered by their own Porters in every part of the city and suburbs; also along the Line of the Kingstown Railway, *free of charge.*

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FRENCH OPERA GLASSES, from 5s. 6d. and upwards.

RACE, FIELD, and EYE GLASSES of every description
Can only be had at 29 NASSAU STREET, DUBLIN.

CAUTION.—Beware of imposition. S. SAMUEL has no connection with any one bearing a similar name. The Stock of Watches and Jewellery selling off, declining that branch of the business.

The Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1871.

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Original Communications.

CLINICAL LECTURES ON THE DISEASES PECULIAR TO WOMEN.

By Lombe Atthill, M.D. Dub.

Fellow and Examiner in Midwifery King and Queen's College of Physicians; Obstetric Physician to the Adelaide Hospital, Dublin.

LECTURE III.

Menstruation—Amenorrhœa—Causes—Local—Constitutional—Treatment of Various Forms—Use of Galvanic Stem Pessary—Medical Agents..

By menstruation as you are aware is understood that periodic sanguineous discharge which occurs in the human female at regular intervals of about four weeks and marks the period of ovulation. Its first appearance in the majority of girls take place in their fourteenth or fifteenth year, but it may be and frequently is deferred to a much later period without the health being impaired. The discharge itself is blood mixed with mucus from the vagina and uterus, the blood proceeds from the uterus and escapes from the mucus membrane lining the body, this has been proved beyond all possibility of doubt for in cases of inversion of the uterus the blood has in several instances been seen to flow from the everted surface, but although the blood proceeds from the uterus the function depends on the ovaries both for the stimulus necessary for its first appearance, subsequently regular recurrence and due performance. These organs, as you have learned elsewhere, become congested as the period approaches and finally extrude the mature ovum, while the uterus participating in the same condition assumes a state of activity; the mucous membrane which lines the cavity becomes thickened and velvity, ready to afford a favourable nidus to the ovum should it become fecundated or failing that to pour out blood in a sufficient quantity to relieve the temporary congestion which has temporarily existed. The most careless observer must see how slight a cause may disturb the equilibrium, which nature designs to be maintained during the performance of this nicely adjusted process, and how a chill or other suddenly acting cause by checking the menstrual discharge may lay the seeds of uterine disease.

As already stated the majority of females commence to menstruate during their fourteenth or fifteenth year, in many however the discharge does not show itself till a much later age. The interval which elapses between each period varies a good deal in different women, it should not however be less than twenty-one or exceed twenty-eight days, the duration of the period too varies much, in some extending over but two or three in others continuing for six or seven days, if these limits be exceeded menstruation cannot be looked upon as being strictly normal though instances are met with in which a considerable departure from the foregoing standard occurs and yet the health in no way suffers. The reproductive powers of the female cease with the cessation of menstruation which occurs at a date even more irregular than does the first appearance of the flow, and this period termed by some "the change of life" by others the "climateric period," is a time marked by a special tendency to the development of disease.

The departures from normal healthy menstruation are numerous, menstruation may be scanty or profuse it may occur only after long intervals or return after the lapse of but a few days, it may be painful or finally not appear at all. This last condition is probably the rarest. Amenorrhœa taken in the limited sense of total absence or suppression of menstruation (the suppression of menstruation during pregnancy being of course excluded) is not by any means so frequently met with as are the other forms of derangement of the menstrual function, but if taken in the more extended sense of greatly diminished menstruation it comes commonly enough under our notice, and it is in this latter sense that we must consider the subject. Cases of amenorrhœa naturally divide themselves into two classes, namely, those in which menstruation has never occurred, or if at all in a very imperfect manner, and those in which the function once normally performed now appears irregularly and as a scanty flow or has ceased entirely, each of these again must be subdivided into two other classes as the amenorrhœa depends on local or constitutional causes. It is self-evident that for the due appearance of the discharge no less than for its regular return both the ovaries and the uterus must be in a normal state, for though poured out from the inner surface of the latter, the stimulus essential to produce this result must proceed from the ovaries. If therefore the ovaries be absent, diseased or imperfectly developed or if the uterus be wanting or rudimentary the discharge will not appear at all or at best as a mere sign. There is generally much difficulty in deciding whether the ovaries are at fault or not, if the patient be well formed if the breasts have become full and round and if in addition the symptoms known as the "menstrual molimina" show themselves, we may conclude that it is not from fault in the ovaries that the non-appearance of the discharge depends. These symptoms in addition to numerous vague nervous sensations consist of pain in and fulness of the mammæ which sometimes becomes swollen and hard, of pain in the ovarian region, weary aching across the loins and down the thighs, of flushings and headaches and sometimes of nausea. If all these symptoms be wanting there is strong reason to suspect that the absence of menstruation depends on some abnormal condition of the ovaries, but what that condition may be can seldom be known during life. In the majority of cases in which the absence of the menstrual molimina leads us to suspect that the ovaries are absent or defective, the patients general contour is imperfect and the stature stunted, but this is not by any means necessarily so. There is a women at present attending our out-patient department whose case I called your attention to the other day. She is well formed, æt. about thirty, she has been married for about four years. Menstruation occurs she tells you only at intervals of upwards of three months and she adds that till after marriage she menstruated altogether but some half dozen times at intervals of at least twelve months. Sexual intercourse in her case has evidently acted as an ovarian stimulus inducing the flow to appear after shorter intervals and in increased quantities; she has never been pregnant. I am of opinion that in this case the ovaries although present are in a state of imperfect development. I should add that the vagina and uterus are in all respects normal, again the uterus may be entirely wanting or only in a rudimentary condition. No case in which the uterus was altogether wanting has presented itself at this hospital since my connection with it, but I must nevertheless refer to the subject. Cases occur in which all the symptoms constituting "menstrual molimina" are present and in which consequently we may fairly conclude the ovaries are normal yet in which menstruation does not follow. In some of these the uterus has been proved to be entirely absent, the diagnosis on this point is not difficult to make for if a silver catheter be introduced into the bladder and the finger into the rectum the presence or absence of the uterus can be determined with certainty.

But though cases in which the uterus is altogether wanting are rare, instances of an imperfect or rudimentary condition of the organ are from time to time met with. The following recently came under my observation: the patient a married lady had never been pregnant, menstruation appeared regularly but was very scanty and lasted hardly a day, the uterus measured but an inch in length, the vagina too was very short the entire length being only about two inches, she consulted me on account of her sterility. The shortening of the vagina is very commonly met with in cases in which the uterus is imperfectly developed. In some instances that canal is entirely absent. Dr. Sawyer exhibited a specimen of this condition at a meeting of the Obstetrical Society during the past winter. The patient from whose body it was taken had been for years under his observation. She suffered the most intense paroxysms of pain for some days during each month, caused Dr. Sawyer believed by the attempts the uterus made to force a way by which the menstrual fluid might be discharged and after death a pouch was found distended with fluid below the os uteri, the evident total absence of the vagina in this case deterred Dr. Sawyer from attempting an operation. Lesser degrees of closure are however more frequent and afford fair promise of being benefited by operation and as serious consequences and even death are likely to result if an exit for the menstrual fluid be not obtained the attempt to reach the upper portion of the vagina by a careful dissection is certainly warranted.

But more important because more common and more often capable of being benefited by treatment, are those cases of partial closure of the vagina which are not unfrequently met with. This closure is sometimes of but limited extent the result of local inflammation which may have been excited in early childhood, but it occurs more commonly after tedious labours in which the second stage having been unduly prolonged, sloughing has followed, and finally the vaginal walls have become united throughout a greater or less portion of their extent. When the occlusion is the result of adhesions formed during infancy or early childhood it is generally situated low down in the vagina at or near the vulva, but if it be the result of sloughing following on protracted labour, it is more likely to be met with in the middle or upper third of the canal. Both these forms are generally capable of being cured by an operation a small opening being first made which should be gradually and carefully enlarged, but it would be impossible to describe the steps of an operation which must vary in each case according to the part of the vagina at which the occlusion is situated its extent and the age of the patient, but in all cases great care is necessary to prevent the adhesions reforming. With this view the vaginal walls must be kept apart by the intervention of a pledget of lint or of cotton wool saturated with glycerine, and for a long time after the surfaces have healed the patient should wear a glass dilator for two or three hours daily, for in these cases there is always a great tendency in the vagina to contract. The term atresia is applied to all cases of absence or closure of the vagina. Lastly amenorrhœa may be occasioned by the presence of an imperforate hymen, a condition however so rare that I have met with but one example of it. The hymen in that case existed as a dense membrane which bulged outwards through the vulva, and was distended by the fluid which filled the vagina. The patient was a girl, æt. about sixteen, the fluid was first evacuated through a small canula, and exit was thus given to a large quantity of a dark inodorous fluid and subsequently the membrane was freely divided by a crucial incision. But apart from these malformations which are comparatively seldom met with, certain local conditions occur which interfere with the regular performance of menstruation and cause amenorrhœa. Of these none is more common than congestion of the mucous membrane lining the body of the uterus the result of exposure to cold or of some shock or inflammatory attack. If a woman during the menstrual flow be suddenly chilled or remain sitting or standing for a length of time in a damp cold place the flow is very likely to be checked, congestion of the uterus or at least of the mucous membrane lining its cavity being the result. This condition may then become permanent and till it be relieved the discharge will not reappear or if at all in an imperfect manner. Amenorrhœa depending on this cause gives rise to very distressing symptoms the patient complains of pain in back of a sense of weight in the pelvis, but more especially of headache. You have frequently seen instances of this form of amenorrhœa among the patients in the extern department. These cases nearly always apply for relief during the interval which elapses between two menstrual periods and you must consequently at first limit your efforts to relieve the prominent symptom namely the headache, and not make any attempt to re-establish the flow till the time comes round when it ought in the regular course to appear. With this intention I almost invariably give mild purgatives. In dispensary practice I usually prescribe a mixture containing one ounce of sulphate of magnesia in eight ounces of infusion of quassiæ to which I generally add a drachm and a-half of dilute sulphuric acid, two tablespoonfuls of this mixture taken morning and evening nearly always act as a mild laxative, should it not I direct a third dose to be taken at midday. This simple treatment generally relieves the head and you must have repeatedly noticed patients to return stating that the headache had entirely disappeared, and sometimes that the discharge which had been suppressed had again showed itself. Instead of the saline purgative just alluded to, my colleague Dr. James Little is in the habit of prescribing a pill containing one or two grains of extract of aloes combined with one-sixth of a grain of tartar emetic to be taken each night at bed time, a formula which he has found of great use in cases of recent standing occurring in girls of plethoric habit.

But often additional measures are necessary, and these you are to have recourse to when the time at which the flow should appear approaches, you should direct the patient then to sit with her feet in hot water for fifteen minutes each night for several days in succession, by mixing two or three tablespoonfuls of mustard with the water you will greatly increase the efficacy of this treatment. I recently succeeded in establishing the flow in a healthy young woman by applying large poultices of linseed meal and mustard to the loins. If the patient be plethoric the application of a couple of leeches to the verge of the anus or the inner and upper part of the thigh constitutes a safe and often very efficacious mode of treatment. Till you have succeeded in relieving the local congestion, you should not have recourse to the exhibition of that class of remedies which stimulate the ovaries and uterus, and which are known by the name of emmenagogues for such treatment would only aggravate the evil. There is one form of irregular menstruation which must be classed under the heading of amenorrhœa for the function is defectively performed. In this form the discharge appears at the regular time but stops after a day or so to reappear in perhaps twenty-four or forty-eight hours thus coming and going at short intervals. This kind of "interrupted" menstruation I have noticed several times in connection with chronic inflammation of the uterus and thickening of the cervix, a very good example of this is afforded in the case of a patient at present under treatment in the pay ward. She is a nurse tender, and was admitted complaining of severe pain in the back and thigh which incapacitated her from following her occupation; there is some erosion of the lips of the os; the uterus is heavy and anteverted; the cervix greatly thickened; unless in her case we can cure this condition of the uterus menstruation will not again follow its normal course. But cases occur in which the uterus seems so sluggish that though free from disease it will not respond to the natural stimulus which the ovaries should afford and this though no constitutional disease exists, these are the cases in which means directed to stimulate the uterus do good, foremost among which is electricity. A remarkable example of the benefit of this agent came recently under my observation. J. N., æt. nineteen, a pale strumous looking girl had never menstruated but for some months past had periodically vomited blood, the vagina and uterus were normal, strychnia and other drugs were administered without benefit. Medicines were discontinued and electricity was tried one pole of the battery being applied to the sacrum and the other to the vulva, this was repeated daily for a fortnight when she complained of intense headache, of pain in the back, and of sickness of stomach, the next day the catamenia appeared freely but strange to say none of the symptoms subsided, the vomiting was incessant and the febrile symptoms ran very high, the flow continued for six days very freely and then ceased and with it disappeared the febrile symptoms the sickness of stomach and headache. At the end of four weeks she again began to suffer from headache electricity was again had recourse to, and the catamenia again came on, this time unaccompanied by the severe symptoms which had previously marked its advent. There is another mode of stimulating the uterus which I think I prefer to electricity as ordinarily applied. I allude to the galvanic stem pessary, this little instrument (Fig. 3.) is made of copper the upper half of the stem being coated with zinc the bulb is hollow and there is an orifice in its under surface into which the point of a sound being inserted you are enabled to carry the pessary up to the womb, the stem is passed through the cervix till its point reaches the fundus and the instrument then left with the stem in the cavity of the uterus. These pessaries are made of various sizes and lengths a matter of great importance, as not only does the uterus vary in length in different individuals but also the cervix will in one case admit a stem much larger than in another, you should therefore measure the depth of the uterus before you attempt to introduce one of these pessaries and select one of proper length, taking care also that the diameter of the stem is suitable to the capacity of the cervix, for if you introduce one with too slender a stem it will immediately fall out, or if on the other hand it be too thick the introduction will be a matter of great difficulty and even if introduced the instrument will cause so much pain as to render its removal a matter of necessity. It requires some dexterity to introduce the stem but a little practice will soon enable you to overcome the difficulty; if the cervix be very narrow it is better to dilate it a little by introducing a single length of a No. 2 or 3 sea tangle bougie, but the necessity for this does not often occur. I leave this instrument when introduced *in situ* for three or four weeks unless it should cause irritation or pain in which case it should of course be removed, but under any circumstances the patient should after a lapse of a month be examined lest ulceration be produced a result which never occurs if due care be taken. If at the end of a month the desired improvement in the state of the menstrual function has not taken place, it is better to remove the instrument and re-introduce it after the lapse of a few days. I have several times seen the happiest results follow from the use of this instrument both in the case of young women who have never menstruated or in whom the function has been imperfectly performed, and also in married women in whom it has been suspended for a time. It is not so well adapted to the treatment of hospital patients as to those we treat in private, for it is very difficult to keep the former in view for any length of time or to get them to return after the proper intervals to have the pessary removed, you saw me introduce one however a few days ago and the case will be an interesting one to watch. The patient is a married woman, æt. thirty-five, menstruation has not appeared at all for the last three years, I cannot detect any symptoms of either constitutional or local disease which can account for this. Medicines having failed to do her good I have suspended their use,

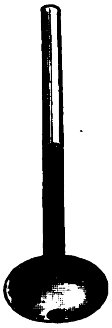

Fig. 3.

we shall see what the pessary may effect. But cases of amenorrhœa depending on constitutional causes are of more frequent occurrence than those of local origin, you must all be aware that suppression of menstruation or its appearance as a mere sign is often an early and ominous symptom in cases of incipient phthisis and frequently it is the symptom for which we are consulted. Let me here repeat the warning I have so often given you, when such cases have presented themselves, not to yield to the solicitations of the patient or of her friends to attempt to restore the function by the exhibition of stimulating emmenagogues, the attempt would be vain and the result disastrous both to your character and to the patient's health. Females almost invariably look on suppression of menstruation as the cause of their ill health, and will express day after day the certainty they feel that health would be restored if the discharge could be made to re-appear an assertion often true if only read conversely, the re-appearance of the discharge indicating that health had improved but not being the cause of that improvement. Thus some women menstruate regularly when resident in certain localities but never when compelled to leave them. I saw some time since a lady who was quite regular during a two years residence at Falmouth, though for a long time previous to her going there menstruation had been entirely suppressed, business matters compelling her to revisit Ireland the amenorrhœa soon became habitual. Symptoms of phthisis rapidly developed themselves and she died in a few months of consumption, need I add that in such cases the lung disease not the amenorrhœa is the condition calling for treatment. All other forms of organic diseases come under the same catagory as being frequently the causes of amenorrhœa, but it is not my province to enter on the treatment of these and the enumeration of them would be tedious; one constitutional disease however of which amenorrhœa is a prominent symptom calls for special notice. I mean anæmia including under that term chlorosis. In it as you are aware the patient presents a sickly yellowish green colour. She complains of pain in the back of lassitude and often of headache, nearly always the appetite is bad and the taste depraved the bowels are constipated and generally the tongue is furred. These cases are unfortunately too common among our town population, especially among those poor women who work hour after hour from early morning till late at night earning a miserable pittance with the needle. With them we can do but little, country air and a generous diet would soon work wonders for them, but the remedy is beyond their reach. In many however some good can be effected by the exhibition of tonics and especially of iron a remedy which above all others is here indicated. As constipation is nearly always present you should combine it with aloes which greatly enhances its activity, two grains of the sulphate of iron with a quarter or half a grain of extract of aloes taken three times a day sometimes acts as a charm. Another medicine of the highest value is strychnia, five drops of the liquor strychniæ which is equivalent to the one twenty-fourth of a grain of the alkaloid gradually increased to ten drops three times a day alone or in combination with the tincture of the perchloride of iron sometimes produces the most beneficial results, but I think it is more suitable to those cases in which simple debility rather than a chlorotic condition is present. Strychina I believe acts as a powerful stimulus to the ovaries as well as a general tonic. I shall allude to but one other constitutional cause of amenorrhœa. It is one of not very infrequent occurrence, I mean a plethoric condition of the system. In such women the complexion is high the pulse strong they suffer much from flushing and headache especially at the time menstruation ought to occur. In such cases active out-door exercise a moderately abstemious diet and the exhibition of the acid saline purgative already recommended in cases of local congestion will generally produce good results. We should aim at establishing periodicity, and selecting the time in each month when the occurrence of the molimina indicate that menstruation ought to occur, apply two or three leeches to the inside of the thighs or to the verge of the anus and thus relieve the local congestion and thereby favour the chance of the natural flow appearing.

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NATIONAL HEALTH.

(A Lecture delivered at the Royal College of Physicians of England.)

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Part III.

How the Foundations are Strengthened.

If the foundations of national health be of the kind we have stated, and the causes which may sap them so general, so diverse, and so engrained in the nature of things, then the principles which have to guide mankind in maintaining the physical stability of nations cannot be less fundamental and extensive. Now we must not conceal from ourselves the fact that, if we except some eastern and some barbarian races, the whole history of mankind tells of two conditions—progress and decay. National hibernation is, in a low state of national life, perhaps possible; but the awakening is generally by the rude shock of a destroyer, who lives on the ashes of a race he came professing to revive. In four short years a whole tribe of North American Indians has died out under the advance of civilisation. There is nothing in history more solemn than this flowing and ebbing of nations. It were blindness not to see that civilised people, in the surging to and fro of modern material life, are bursting the barriers of all former experience. So entirely are the telegraph and facile transport modifying opinions, equalising the knowledge of distant States, and welding it into one world-wide public opinion, that the problems presented to the modern statesman are almost as new as when Roman law was being consolidated.

History would seem to teach that as long as love of conquest follows possession of power, and as long as the human frame consists of an intricate combination of tender organic tissue, so long physical changes may be expected from violent political movement; and waves of disease, whether cholera, syphilis, small-pox, black death, fever, or the diseases that follow famine, may sweep over the denser masses of mankind. One can neither contemplate without admiration the order of great modern cities, nor look without anxiety on their danger. How instructive—materially, morally, intellectually—is now the great drama of Western Europe, in which almost every virtue and every crime has been flashed before our eyes, as though to show how unstable still is the fabric of society.

There are four classes of persons who have the physical conditions of the nation more or less in their power; first, the lawgivers; second, the physicians; third, the ministers of religion and teachers; fourth, the people.

The lawgivers in a free country are almost limited to legalising public opinion, but may promote a wide or a narrow conception of the State, according to the type of their own convictions.

The physicians are the guardians of public health, bound as much to prevent as cure disease.

The ministers of religion and teachers are the instructors of the people, either knowing or not knowing what conduces to national health.

The masses of the people modify their own conditions by good or bad habits, physical, moral, and intellectual.

It is certainly not too much to say that, before the present century, public opinion—as depending upon people, ministers of religion and teachers, physicians and lawgivers —was, as far as regards the public health, entirely below the necessities of mankind. This is at once proved, by the alterations which we now know may be made to take place in the death-rate of armies and of towns by proper sanitary regulations, or the neglect of them. The question suggests itself, how the public opinion on this matter is to be raised to the best attainable standard? The modern answer is, by education.

But education itself must have a definite aim, and be based on an intelligent conception of the end to be attained and the means of attaining it, whether they be physical, moral, intellectual. One cannot contemplate without astonishment the spectacle of the three hundred millions of Chinese—a third of the human race—who have cohered almost unaltered for some thousands of years, with the stability of the crystal, without the growth of a living organisation. Compulsory education of a low kind seems to have effected this.* Education by a stereotyped method necessarily produces similar results in successive generations. In this Western world we have seen feudal rule gradually giving way to self-regulation by the people; obedience to self-government; empiricism to positive science; and hypothesis to knowledge of facts. Some would say, superstition is being replaced by reason, emotion and instinct by intellect, moral discipline by scientific knowledge. Be this as it may, the conviction is gaining every day more strength, that however true it may be that, as has been advanced above, the mind has influence over the body, it is as true that national health cannot be fully secured without strict attention to the material conditions in which the people are placed. This consideration has of late years occupied the attention of our statesmen. Regulations affecting trades, workshops, mines, shipping, dwelling-houses, have within twenty-five years reached such dimensions as to have a literature of their own. We have not, therefore, so much to discuss the necessity of this attention, as the principles on which, in immensely widening circumstances, it should be directed into practical results. These principles mainly rest on the following considerations:—

That no individual should for his own profit poison his neighbour.

That the State must, in certain things essential for health, assist the masses in what they cannot assist themselves.

That the cost of permanent sanitary improvements should be borne in some reasonable proportion by posterity.

That compulsion of the ignorant in sanitary matters, when their ignorance injures society, is justifiable.

That compulsion will, we hope, be unnecessary when scientific education is adequately extended.

That good conduct, based either on knowledge or on obedience, is as essential to health, as is any physical arrangement which is not an actual necessary of life.

That in the present state of the world, mischief-bringing ignorance in sanitary questions is especially inexcusable in the law-making classes.

That local government by the people, well informed by a central authority, is essential to the physical condition of the nation.

For the practical working out of these principles, legislators have to devise education worthy the name. Education depends on very complex questions, affecting the whole nature of man and the very structure of Society. It is now thoroughly understood that the emotions, the will, and the mere action of the reason, affect not only individual organs, but the whole frame and the general health. Not only may individuals, if ill-educated, become virtually of unsound mind, but so may whole masses of people.

There is a "glory in the determined will" which produces vigorous bodily as well as vigorous mental action. You see it in the contour of the man. A perfectly trained nation, morally, intellectually, and physically, will act in its sphere as an individual so trained. It will respect and be respected.

We have seen in the dancing mania of the fourteenth century the extent to which, in a superstitious age, masses may be moved to *emotional* madness. Is it certain that, unconsciously to themselves, there may not sweep over nations equally contagious *intellectual* errors depending upon faulty morality? It is mainly a question for the psychologist and statesman, but it is also a question for the thinker on public health—what manner of life in the several classes of men and women, what labour, what recreation, what personal habit of body, conduces most to that tone of the nervous system, which puts the nerve-power of each man at the best for the discharge of his duty as a citizen. The worn-out man, the speculator, the vicious man, and, still more, masses of such men, become, from physical causes, intellectually and morally unfit to form a sound public opinion.

Now, a people is educationally affected by indirect, nearly as much as by direct means.

Take a single and minor instance,—the indirect educational effect of music on the children of a rural district. Music, like other things, is of two kinds—bad and good. It may be a source of foulness, disorder, degradation, impiety—even the Christmas carol—may lead to the public-house, to folly, and to drunkenness; or it may, in Wordsworth's words, though rude in its kind, be—

> "A true revival of the light
> Which nature and these rustic powers
> In simple childhood, spread through ours."

We know how, through ballads and songs, such as the "Wacht am Rhein," vigour is thrown into the hearts of a nation. So, also, pure and good music is a sure and powerful instrument for refinement when superadded to other intellectual attainment. In one aspect it is purely sensuous, and may, as with some refined Tyrolean singer, be pursued as a dexterous art or accomplishment. But even as *art* it may not be undervalued. It excites feelings of the warmest sympathy and admiration to hear the attained results of Leslie's Choir, or such societies as now exist in many of our towns, where persons of every class and occupation show an advanced mastery and appreciation of the choice works of Handel, Mozart, Beethoven, Mendelssohn, and acquire a pure culture unalloyed by eating or drinking, or other frivolous ways; culture, moreover not of a light kind, but one which ensures the development of certain mental qualities of accuracy, attention, precision and refinement, which may be equalled but not surpassed by the exercise of other of our faculties.

The right care of the body is, therefore, such a management of the instrument by whose agency mental actions are alone possible here, as that the body shall obey the inner spirit in its higher impulses. To this all philosophy tends, whether expressed by the conceptions of the "Republic" of Plato, the "Utopia" of More, the "Atlantis" of Bacon. For this the Apostle of the Gentiles taught the duty of "keeping the body in subjection;" this was the aim of the mistaken self-tortures of the astonishing Ascetics of Alexandria; of the yearnings of Comte, the manly teaching of the great English Physiological Text Book; of the labour of all labourers for public health, of Chadwick, of Southwood Smith, Shaftesbury, Farr, Rumsey, both the Trevelyans, Matthew. These all seek, in bettering the conditions of the body, to give free play to the divine element that is in the mind of men. We must not let ourselves be diverted from our great practical aim by the fascination of philosophic enquiry into the causes of things. What is the past history of man as compared with the well-doing of the present, for the sake, not of ourselves alone, but of those that are yet to come? What avail to us the virtues of feudal days, if we neglect to cultivate their virtues in our own? Were the Crusades, indeed, a worthier end for man than the redeeming from destruction the bodies and the souls of the struggling millions of Ireland or London? Was there ever a nobler task for the energy of noble or prince than the harmonising relief by law with willing relief from the charitable heart? (a) than discussions on the terrible question now before the nation, whether it is best for the moral and physical health of the people that the law of Elizabeth should continue, though it cost nearly seven millions annually to maintain it: or whether it is best with Chalmers, to throw on the voluntary arms of the rich the care of the poor? Do we concede the moral obligation of maintenance assumed by Elizabeth, and refuse to carry it into effect by law? or shall we divide the healthy from the sick, and grant to the sick what we withhold from the sound? If so, do we reasonably protect the sound from becoming sick, when we leave them unaided in matters in which they cannot aid themselves?

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* There is no stranger chapter in Statecraft than the history and practice of the competitive examinations in China. Sir Bartle Frere was so kind as to direct me to a photographic account of this in "Social Life of the Chinese," by Justus Doolittle. Vol. ii. New York. 1865.

Or again; Germany, and now England, have practically decided that their millions ought to be compulsorily educated, *i.e.*, that their *minds* shall be disciplined. Have they yet concluded that, on the same broad principle, the body shall be cared for in all essentials for health, so as to give to the school a reasonable chance of doing its work? Take the case of the three essentials of life,—food, air, water (clothing, habitations, fuel, and work, being minor necessities, depending chiefly on the exigencies of climate, may be omitted). Is there yet a country which systematically punishes a man for wilfully or negligently poisoning another's food, air, and water, as well as for stealing his brushwood, turnips, or wild-fowl. But all old countries are being forced again to consider what are the elementary conditions of life, and are revising from various points the methods of adjusting them to the necessities of complicated civilisation; drawing lessons from all past experience, from the village communities of India to the land tenures of Scandinavia, (b) and applying them to the new and yet undeveloped conditions in which we find ourselves placed.

So, when we come to consider what is to be reasonably required of the Legislature under the circumstances which have been now stated, it would seem as though we had to describe what should be the whole internal economy of the State.

There is scarce a department of the State which is not connected with the public health. Wherever there is army or marine, school or factory, workshop or prison; wherever a town, a village, or a hospital—there the State has to decide in what particulars the employer or the worker under him, the landlord or the tenant, the owner or the occupier, the vendor or the purchaser, the manufacturer or the consumer, shall lose his free agency, and be forced to subject his will to that of the majority in the State. Legislation has been steadily progressive, though the progress in this country has been made under needless difficulty, and at unjustifiable expense. Local acts for every conceivable purpose, voluntary associations for innumerable ends, have, after much agitation and labour, obtained remedies for evils, some of which ought not to have existed at all; some which, existing lawfully, ought, on due compensation, to be abated. The authorities who should abate them are numerous, and often conflicting.

Much time was lost in the period from Howard to Shaftesbury, and from Pringle to Sidney Herbert. The laws, the arts, and the sciences on which the preservation of health depend, are growing up under the eyes of the present generation. If we are living on the verge of an epoch of great social difficulty, we are also living at a moment when there was never so great knowledge, never so bright a light, and never more patient desire in every class to set aside injustice, and discover the means by which opportunity may be given to the capable and industrious, help to the weak, and knowledge to the ignorant. Whoever has had experience of the public work of the country, must know that the offices of our Government, concerned in these questions, have the hearty services of men whose labours and characters should be no less our admiration than our example. To omit to say this much would be unworthy and ungrateful: to name the persons would not become me. What, then, remains to be done? Two things, and two only—

First, to continue to interest, intelligently, the mass of the people in sanitary progress, and to interest them more systematically.

Second, to establish such a Health Department in the Metropolis, as shall with certainty appreciate the growing wants of the people, as shall bring in Bills to meet their wants, and shall disseminate information and advice without stint to every part of the country.

I. England must rule herself in this as in all other matters. The time is gone when people can be dragooned into cleanliness and virtue. We hear that the middle class of England is inefficient, the guardians of the poor bad, and the working classes ignorant. If so, still they are the people; they and their children pay the penalty of disease and of vice. Show them, truly and without exaggeration, the source of avoidable disease and of destructive vice—they will abate it. Bring the knowledge to their doors—they have heart and will; give the power by enactment, and the work is done.

Jeremy Bentham saw clearly the necessity of a Health Minister. The "talents specially required of him and his various subordinates" were to be—"Medical Art and Science in all its branches; Chemical Art and Science, all its branches; Mechanical Art and Science, various branches; Natural History, most of its branches; Geography, in so far as regards climate and temperature, of countries which members of the community may have occasion to visit, either for war or trade." (a)

To him were to belong (b) all duties with respect to the medical functionaries serving under the *Indigence Relief Minister;* to the regulation of hospitals, lazarettos, and public laboratories; the medical inspection of prisons, madhouses, edifices belonging to the service of the Indigent Minister, and the Education Minister; of all "shops and storehouses, in which drugs designed to be employed for medical purposes are kept for sale, or otherwise for distribution; more particularly with reference to the precautionary arrangements directed to be observed by the *Preventive Minister* relating to the sale of poisons;" so also as to the contents of all shops for chirurgical purposes, and "all medicines and drugs designed to be employed for medical purposes," and to be conveyed to the army service, navy service, or the Indigence Relief Hospital service.

He was also to see to the water supply of towns, and to have "consideration of their extent and the density of their population," including the "quantity, quality, and proportionality of distribution." He was to have under review all such "situations as are liable to harbour or give rise to exhalations detrimental to health," such as "lands which, to whatsoever proprietors belonging, are habitually or occasionally covered with stagnant water;" mines, considered in respect of such dangerous gases as they are liable to contain: common sewers and drains; theatres, and other similarly crowded places of entertainment, and places of interment; manufacturing establishments, as far as regards health. He will superintend the bills of mortality. He will report on mortality and diseases in the hospitals and establishments under the management of the army, navy, preventive service, indigence relief, and education ministers. Also he will elicit and record "from the several different places registers of the weather, in so far as habitually framed and preserved in the record establishments above-mentioned; also from any other public sources from whence they may conveniently be procured, and from private sources, so far as procurable from those sources, with the free consent of the individuals interested." He is also to have "instructional" museums for shewing the registrars' reports above referred to, and other objects. Moreover, the Health Minister is to be responsible for all examinations of aspirants "to those offices, the functions of which are exercises of the art of medicine in any of its several branches, and to whatsoever subject applied." To him "it will especially belong to be upon the watch against all injury to the health of the community, by the operation of particular interests in the breasts of medical practitioners at the expense of public interest; and, as occasion calls, to make report accordingly."

(a) Almost all the practical thinkers in this country seem to look at the relation of relief, whether legal or voluntary, to labour, as a most urgent question. Notwithstanding the wise labours of Lord Derby, Sir Charles Trevelyan, Mr. G. M. Hicks, with a host of coadjutors, we must despair of any permanent work in this direction, until the Ministry of Health and Relief has been established, as the pivot for combined operation. Sir Charles Trevelyan truly writes:—"I am convinced more strongly than ever that there is no single specific for London pauperism, and that if our metropolitan population is ever to be restored to an industrious, provident, independent character, it must be by a whole cycle of measures directed against all the influences which have reduced it to its present state." This remark equally applies to National Health.

(b) See "Village Communities in the East and the West." By Henry Sumner Maine. 1871.

(a) Jeremy Bentham, Works, by Bowring, vol. ix. p. 273.

(b) Ibid., p. 443.

To the result of the exercise of these functions, he is to give the utmost publicity that can be given consistently with a due regard to public economy and the feelings of persons subject to the exercise of his functions.

Since Bentham's time, the arrangements for the relief of the poor have become far more complete. A fashion now prevails among irresponsible persons of attacking this department of the State. The officials are hard, the laws are inefficient; or, on the other side, the officials are lax, and the laws breed pauperism. Instances are produced on either side. The fact is, the circumstance that every person in England is safe from starvation is a safety-valve in the working of a machine under high pressure, and the ubiquity of the staff of the Poor-law, acquainted with every lodging of the poorest, gives in the present day an organisation which is unequalled. Time would fail, nor is it needful, to state in detail, the value of this machinery, if we are in earnest to secure prevention, as well as cure, of disease. Invest the guardians of rural districts with adequate power, give them the requisite knowledge, appoint persons to the office with special qualifications, and trust them, on behalf of the people, to do all that can be done for maintaining the national health in their district. Keep the medical officers informed of all established knowledge bearing on health functions; give them in the eyes of their fellow men an honourable office; and a scientific and a trained staff is at once to your hand in every corner of the nation. The arrangements of the great centres of population must be different. Special officers, still in connection with the relief staff, must be retained, and relieved of all curative functions. Their number, and the conditions of their appointment, will vary with the wants of their district. They will be centres of all existing knowledge of preventive measures, and a means thereby of maintaining an interest in sound progressive scientific knowledge. They will, in this department, be as the parochial clergy of the middle ages, who were the local centres of the knowledge and culture of their day. In a Memorandum (*a*) contained in the second volume of the report of the Royal Sanitary Commission, which I cannot name without recording the debt which is due to the energy, skill, and patience of Sir Charles Adderley, its Chairman, is contained a sketch of the possible functions of such medical officers. They may seem to some excessive, and what once were called unpractical; but it is not hard to foresee the value of them, and what pleasure the discharge of them would bring to the neighbourhood, as well as to a medical man of culture in rural districts. He also would know that his public work was appreciated, and, that being part of a great national system, it would never be wasted. It is non-appreciation and sense of wasted effort, as well as want of guidance, which has made many a youth entering life discard the culture and aspirations of his student days, and let down his tastes, and sometimes his habits, to the level of the most uncultivated of his neighbours. In considering the bearings of this subject, the medical profession has to remember, that however indebted the world has been in past time to it for a large portion of its physical science, the day of exclusive possession by any class of the Ark of natural knowledge is gone by. The medical practitioner will often find, and every year more and more, a worthy match in biology among the laymen and ministers of his district. These will be his coadjutors or his critics, just as his own attainments and habits may decide. The modern student of medicine has little to dread from the competition.

(To be continued.)

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PROFESSOR TYNDALL ON DISEASE AND SMOKE.

The able lecture of Professor Tyndall at the Royal Institution, which we lately noticed in the MEDICAL PRESS, has been published in our excellent contemporary, *Nature*. We take from that Report a few passages to show how the lecturer first of all dealt with the germ theory of disease, and then passed on to describe a practical illustration of how his views on dust and smoke had enabled him to construct a fireman's respirator, which promises to be of the greatest value.

As regards the lowest forms of life, the world is divided, and has for a long time been divided into two parties, the one affirming that you have only to submit absolutely dead matter to certain physical conditions to evolve from it living things; the others, without wishing to set bounds to the power of matter, affirming that in our day no life has ever been found to arise independently of pre-existing life. Many of you are aware that I belong to the party which claims life as a derivative of life. The question has two factors: the evidence, and the mind that judges of the evidence; and you will not forget that it may be purely a mental set or bias on my part that causes me throughout this discussion from beginning to end, to see on the one side dubious facts and defective logic, and on the other side firm reasoning and a knowledge of what rigid experimental inquiry demands. But judged of practically, what, again, has the question of Spontaneous Generation to do with us? Let us see. There are numerous diseases of men and animals that are demonstrably the products of parasitic life, and such disease may take the most terrible epidemic forms, as in the case of the silkworms of France in our day. Now it is in the highest degree important to know whether the parasites in question are spontaneously developed, or are wafted from without to those afflicted with the disease. The means of prevention, if not of cure, would be widely different in the two cases.

But this is by no means all. Besides these universally admitted cases, there is the broad theory now broached and daily growing in strength and clearness—daily, indeed, gaining more and more of assent from the most successful workers and profound thinkers of the medical profession itself—the theory, namely, that contagious diseases generally is of this parasitic character. If I had heard or read anything since to cause me to regret having introduced this theory to your notice more than a year ago, I should here frankly express that regret. I would renounce in your presence whatever leaning towards the germ theory my words might then have betrayed. Let me state in two sentences the grounds on which the supporters of the theory rely. From their respective viruses you may plant typhoid fever, scarlatina, or small-pox. What is the crop that arises from this husbandry? As surely as a thistle rises from a thistle seed, as surely as the fig comes from the fig, the grape from the grape, the thorn from the thorn, so surely does the typhoid virus

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(*a*) See Appenix A.

increase and multiply into typhoid fever, the scarlatina virus into scarlatina, the small-pox virus into small-pox. What is the conclusion that suggests itself here? It is this:—That the thing which we vaguely call a virus is to all intents and purposes a *seed:* that in the whole range of chemical science you cannot point to an action which illustrates this perfect parallelism with the phenomena of life—this demonstrated power of self-multiplication and reproduction. There is, therefore, no hypothesis to account for the phenomena but that which refers them to parasitic life.

And here you see the bearing of the doctrine of Spontaneous Generation upon the question. For if the doctrine continues to be discredited as it has hitherto been, it will follow that the epidemics which spread havoc amongst us from time to time are not spontaneously generated, but that they arise from an ancestral stock whose *habitat* is the human body itself. It is not on bad air or foul drains that the attention of the physician will primarily be fixed, but upon disease germs which no bad air or foul drains can create, but which may be pushed by foul air into virulent energy of reproduction. You may think I am treading on dangerous ground, that I am putting forth views that may interfere with salutary practice. No such thing. If you wish to learn the impotence of medical science and practice in dealing with contagious diseases, you have only to refer to a recent Harveian Oration by Dr. Gull. Such diseases defy the physician. They must burn themselves out. And, indeed, this, though I do not specially insist upon it, would favour the idea of their vital origin. For if the seeds of contagious disease be themselves living things, it will be difficult to destroy either them or their progeny without involving their living *habitat* in the same destruction.

I went some time ago into a manufactory in one of our large towns, where iron vessels are enamelled by coating them with a mineral powder, and subjecting them to a heat sufficient to fuse the powder. The organisation of the establishment was excellent, and one thing only was needed to make it faultless. In a large room a number of women were engaged covering the vessels. The air was laden with the fine dust, and their faces appeared as white and bloodless as the powder with which they worked. By the use of cotton-wool respirators these women might be caused to breathe more free from suspended matters than that of the open street. Over a year ago I was written to by a Lancashire seedsman, who stated that during the seed season of each year, his men suffered horribly from irritation and fever, so that many of them left his service. He asked me could I help him, and I gave him my advice. At the conclusion of the season this year he wrote to me that he had simply folded a little cotton-wool in muslin, and tied it in front of the mouth; that he had passed through the season in comfort and without a single complaint from one of his men.

The substance has also been turned to other uses. An invalid tells me that at night he places a little of the wool before his mouth, slightly moistening it to make it adhere; that he has thereby prolonged his sleep, abated the irritation of his throat, and greatly mitigated a hacking cough from which he had long suffered. In fact, there is no doubt that this substance is capable of manifold useful applications. An objection was urged against the use of it: that it became wet and heated by the breath. While I was casting about for a remedy for this, a friend forwarded to me from Newcastle a form of respirator invented by Mr. Carrick, an hotel-keeper at Glasgow, which meets the case effectually, and, by a slight modification, may be caused to meet it perfectly.

Our fire-escapes are each in charge of a single man, and I wished to be able to place it in the power of each of those men to penetrate through the densest smoke into the recesses of a house, and there to rescue those who would otherwise be suffocated or burnt. I thought that cotton wool, which so effectually arrested dust, might also be influential in arresting smoke. It was tried; but, though found soothing in certain gentle kinds of smoke, it was no match for the pungent fumes of a resinous fire, which we employ in our experiments in the laboratory, and which, I am gratified to learn from Captain Shaw, evolves the most abominable smoke with which he is acquainted. I cast about for an improvement, and in conversing on the subject with my friend Dr. Debus, he suggested the use of glycerine to moisten the wool, and render it more adhesive. In fact, this very substance had been employed by the most distinguished advocate of the doctrine of spontaneous generation, M. Pouchet, for the purpose of catching the atmospheric germs. He spread a film of glycerine on a plate of glass, urged air against the film, and examined the dust which stuck to it. The moistening of the cotton-wool with this substance was a decided improvement; still the respirator only enabled us to remain in dense smoke for three or four minutes, after which the irritation became unendurable. Reflection suggested that in combustion so imperfect as the production of dense smoke implies, there must be numerous hydro-carbons produced which, being in a state of vapour, would be very imperfectly arrested by the cotton-wool. These in all probability were the cause of the residual irritation; and if these could be removed, a practically perfect respirator might possibly be obtained.

I state the reasoning exactly as it occurred to my mind. Its result will be anticipated by many present. All bodies possess the power of condensing in a greater or less degree gases and vapours upon their surfaces, and when the condensing body is very porous, or in a fine state of division, the force of condensation may produce very remarkable effects. Thus, a clean piece of platinum-foil placed in a mixture of oxygen and hydrogen so squeezes the gases together as to cause them to combine; and if the experiment be made with care, the heat of combination may raise the platinum to bright redness, so as to cause the remainder of the mixture to explode. The promptness of this action is greatly augmented by reducing the platinum to a state of fine division. A pellet of "spongy platinum;" for instance, plunged into a mixture of oxygen and hydrogen, causes the gases to explode instantly. In virtue of its extreme porosity, a similar power is possessed by charcoal. It is not strong enough to cause the oxygen and hydrogen to combine like the spongy platinum, but it so squeezes the more condensible vapours together, and also acts with such condensing power upon the oxygen of the air, as to bring both within the combining distance, thus enabling the oxygen to attack and destroy the vapours in the pores of the charcoal. In this way, effluvia of all kinds may be virtually burnt up, and this is the principle of the excellent charcoal respirators invented by Dr. Stenhouse. Armed with one of these, you may go into the foulest-smelling places without having your nose offended. Some of you will remember Dr. Stenhouse lecturing in this room with a suspicious-looking vessel in front of the table. That vessel contained a decomposing cat. It was covered with a layer of charcoal, and nobody knew until told of it what the vessel contained.

I may be permitted in passing to give my testimony as to the efficacy of these charcoal respirators in providing warm air for the lungs. Not only is the sensible heat of the breath in part absorbed by the charcoal, but the considerable amount of latent heat which accompanies the aqueous vapour from the lungs is rendered free by the condensation of the vapour in the pores of the charcoal. Each particle of charcoal is thus converted into an incipient ember, and warms the air as it passes inwards.

But while powerful to arrest vapours, the charcoal respirator is ineffectual as regards smoke. The particles get freely through the respirator. In a series of them tested downstairs, from half a minute to a minute was the limit of endurance. This might be exceeded by

Faraday's method of emptying the lungs completely, and then filling them before going into a smoky atmosphere. In fact, each solid smoke particle is itself a bit of charcoal, and carries on it, and in it, its little load of irritating vapours. It is this, far more than the particles of carbon themselves, that produces the irritation. Hence two causes of offence are to be removed: the carbon particles which convey the irritant by adhesion and condensation, and the free vapour which accompanies the particles. The moistened cotton-wool I knew would arrest the first, fragments of charcoal I hoped would stop the second. In the first fireman's respirator, Mr. Carrick's arrangement of two valves, the one for inhalation, the other for exhalation, are preserved. But the portion of it which holds the filtering and absorbent substances is prolonged to a depth of four or five inches. On the partition of wire-gauze at the bottom of the space which fronts the mouth, is placed a layer of cotton-wool, moistened with glycerine; then a thin layer of dry wool; then a layer of charcoal fragments; a second thin layer of dry cotton-wool, succeeded by a layer of fragments of caustic lime. The succession of the layers may be changed without injury to the action. A wire-gauze cover keeps the substances from falling out of the respirator. In the densest smoke that we have hitherto employed, the layer of lime has not been found necessary, nor is it shown in the figure; in a flaming building, indeed, the mixture of air with the smoke never permits the carbonic acid to become so dense as to be irrespirable. But in a place where the gas is present in undue quantity, the fragments of lime would materially mitigate its action.

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Transactions of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, June 13th, 1871.

Mr. Curling, F.R.S., President, in the Chair.

ON THE REMOVAL OF TUMOURS FROM BONES.

By James Paget, D.C.L., F.R.S.,

Serjeant-Surgeon to H.M. the Queen; Consulting Surgeon to St. Bartholomew's Hospital, &c.

The design of the paper was to show the propriety of removing the majority of non-malignant tumours growing in bones, by simple extirpation or enucleation, rather than by resection of the bones or by amputation. It was shown that these tumours are as separate from the proper tissue of the bones as are fatty and most other innocent tumours from the connective tissue or other structures in which they grow; and that the same rules of operation are applicable to the one as to the other set of tumours. Cases were given of successful enucleation of fibrous, myeloid, cartilaginous, and osseous tumours, and some rules were stated for the diagnosis of malignant from innocent tumours in bones, and of those which grow within from those which grow without the bones.

Mr. Fairlie Clarke reminded the meeting of two cases in Syme's "Observations," in which the latter showed a very material advance on the former. In the one amputation had been performed, in the other excision of a portion of bone merely; but here we had a still greater advance.

Mr. Birkett said the paper did not afford much room for discussion, being merely a statement of facts. It had been the practice at Guy's for years to remove all innocent tumours from bone before having recourse to amputation. This was especially the case with tumours of the lower jaw. In a case under Mr. Poland, that gentleman removed such a tumour by enucleation, which completely cured it. In another instance a tumour, probably fibro-plastic, was enucleated, but perhaps imperfectly, for it returned, and amputation was had recourse to, after which there was no return of the growth.

Mr. T. Smith had a case in which he operated thus, depending on Mr. Paget's judgment, as he would have preferred to amputate. The patient was a young woman, who suffered from pain and swelling of the upper part of the humerus. On examination, a pulsating tumour was seen, but there was no glandular enlargement. Mr. Paget recommended enucleation, and it was had recourse to, but not, perhaps, very effectually, as the incision was too small. After the operation she did fairly well for a year, when a protrusion from the cavity of the bone was detected and removed. Unfortunately, she died of pleuro-pneumonia.

Mr. Savory considered the most important point in such cases was the diagnosis of the nature of the tumour. So in Mr. Smith's case he considered the question was whether the tumour was malignant or innocent. He considered it recurrent, and therefore advocated amputation. In cases where tubercle was deposited in bone, he thought it might often with advantage be removed by scooping.

Mr. Paget desired to leave the operation to the test of experience. His design was merely to enforce that which was admitted by many, though under a kind of protest. The alternative he considered to be resection rather than amputation. But even that was accompanied with much inevitable damage to the limb; consequently enucleation was, where possible, to be preferred.

A FOURTH SERIES OF ONE HUNDRED CASES OF OVARIOTOMY, WITH REMARKS ON THE DIAGNOSIS OF UTERINE FROM OVARIAN TUMOURS.

By T. Spencer Wells, F.R.C.S. Eng.,

Hon. Fellow of the King and Queen's College of Physicians in Ireland; Surgeon in Ordinary to the Queen's Household; Surgeon to the Samaritan Hospital for Women.

Following the order of former papers, the author has arranged this fourth series of 100 cases in tables of three series.

Series 1. Cases in which ovariotomy was completed—100 cases: 78 recoveries, 22 deaths.

Series 2. Cases in which ovariotomy was commenced, but not completed—6 cases: 2 relieved or cured, 4 died.

Series 3. Cases where an exploratory incision was made—7 cases: 5 recovered from incision, 2 died.

He shows that the mortality after ovariotomy is steadily diminishing:—Of his first 100 cases, 34 died; of his second 100 cases, 28 died; of his third 100 cases, 23 died; and of his fourth 100, 22 died. In his fourth series 44 have been in hospital, and 56 in private practice. In private practice the mortality was only 14 per cent., while in hospital it was 31 per cent. The author believes that the mortality in private practice may be taken as a guide to what may become the general average mortality after ovariotomy, and he is convinced that it may be reduced to about ten per cent. without excluding those extreme cases where the operation is performed as a forlorn hope.

The author then proves that large tumours of the non-gravid uterus have been frequently mistaken for ovarian tumours; and he points out how they may be distinguished from each other. He shows that there is nothing in the *history* of a doubtful case which affords any very decisive assistance, and then examines in detail the signs afforded by inspection and measurement of the abdomen, by palpation, and by percussion and auscultation, which are of value in diagnosis.

He then describes the conditions to be observed in examination by the vagina and rectum—alone or combined—and in conjunction with examination by the abdominal wall; deferring to a future opportunity any account of the results obtained by exploratory puncture or incision.

Dr. West, after congratulating Mr. Wells on his signal success, pointed out that the great number of errors fallen into were from not bearing in mind all the precautions to be taken to avoid mistake. We should fall into few errors of diagnosis if we took all the precautions laid down by Mr. Wells. He took the opportunity of publicly acknowledging his mistake in opposing the operation, which nevertheless would never have been the boon to society it now is had it not been for the pains bestowed on its perfection by Mr. Wells. It was not mere dexterity which was required, but to be very sure of what had to be done and what dangers were to be avoided. Sometimes he thought the adhesion of a quondam opponent had its value.

Mr. Wells, after signifying his gratification at what Dr. West had said, brought before the Society an example of a uterine fibroid which might have been taken for an ovarian tumour. It had, however, been diagnosed, and he had removed it. It weighed 11 lb. 11 oz. The bleeding had been soon checked, and the patient was then doing well.

THE SURGICAL SOCIETY OF IRELAND.

Friday, May 5, 1871.

JACOB'S ULCER.

Dr. Archibald Jacob said the case he was about to mention terminated very lately, and he had hoped to have brought it in a more accurate form under the notice of the Society, and to have asked their opinion on various points concerning the disease, which he thought were unexplained as far as the authorities went. It was a case of "rodent ulcer," generally known as Jacob's ulcer; and during his attendance on it he was struck by a variety of peculiar symptoms, and circumstances which seemed to him, from a pathological point of view, to separate it from all diseases of the same character. The old lady, who was the subject of this ulcer, was eleven years under the care of his father and himself. During that time, she passed through all the stages of rodent ulcer, from the first tubercle, until she died from simple exhaustion; and there was hardly a form of treatment which had been recommended, or which such knowledge as he had of pathology could recommend to him, that he had not tried with her; but the most extraordinary part of the experience which he had derived from the disease was, that he had not been able to ascertain any line of treatment which had uniformly any peculiar influence on it. The patient, when she came under his father's notice, was affected with a small tumour commencing over the region of the lacrymal sac. It assumed the usual condition of an irritable wart, the head of it was rubbed off as is usual in these cases, and the moment the surface was exposed to the air the progress of the disease commenced, and it extended steadily up to a recent period. He had observed, that, every extension of the ulcer was attended with certain distinct symptoms, over which he could exercise no control, and over which he could not ascertain that any peculiarity of constitution had any control or influence whatever. One of these symptoms was an increase of fœtor from the surface of the ulcer and an increase of discharge. He always searched most diligently for any constitutional peculiarity that preceded or was coincident with this, but the moment he perceived the fœtor coming on he was prepared for an extension of the disease. The ulcer would remain for a time in a languid or torpid condition, and suddenly without local condition of any sort or season of the year, he would observe this fœtor and discharge come on. Then suddenly the ulcer would commence to extend from a certain point, and one of the most peculiar symptoms was, that this ulcer while it extended in one direction healed in another. He naturally assumed that there could be no constitutional condition which would set going this peculiar extension of the ulcer. He found that no line of treatment whatever except a tentative one, was of the slightest use towards checking the extension of the ulcer. He tried from time to time all the various specifics and agents recommended for it. His line of treatment was the thorough cleansing of the ulcer from discharge, and then the application of powerful astringents; but, whatever form of these was used, tannic acid or perchloride of iron, each would have a certain effect for a certain time, and then all advantage would be lost, and if he did not alter his line of treatment, he might be quite certain no agent would have any continuous effect upon the ulcer. He watched this case from month to month, and from year to year. The reason his attention was called to powerful astringents was, that an attack of hæmorrhage occurred from the angle of the eye, and he applied pledgets saturated with tincture of iron to the place. When these had been cast off, he observed a marked improvement in the surface of the ulcer, and round the pledget was a ring of new skin. He thought naturally that what had been successful there might be successfully applied to other parts. He tried it for over three weeks or a month, and the success was considerable, but then the ulcer took on itself a retrograde character, and he found the application of this tincture was of no use. He then tried constitutional treatment. He tried phosphorised oil, and Donovan's solution, but he could not discover that they had any effect whatever. At last, matters came to such a condition, that death from an oozing hæmorrhage from the surface of the sore was imminent. He was called in and found the old lady in an anæmic condition. It became necessary to apply some styptic to stop the hæmorrhage. He cast about him for what would be the most suitable, and tried Richardson's styptic colloid. He applied this, and the temporary effect on the disease was very remarkable indeed. For six weeks or two months, there was a constant act of healing in the ulcer. All parts of it commenced to heal, and it proceeded favourably until a comparatively small part of the original gap remained. At the end of six weeks however, the ulcer began to spread. He again had recourse to arsenic, phosphorous, and everything he thought could be of use, and without anything more than temporary relief. Eventually, the patient sank, dying in the end, principally of exhaustion from hæmorrhage, and from the impossibility of administering to her proper food and medicines. He thought it well to take the opinion of the Society on this case, because the disease itself appeared to him to be one perfectly unique, and separate and distinct—one *sui generis* as regards pathology. He had puzzled himself as to why the internal canthus of the eye should be the seat of the disease. It was not universally the seat of the disease, for he had removed it from the external canthus, but three out of every four cases of the kind occurred in the internal canthus. The existence of the lacrymal sac had nothing to do with it, for the sac was dissected by the disease and laid bare on the surface before it was implicated. He also had the greatest possible difficulty in understanding why the disease should extend in one part, while at the same time it was healing in another. It appeared to him difficult to account on physiological grounds for this peculiarity. The course of the extension of the disease was peculiar. When in a healthy state, it had what was known as the tubercular condition, but as soon as the disease re-took on an extending character, the edge melted away, it became chizelled and the disease extended in that direction. He had tried every local application and found that anything like counter-irritation was absolutely injurious, and that the more irritation in the form of nitrate of silver or nitrate of mercury was employed, the more rapidly the disease extended. Therefore, he arrived at the conclusion that a sedative and astringent treatment was the only one in which trust could be placed, and that the trust could be only of a temporary character, that there was in fact no treatment that could be depended on to check the progress of this disease. He had not the slightest success except a temporary one, and he would be glad if any member of the Society could give him a hint of a mode of treatment that might be more successful than his had been, in permanently checking the extension of the disease in any given direction.

Dr. Hewitt thought that rodent ulcer was analogous to lupus. They possessed several features in common. Like Jacob's ulcer, lupus commenced, in the first place, in a tubercle; in the second place, it was an ulcer spreading in a given direction; in the third place, it healed in one extremity while it spread in another; and lastly, any mode of treatment had little or no effect on the disease. Dr. Neligan had pointed out that lupus superficialis, which was only found on the face, had all the characteristics of rodent ulcer. There were other forms of lupus, one attacking the nose, and the other the extremities only; and the effect of treatment on them was similar to that experienced by Dr. Jacob. From the clinical treatment of the case, he thought the disease was closely allied, both pathologically and practically, to lupus.

Professor Hargrave asked did Dr. Jacob ever try the effect of the actual cautery. He had seen some very obstinate ulcers heal after that treatment had been adopted. The sealing of the ulcer had also been found very efficacious. They often saw ulcers heal up to the size of a shilling or a sixpenny piece; but do what they would, that could not be got to heal. In such cases he had adopted the plan of sealing up the ulcer, and the complete exclusion of atmospheric air had the effect of causing the sore to heal. The sealing was effected in this way. A hole the size of the ulcer was cut in a piece of sticking-plaster, and the plaster was placed over the affected part. A piece of gutta-percha was then applied over the hole, and this was kept in its place by another piece of sticking-plaster, and collodion was applied all round so as to keep out the air. This plan he had found very effectual in producing cicatrisation.

Dr. Wharton said the great distinction between Jacob's ulcer and lupus was the bleeding which occurred in the former. As to the ulcer healing in one part and breaking out in another, it was not confined to Jacob's ulcer or to lupus. Some forms of syphilitic ulcer presented the same feature.

Mr. Stokes said he had treated cases of Jacob's ulcer by one of two methods. One was excision of it, and the other the application of powerful caustics. As to excision, the results were not at all satisfactory. Although the disease was eradicated as well as the knife could do it, yet in a short time it returned, and appeared to spread with greater rapidity than before the operation. With regard to the treatment by caustics, he had used two,—one, acid nitrate of mercury, which he thought the better of the two, and the other, Landolphi's paste, containing bromine, antimony, and gold. In one case in which he used the latter, the fumes of it were so acrid that it gave rise to disagreeable symptoms.

Dr. Kelly called attention to the fact that, on the two occasions on which Dr. Jacob procured reparation in the ulcer there was local depletion. Before the use of the styptic on those occasions, there had been hæmorrhage; and it was well recognised that local depletion was often followed by reparation in ulcers.

Dr. Jacob, in reply, said, with regard to the use of cautery, either chemical or mechanical, it would be easily understood that the great age of the lady presented many difficulties in the use of powerful caustics. He did not try Landolphi's paste, but he did at one time apply nitric acid, and the result was anything but satisfactory. He thought the extension of the disease more rapid after he had used it. He had tried nitrate of mercury in a milder form; but he did not think that bore on the action of cautery, because it was not applied of sufficient strength to have a cauterising effect. He did not follow the treatment by sealing, and there would have been great difficulty in doing so; for during the greater part of the time he had charge of the case, the ulcer extended from the mesian line of the nose to the orbit and to the side of the cheek, and it communicated with the posterior nares. As to local depletion, the point mentioned by Dr. Kelly had struck him; and although he did not think it right to deplete a patient of that age, whose strength had to be kept up by brandy and eggs, he was so struck with the appearance of the ulcer, that he tried the application of five leeches close to the place where the ulcer was extending; but the constitutional results were not satisfactory, and the local results not sufficiently promising to induce him to continue the experiment. As to the analogy between this disease and lupus, there could be no doubt there were considerable points of resemblance; nevertheless, there were symptoms that distinguished this disease from lupus. The Vice-President had mentioned one—the hæmorrhage; and he thought the great length of time which this ulcer took to extend was another. He had seen many cases of lupus, but he never knew an instance in which, in a period of eleven years, it had not sufficed to make a greater extension than the size of three or four crown pieces. He thought it usually took a more rapid course; and these two peculiarities were sufficient, he considered, to distinguish this disease from ordinary cases of lupus.

The **President** then delivered the address.

The session then terminated.

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Fracture of the Superior Maxillæ. By Samuel W. Latta, M.D., Assistant Surgeon U. S. Navy.

S. M., white, æt. thirty-three, while working on the deck of the U. S. steamer Alaska, during a gale of wind, on July 9, 1870, was struck in the face by the "leading block of a reef-tackle." Both superior maxillæ were separated from the superior facial bones without much displacement. The teeth, alveoli, and hard and soft palates were not displaced with reference to each other, nor was there obvious injury of the mucous membrane of those parts. The whole (teeth, alveoli, &c.) dropped down perceptibly when force was applied to any part. Slight wound of left ala of nose externally. No other flesh wound. Bleeding freely from posterior nares, both through the nose and down the throat. He soon recovered his senses after the accident.

Diagnosis.—Fracture of the superior maxillæ at their union with the superior facial bones.

Ordered to inject nares with cold water, rinse mouth frequently with water, to lie in semi-recumbent position, and keep both the superior maxillæ at rest. ℞. Liq. morph. sulph. ʒj., at night.

On July 10th his face was very much swollen; eyes closed; bleeding decreasing gradually; slept well; breathes freely through the mouth; nose plugged with clotted blood; talks with difficulty. Ordered fluid food; wash face with the following, viz.: ℞ Alcohol and water, equal parts. Morphia at night. No other treatment was adopted.

Swelling gradually disappeared, bleeding ceased, and on August 15th he was discharged fit for duty. Bones not at all moveable. No deformity whatever resulted from the injury.

In this case there was undoubtedly osseous union. The great trouble in these cases, when much swelling exists, is to make a positive diagnosis. This was done in the above case by discovering the movement of the superior maxillæ.—*American Journal of the Medical Sciences.*

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 28, 1871.

PROGRESS OF THERAPEUTICS.

The Harveian Oration delivered on Wednesday last at the Royal College of Physicians of London was the occasion of bringing forward the progress of therapeutics before an appreciative audience, and we congratulate Dr. Chambers on his choice of a subject and ourselves on the opportunity of hearing the author of the "Renewal of Life" put his views so clearly and strikingly. It is altogether opportune at a time when therapeutics is engrossing so much attention by some of our younger physicians, that we should wish to enter a protest against the orator's insinuation that lecturers still confine themselves to discussing catalogues of drugs. This notion is not correct, although we were sorry to observe a little while ago that the Association *Journal* put it forward in a most offensive way, and even passed a most undeserved and unwarrantable slight on the present incumbents of the chairs of Materia Medica in London. We know of three or four schools where therapeutics is carefully taught. The lectures reported in the Association *Journal* if delivered to students, whether appreciated or not, might themselves have shown what one teacher is doing, and we know of at least one lecturer on materia medica who has this year made his course altogether therapeutical—has not "discussed the varieties of cinchona"—has in fact referred his pupils to the text-books for the enumeration of the varieties of this and every other drug, and has made his Chair one from which to lay down the general principles of therapeutics. And these pupils assure us that they are interested and that their teacher has put the dryest subject of their curriculum in an attractive form.

This exception being taken we do not propose to offer further criticism but to give a brief sketch of Dr. Chambers's brilliant oration.

Therapeutics, the Orator said, is now passing through a crisis which will determine greatly its future march; it is entering upon a physiological, a biological phase. We are more and more influenced by the idea of disease being a mode of living, an imperfect form of undeveloped vitality, a loss of something present in health. The physicians of Athens were the first to recognise that health and disease obey a universal law. The important point in their opinion was, the excess of some normal constituent of the body, a view that still survives in the notion of elimination. Galen added the idea of force as distinct from matter; disease was to him a force foreign to the body, and the duty of the physician was to oppose it. This doctrine of cure by contraries has held its ground for centuries, and it will hold its ground so long as constipation yields to purgatives, and sleeplessness to opiates. Disease was a little later regarded as an effort of nature to get rid of something; it was the duty of the physician to assist nature—a theory which has been very useful in permitting a milder treatment of acute ailments. Neutralisation of disease was another theory. This arose from the application of chemistry to the method of cure by contraries. It assumes that in disease a substance is found in the body different from any in health, which, combined with another, forms a third harmless body. This theory has had many advocates, and has advanced with advancing chemistry to the present day. The theory of treatment by counter-irritation was next considered, and the Orator said it is one that owes its prominent application to the study of morbid anatomy. The idea is, that by exciting, artificially, diseased action, that which previously existed may be destroyed. It is obviously made more universally applicable by the exact determination of the localisation of disease, and so with the advance of morbid anatomy it has more and more engrossed our attention.

The idea of disease as a something to be eliminated, opposed, neutralised, enters into all these theories. But the tendency of the medicine of to-day is to regard disease not as something more, but as something less than life. Under the light of advancing physiology, morbid substances and actions appear examples of arrested development, and the end and aim of treatment is to restore or develop into fuller life those identical morbid substances which our forefathers endeavoured to get rid of. This is well shown by a comparison of the treatment recommended in the articles in Reynold's "System of Medicine" with those on the same diseases in the "Cyclopædia of Practical Medicine."

Recent introductions into the materia medica teach the same lesson. None are of a nature to augment destructive metamorphosis, but many are calculated to form the basis for new cell development. Alcohol, though hardly a new remedy, since it came into use soon after the Deluge, is yet used with a new intention. Our predecessors regarded it as a fuel to life's flame, augmenting heat, secretion, power. We find it a damper to that flame. It has been used in medicine, and as a good friend to humanity out of medicine, through all these centuries; and now we use it in a different class of cases, with better results. With many other remedies—quinine, oxygen, arsenic—a like change has occurred.

Fresh light is thrown by the change in therapeutic thought upon the interesting class of substances called alteratives. As for example, the iodides and bromides, of which the sole function seems to be to cure failing functions, are restored by them without the destruction of morbid tissue. The link between the various diseases benefited is probably afforded by the action of these alteratives over the white fibrous tissues which envelop the bones and nerve-trunks, and which, in all the diseases benefited, are more or less involved.

That which has more than anything contributed to our change of practice is the gradual change in ideas on inflammation. Addison regarded it as an increase of vital action; now, morbid anatomists, chemists, physiologists, unite in treating it as perverted incomplete nutrition. The morbid anatomist also classes morbid products as high or low, according to their proximity to a departure from the normal type.

The Orator then spoke of morbid germs. The state which they produce in the body, he said, must be an arrest of its normal functions. The idea of their prevalence is not without its hopeful side. The recent doctrine and practice of skin-grafting shows that there may be germs of health as well as of disease, for the influence of the implanted fragment of skin seems to infect neighbouring tissues. This infectious influence of a healing part may possibly afford some explanation of the beneficial influence of counter-irritation. It is not mere experience which is teaching us these things, but designed scientific experiment. Science may guide us slowly, but she never guides us backwards.

Dr. Chambers then alluded to the promising field for future investigators which had been opened by recent scientific aids to the examination of the exact conditions of the circulation of the blood, and to the importance of experiments on the lower animals. He concluded by urging the training of students in the systematic observation of the effect of drugs, and enforcing the duty of hospital physicians to assist in the determination of questions of therapeutics.

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Notes on Current Topics.

The Royal Commission on Contagious Diseases.

The Commission has been engaged during the present week in the consideration, paragraph by paragraph, of the ample Report to the Crown, prepared by its Chairman, the Right Hon. W. Massey. The Report proposes, we have reason to believe, the repeal of the Acts of 1866 and 1869. It is probable that a majority of the Commissioners will support this recommendation; while a considerable minority of them are in favour of the abolition of the Act of 1864, and, with it, of all legislation on the subject.

The Sanitary Condition of Paris.

The *Journal Officiel* of Tuesday contains the following article:—

"The Council of Health for the department of the Seine hastens to reassure the public upon the subject of the present sanitary condition of Paris, and to remove the apprehensions which some persons erroneously entertain of future dangers. No epidemic of any kind is at present raging in Paris. Even small-pox has ceased in an epidemic form. Acute diseases, also, are very rare, as is proved by the condition of the hospital. Everything, therefore, is satisfactory so far as the present is concerned. The apprehensions which have been expressed for the future are based upon the belief that very numerous burials have been made in the midst of the city, and in certain public places which are specified, in a manner inconsistent with the teachings of experience, and with the regulations prescribed upon the subject. These apprehensions are absolutely destitute of foundation. If for a few days, in consequence of the terrible events which we have witnessed, and of the difficulties of all kinds which have arisen from them, some irregularities were committed, they have now been completely remedied. The removals have been effected, and everything has since been done in the usual manner, and with the utmost carefulness. The greatest activity has been displayed in the removal of all substances dangerous to health, or liable to produce unwholesome exhalations. It may, then, be stated that the health and sanitary condition of Paris at the present moment are highly satisfactory, and there is every reason to believe that it will continue so. The care which the Council has exercised in dividing among its members the charge of the various arrondissements of Paris, and the constant supervision which has followed from that course, are certain guarantees of a rapidity with which every cause of insalubrity will be removed."

Factory Inspectors' Reports.

Mr. Redgrave, in his last report, makes the following observations:—

"The obtaining of surgical certificates is still a source of annoyance to manufacturers. I may illustrate the nature of the annoyance by the following circumstances which occurred in my district: It has been publicly stated in the medical journals that three certifying surgeons in one town realised £3,000 a year each from their office. I have no doubt this is an exaggerated statement of the emoluments of the office; but it is undeniable that the income of these gentlemen has been very considerable. Instances of what has been paid in this town have come within my own knowledge, and if proportionate advantage had accrued from the services of the surgeon, I should be the last to object; but feeling that their services are to a great extent unnecessary, I view the present state of things with great regret. Sometime since I found that one of these certifying surgeons had visited factories regularly every week, receiving an annual salary for such visits, and during the whole of the time he had not to perform a single act except to record his visit in a book. As an instance in another district: the sub-inspector upon visiting a factory had to complain of many persons not being certified by the certifying surgeon; the excuse was that the surgeon was paid a salary of £13 a year to call once a week at the factory, and that the blame was to be attributed to him. Upon further inquiry it appeared that the certifying surgeon had visited the factory nine times only in the course of the year, instead of fifty-two times, thus receiving a fee of £1 6s. per visit."

Newspaper Morality of the Nineteenth Century.

We quote the following sentences without comment from the *Saturday Review*, the pet periodical of the mental philosophers of England, italicising phrases which appear worthy of consideration:—

"The tenderness to human life of which we are apt to boast may be, and at the present time probably is, carried to excess? Infanticide is *doubtless* an immoral practice, and *if carried to excess* would lead to very gross abuses, upon which it is unnecessary to insist. But though it *may be wrong* actually to kill off the more weakly members of a race, is there any sufficient reason for going out of our way to preserve them?"

Homœopathic Abstractions.

In the *Medical Investigator* (Chicago), Dr. Ballard reports a case of ague, which had lasted ten days, to have been cured by a single dose *arsenicum* 61,000. The *Homœopathic Review* feels constrained to ask—What do these figures really mean? By what process was this high degree of dilution obtained? To proceed after the manner of Hahnemann in attenuating, the manufacture of such a dilution would occupy a man, working constantly for ten hours a day, three hundred and five days! Did any one ever undergo such incessant labour as this for the purpose of producing so mythical a preparation as *arsenicum* 61,000?

Protection from Poisoning.

As might have been anticipated the English druggists are in an unavailing ferment with regard to the Pharmacy Bill, which the government has introduced to compel them to adopt precautions against accidental poisoning. The last issue of the *Pharmaceutical Journal* is heavy with the denunciations of provincial associations of Mr. Simon and the Privy Council. At the Liverpool meeting, a resolution was proposed which commends itself to our sense of justice.

"That this meeting is of opinion that the exemption of medical men, keeping open shops for the retailing, dispensing and compounding of medicines, from any regulations approved by the Privy Council, should be abrogated."

The meeting rejected this motion, nevertheless it appears to us that no protection against poisoning can be complete or satisfactory, which does not include medical dispensers. The risk of accident would appear *prima faciæ* to be even greater in their case then in that of pharmacists, inasmuch as their functions and attention are not solely given to the making up of medicines. The Glasgow chemists considered that "the safety of the public is best secured by the proper education of the dispenser," but we fail to understand that the completest knowledge of drugs and chemicals would operate to prevent a wrong bottle being taken from a shelf in the hurry of a large dispensing business.

Meanwhile, the government placidly pursues its way. The Pharmacy Bill having passed the House of Lords, was brought in and read a first time on the 19th, and was set down for reading a second time on Monday last, and may be now said to be law.

A deputation of chemists and druggists had an interview with Mr. Forster, on Thursday last. The medical officer of the Privy Council was present. Mr. Jacob Bright introduced the deputation, and eleven members of Parliament were present.

Mr. Schacat, of Bristol, and other gentlemen having stated the object of the deputation.

Mr. Forster pointed out that the figures produced showed that, exclusive of medical practitioners, only one-fourth of the persons keeping open shop as chemists and druggists were members of the Pharmaceutical Society, and it might be presumed that the remaining three-fourths comprised many who did not possess the educational qualifications which had been relied upon by the speaker as being all that were required for the protection of the public. Respecting the feeling of the trade and the absence of public opinion on the subject of compulsory regulation, he said that Parliament had already considered the matter and passed the existing Act, which, according to his reading of it, required that regulations should be framed and become compulsory; that the course pursued by the Society had been brought under his notice, and he thought it a duty, as a member of the government, to see that, so long as the Act remained unrepealed, it should be carried out; that the government had not been hasty either in framing the Bill now before the House of Commons or in passing it through the House of Lords,—that, in fact, the course of the Bill in the upper house was usual; and with regard to the future, he was quite prepared to afford every opportunity for discussion, and should be happy to give his most careful consideration to any suggestions which may be made for improvement of the Bill, but that he could not encourage the idea that the Bill would be withdrawn or postponed until next session; and then, said that he individually thought that a *primâ faciæ* case existed for placing all persons keeping open shop for the retailing of poisons on an equal footing with respect to formalities, and he should be glad to consider any clause which might be framed with that object.

The "Lancet" and the Spectroscope.

Our contemporary is not to be suffered to ignore its error. Indeed, from the first seeing the important issues raised we spoke out strongly. We have now another piece of evidence. Mr. Stoddart, of Bristol, who has had much experience in the use of the spectroscope thus writes to our respected contemporary the *Pharmaceutical Journal*:—

Sir,—All who are in the habit of reading the *Lancet* must have remarked the article in a recent number, containing some rather caustic reflections on the value of part of Dr. Letheby's evidence, in which he refers to the valuable aid afforded by the micro-spectroscope. Either the author of that article must have been misled, or not much accustomed to the use of that instrument.

The bands produced by the blood-spectrum are by no means "dim," but, on the contrary, well defined when observed by a properly-constructed instrument. The micro-spectroscopes generally sold differ greatly; most of them give rectangular fields, but all are not equally adapted for observing the spectra of coloured solutions. The prisms of one kind are so arranged that the colours run parallel to the short side, and are much diffused. The others are so arranged that the colours run parallel to the long side of the rectangle. The former arrangement is the best for observing the spectra of incandescent metals, and showing what the Editor of the *Lancet* terms "the China ribbon" lines. It will, however, give very inferior results with the absorption bands of coloured liquids. The latter arrangement, or that with the colours running parallel with the longest side of the field, will show them well defined, even when a very diluted solution of blood is used.

Moreover, this is not the chief point to be observed in micro-spectroscopy. It is not so much whether the bands are well defined, but their position in the spectrum. It must have constantly occurred to every observer that there are numerous examples that, when placed on the stage of the microscope one after another, appear identical even to the most practised eye and the closest scrutiny. But when two spectra are placed side by side by means of the auxillary prism, the question of their identity is instantly decided. If the spectra be from the same substances, they will fit exactly one on the other; but if not, there would be what the geologist would term "a fault." Mr. Sorby and Dr. Letheby are quite correct when they say that no other known spectrum is like that of blood. If the spectrum of blood be observed by the terminal prism of the spectroscope, the spectrum of no other known substance, placed in juxtaposition by means of the side prism, will exactly match it.

The jargonium fallacy has nothing whatever to do with the question; and, before taunting Mr. Sorby, the Editor of the *Lancet* would do great service in the cause of medical jurisprudence if he would name any substance that would give a spectrum coincident with that of blood.

Small-pox and Vaccination in the Metropolis.

At the last fortnightly meeting of the Metropolitan Asylums Board, a most important resolution was adopted in reference to future legislation upon the subject of compulsory vaccination. It appears that Mr. Forster, M.P., is about to introduce on behalf of the Government a new measure upon the subject, and the Metropolitan Asylums Board having been called upon to offer suggestions for framing the Bill, on Saturday afternoon unanimously adopted a resolution suggesting the propriety of not only establishing a Central Vaccination Board for the whole Metropolis, with powers to enforce vaccination in every district, but also a vaccination board for the entire country. Upon the subject of the prevalence of small-pox in the Metropolis, the board finding that the epidemic has become nearly stationary, and having 200 vacant beds at their disposal to meet any immediate emergency, have thought it advisable to hold their hands at present in the fitting up of the second ship of war which the Government had placed at their disposal to serve the purposes of a convalescent hospital.

The late Mr. Hill, of Portobello.

This respected surgeon died on the 10th inst. in the sixty-ninth year of his age. He was one of the few who after many years' service as a Poor-law Medical Officer had been voted a retiring allowance. Honour to the memory of one who had thus laboured.

Death from Bathing.

A verdict of "Death whilst bathing through syncope from disease of the heart," reminds us that the bathing season again brings its dangers to individuals. However desirable it may be to encourage bathing among the masses of the people, there can be no doubt that some individuals run fearful risks by indulging in the bath without medical advice.

Vaccination.

In the *Presse Médical Belge*, we read that in France, from 1816 to 1841, the proportion of deaths from variola has been sixteen non-vaccinated to one vaccinated; in Wurtemberg, from 1840 to 1850, thirty-eight non-vaccinated to three vaccinated; in the hospitals of Vienna, thirty non-vaccinated to five vaccinated; at the London

Small-pox Hospital, the proportion has on average been thirty-five non-vaccinated to seven vaccinated. Also it seems that spontaneous vaccine disease has just been discovered afresh by M. Pétry, a veterinary surgeon of Esneux, upon the whole of the cattle of a farm. Dr. Larondille, of Verviers, was summoned to confirm this important fact, which the writer in the *Presse* alleges will permit a fair face to be maintained towards the epidemic which is raging at present both in the province of Liege and throughout Belgium. He adds that it appears that in England in seven years, the mortality among non-vaccinated persons was respectively 48·0, 36·0, 38·0, 35·7, 38·8, 34·0, 38·5; and amongst individuals duly vaccinated, only 12·0. Before the introduction of vaccination, about one-twelfth of the mortality of England was due to variola.

Dublin Obstetrical Society.

The Eighth Meeting of the Society was held in the Dublin College of Physicians on Saturday, June 10th.

Dr. Byrne exhibited a remarkable cystoid substance expelled before labour; and peculiar membranes retained after delivery.

Dr. Kidd made to the society some theoretical observations on vaccination, and its protective power.

Vaccino-mania in a Vestry.

The incumbent of St. Luke's, in a letter to the *Daily News* last week, narrated how he had had occasion to call at the Vestry of St. James's, Piccadilly, the centre of sanitary authority for the mother parish. On entering the Vestry-hall his eye caught the following appeal, on a staring blue and white placard, posted by the side of the official document which urges residents in the parish to avail themselves of the means provided for vaccination: "Parents, attend and protest against the tyrannical law which compels you to poison your children's blood in infancy."

The correspondent very properly declares this state of things to be inexpressibly scandalous. Here is an official body which receives stringent directions from the Medical Department of the Privy Council to promote vaccination, lending itself to advertise the theories of its most virulent opponents.

The Army Hospital Corps.

The *United Service Gazette* learns that it is contemplated to withdraw all men of the Army Hospital Corps now serving as clerks in the offices of principal medical officers, medical officers of recruiting districts, &c., and to send them back to their professional duties. The reason assigned for the step is that it is held to be anything but good economy to put men through an expensive course of training which fits them for attending on the sick, and then to use them as clerks in offices.

Dissemination of Small-pox.

The following facts relating to the extraordinary treatment of a small-pox patient had been for some days the subject of much comment at Queenstown. Some days ago an Australian ship arrived in the harbour with one of the sailors affected with small-pox. Whether that fact was made known to the authorities at Queenstown is not known; but the ship was brought up to Passage, where she remained anchored, the man having been kept on board. After a day or so, the man was placed on board a passenger steamer, in which were a number of ordinary excursionists, and was conveyed to Queenstown. Several gentlemen on board noticed the patient and his condition, and seeing that he was evidently labouring under the much feared malady, they were not a little alarmed. At Queenstown the patient was placed in a car and brought to the hospital where, we believe, he still remains.

Lunacy in Scotland.

Since the 1st January, 1858, the number of lunatics officially known to the Board has increased from 5,794 to 7,458; but of this increase in the number of patients in public and parochial asylums, 442 arose from the decrease in private asylums, and 286 from the decrease in private dwellings, leaving an increase of 1,664 ascribable to the growth of lunacy, or at any rate to the increased number of lunatics in asylums. It appears that, on an average of the ten years, 1861-70, of every 100 patients sent to asylums, 26·1 were private, and 73·9 pauper. On the other hand, of every 100 patients discharged recovered, 25·4 were private and 74·6 pauper; of every hundred discharged not recovered, 44·2 were private, and 55·8 pauper; and of 100 that died, 18·1 were private and 81·9 pauper. In ten years the proportion of pauper lunatics in the general population has increased from 180 to 202 in every 100,000; and the proportion of pauper lunatics to paupers from 66·57 to 77·14 per 1,000. The Commissioners are of opinion that many patients are unnecessarily, if not improperly, sent to asylums.

Health of Dublin.

In the Dublin Registration District the births registered during the week ending June 10th, amounted to 172. The average number in the corresponding week of the years 1864 to 1870 inclusive, was 183. The deaths registered during the week were 134. The average number in the corresponding week of the previous seven years was 141. Two deaths (both soldiers) from small-pox were registered during the week. The Deputy-Registrar of No. 3 North City District (Blackhall street), in which the deaths occurred, makes the following statement in reference to one of the deaths:—"On inquiring from the informant I learned that this soldier had recently arrived from England, and was only two days in Ireland when he took sick with small-pox. He had not the slightest mark of vaccination." He adds:—"Five additional cases of small-pox have occurred lately in my district, and all except one are modified cases, having good vaccination marks. They were removed to the Hardwicke Hospital, where they are progressing favourably. One case, at 3 Stanhope place, is of the confluent nature, a child eighteen months old, which was never vaccinated. I regret that we have registered another death from small-pox, occurring at the General Military Hospital. It is very important that the public should know the protective influence of vaccination." Nine deaths resulted from fever:—six from typhus and three from typhoid or enteric fever. Scarlet fever proved fatal in five instances. Four deaths were caused by whooping-cough, and one by croup. Seven deaths were referred to bronchitis, and two to pneumonia or inflammation of the lungs. Nephria or

Bright's disease caused two deaths. Six deaths were referred to heart disease. Twenty-three persons died from phthisis or pulmonary consumption, eight from mesenteric disease, and five from hydrocephalus, or water on the brain. Three of the deaths registered were accidental, viz.,—one from scalds and two from drowning.

The Small-pox Epidemic.

SEVERAL months have elapsed since the commencement of the outbreak of small-pox, and so far from the disease having been brought under control, it seems to have gathered strength and to be as virulent as ever. Dr. Bridges, the medical adviser to the Poor-law Board, reported on Saturday week, that the new cases numbered 624 in the fortnight, against 563 in the previous fortnight. These were simply new cases reported by the relieving officers of London. The disease, he added, might be considered stationary, but it had shown itself so capricious that it would be absolutely necessary for the Asylum Board to keep plenty of vacancies in case of any sudden emergencies ; in other words, the disease is now as prevalent as ever, and we may consider ourselves fortunate if it has not yet reached its height. The *Pall Mall Gazette* says that, to add to the gloom of our prospects, the chairman expressed his opinion that it was necessary for the managers to be prepared to meet an epidemic of fever, as such an epidemic was certain to follow—in fact, there were now ten cases from one parish. The report of the Hampstead Hospital, presented by Mr. Wyatt, discloses a melancholy state of affairs. The mortality has been very heavy during the past fortnight, which was attributed to the cold and ungenial weather. The report from the Stockwell Hospital shows that the type of the disease is at the present time exceedingly severe, and it is evident the disease is again spreading.

West of England Sanatorium.

THE foundation stone of the West of England Sanatorium was laid some few days since, with Grand Masonic ceremonials, by Earl Carnarvon. The idea of providing a convalescent home for the patients of hospitals was conceived, some eight years since, by Mr. R. A. Kinglake, and put into practice, in 1868, by Dr. Horace Swete, supplemented by the exertions of Messrs. Pooley, Kinglake, Girdlestone, Knapton, G. Poole, and others. In that year the scheme was commenced in a very humble way, in a cottage in a back street of Weston-super-Mare, and last summer it became necessary to build a wooden house, when the number of beds was increased to thirty-six. The new building is contemplated to accommodate 100 beds. It will face the sea, the sands affording excellent bathing ground for the patients. We cannot too strongly commend the zeal of the promoters of a work which, when completed, will not only prove a boon to poor sufferers themselves, but will eminently supplement the exertions of those labouring in the cause of health, the want of proper care, nourishment, and supervision during convalescence often baffling, after recovery from acute illness, the most accomplished skill which medicine or surgery can produce, while hospital atmosphere is completely contra-indicated.

SIR G. JENKINSON has introduced a Bill to substitute a lighter punishment than death, for mothers convicted of destroying their infants under a week old.

Is the Production of the Child necessary for a Vaccination Order?

AN important judgment upon appeal of the Court of Queen's Bench has been delivered.

The Vaccination Act, 1867, provides that upon an information to a justice of the peace that any child under the age of fourteen years has not been successfully vaccinated, and that notice given to the person having the custody of such child has been disregarded, "the justice may summon such parent or person to appear with the child before him, and if he sees fit, make an order under his hand and seal directing such child to be vaccinated within a certain time," and a penalty is imposed for disobedience of the order. The respondent was summoned under the above section to appear with his child before a magistrate. He appeared, but refused to produce the child. The magistrate thought he had no jurisdiction, upon the appearance of the defendant without the child, to make an order for the vaccination.

The case having been argued, the Court of Queen's Bench held that the production of the child before the magistrate was not a condition precedent to the making of the order. "It would be very absurd," said Mr. Justice Blackburn, "if the Legislature had said that the appearance of the child should be a condition precedent." "And," added Mr. Justice Mellor, "it may be very advisable that the child should be brought, but if the parent will not bring it, his contumacy cannot be supposed to obstruct the operation of the Act of Parliament."

Irregular Consultations.

A "CONSULTING-PHYSICIAN," writing to the *British Medical Journal* last week, says : "The etiquette which rules that the educated and qualified physician shall not meet in consultation a person who is neither the one nor the other, is so important a guide in practice, both as regards the welfare of the public and the *status* of the Profession, that I, for one, cannot but regard the statement by distinguished physicians in Dublin, that it is customary for physicians to meet in consultation unqualified and unregistered practitioners, senior students, or apothecaries' assistants, with unqualified alarm. I repudiate the idea that physicians constitute themselves detectives, by watching over the honour and dignity of the Profession ; and I not only see no harm, but I regard it as a duty when called to meet a gentleman in consultation, to ascertain, by reference to the "Medical Directory," what his qualifications are. . . . I protest strongly against the imputation, if applied to English physicians, for it has not come to my knowledge that such things are done in England, and I can scarcely have been in London practice for twenty-three years without having met with cases of the kind.

Small-pox at Southampton.

DR. HEARNE writes thus :—"I am pleased to inform you that the death rate from small-pox appears to be gradually decreasing in our town this week, ending 4 p.m. to-day (June 24), thirteen as compared with sixteen and twenty-five in preceding weeks.

"The registrar has kindly furnished me with the ages of 159 of those who have died from small-pox in Southampton within about three months, forty-eight being under five years of age, and sixty-nine under ten ; figures, in my opinion, strongly condemnatory, conjoined with other pertinent facts of stational vaccination as now carried out."

St. Thomas's Hospital.

The new hospital was duly opened by the Queen last Wednesday. Her Majesty named two of the wards "Victoria" and "Albert" respectively. The ceremony was brief, but it was well to see the Queen so naturally occupying such a position. The Treasurer of the hospital received the honour of knighthood. We think the advisers of Her Majesty might have taken the opportunity of distributing a few such honours among the medical staff, which after all is the most important part of the Charity, and the act would have been grateful to the Profession, which is too much slighted in such matters.

The staff of the new hospital, strengthened by the recent additional elections, includes Dr. Peacock, Dr. Bristowe, Dr. Clapton, Dr. Murchison, and Dr. Barnes; Mr. Le Gros Clark, Mr. Simon, Mr. Sydney Jones, Mr. Croft, and Mr. Liebriech; Dr. Stone, Dr. Ord, Dr. John Harley, Dr. Payne, and Dr. Gervis; Mr. MacCormac, Mr. Wagstaffe, Mr. F. Mason, and Mr. H. Arnott.

Suppose several of these men, say those who officially received the Queen in the wards, had been honoured in the same way as the Treasurer? It would have been a graceful acknowledgment of the claims of the Profession, which we feel sure Her Majesty would have been ready to bestow, had her advisers offered the hint. So niggardly are the rewards bestowed on medical men who serve the State, that the whole Profession is discontented. In England alone is medical science, as it were, under a ban.

Dr. Barnes has been elected hon. member of the St. Petersburgh Society of Physicians.

The Baly Medal was conferred on Dr. Lionel Beale at the conclusion of the Harveian Oration.

The Liebig's Extract of Meat Company slaughtered 88,869 head of cattle last year.

The Asylums Board has made some important suggestions respecting vaccination. No doubt their communication will have considerable weight with the Government.

The annual meeting of the British Pharmaceutical Conference will, this year, commence on Tuesday, the 1st of August, at 10 a.m., in the Craigie Hall, St. Andrew's square, Edinburgh.

Our medical contemporaries all agree with us as to the conduct of the Pharmaceutical Society, on the question of the regulations of poisons; and Government has introduced a Bill to enable the Privy Council to enforce, without further delay, those provisions for the protection of the public which the Society has declined to inaugurate.

The Bill to amend the law relating to the registration of births in England, just brought in by Dr. Lyon Playfair and others, will make giving notice of births compulsory. It is to come into operation on January 1, 1872. Notice must be given, after the passing of this Act, of the birth of every child within forty-two days, under a penalty not exceeding £5. In cases of suspicion of concealment the Registrar may obtain an order to inquire from any two justices, and there is a penalty, not exceeding, £5, on any person whom the Registrar is thereby entitled to question, who shall answer untruly.

By telegram we learn from Chili that the cattle-plague continues to alarm stock breeders and consumers in that country. Meetings have been held to discuss the question:—"Is cattle disease transmissible to the human species through the digestive organs?" The Chilian medical faculty have advised carefully abstaining from eating the flesh and drinking the unboiled milk of infected calttle.

The Harveian Oration was delivered in the library of the London College of Physicians by Dr. King Chambers, last Wednesday. On its conclusion the President said it was the duty of the Council to present the gold medal, founded by Dr. Dystie, of Torbay, in memory of his friend, Dr. Baly. The medal was of the value of twenty guineas, and was to be presented every alternate year to him who should be adjudged to have most contributed to physiological science. The President then handed the medal to Dr. Beale, saying that he hoped it would prove to him a stimulus for further labour, and that he would not prize it the less that the first medal had been awarded to Professor Owen.

The total population recently enumerated in Ireland amounts to 5,402,759, the sexes being 2,634,123 males and 2,768,636 females, or 396,208 of both sexes less than that returned for 1861, being a decrease of 6·83 per cent. during the last ten years—7·16 per cent. as regards males, and 6·52 respecting females. The present per centage of decrease is largest in the town of Galway, 22·30, the King's County, 15·84; Queen's County, 14·98; Tipperary, N. R., 14·96; and Meath, 14·39. The only localities in which an increase of population has taken place are Belfast, 43·41 per cent.; Londonderry, 20·92 per cent.; Dublin County, 2·87 per cent.; the city of Waterford, ·19 per cent.; and Carrickfergus, ·32 per cent. The average number of persons to a family in the year 1861 was 5·14; and in 1871 it is 5·04. In the Metropolis, the average number of persons constituting a family has decreased from 4·36 in the former to 4·24 in the latter period. In the County of Kerry the average number of persons to a family is 5·60, and in the city of Dublin, 4·24.

At a meeting of the Baby Farming Committee last week, Dr. Lankester, coroner for Central Middlesex, stated that about 100 children were found dead in his district in the course of the year. The greater proportion of these were babies found in the streets. He calculated that the proportion of illegitimate to legitimate among these was one in three. Considering that illegitimate children in England were not more than one in ten or eleven, they had evidently less chance of life than the legitimate. But coming to children above one year old, the number of illegitimate children was greatly reduced. This was not owing to their being better treated, but by reason of so many being killed off before reaching one year of age. With reference to infanticide, his opinion was that it was on the increase. He thought 5s. was the proper amount for which a child could be taken care of. Below that sum there was a temptation to give improper food. The want of compulsory registration of births stopped them on every side. He thought the law of England with regard to child murder was too severe. It induced judge, jury, and those concerned to let a woman off; the law thus, by its very severity, encouraging infanticide. He should like to see a law in operation similar to that of Bavaria and other places in Germany. The actual punishment there for child murder was twenty years' imprisonment, but it was punishable for a woman who was *enceinte* to conceal her state and make no preparations.

THE Annual Meeting of the British Medical Association will be held in Plymouth, on Tuesday, Wednesday, Thursday, and Friday, the 8th, 9th, 10th, and 11th August next. Dr. Charlton, Physician to the Newcastle-upon-Tyne Infirmary, will be President, and Dr. Whipple, Surgeon to the South Devon and East Cornwall Hospital, President-elect.

The Address in Medicine will be delivered by Dr. George Johnson, Professor of Medicine in King's College, London; and the Address in Surgery by Joseph Lister, F.R.S., Professor of Clinical Surgery in the University of Edinburgh.

We observe that the notices of motion to effect changes in the constitution and elective arrangements of the Association are more numerous than usual, and portend a stormy meeting. One of these motions is to the effect that the Secretary "shall reside in London, and devote his whole time to the business management of the Association, and of the Journal office." Another gives authority for the splitting of the annual subscription into halves, and empowers the Secretary to take half-a-sovereign for half-a-year. This is a movement totally unprecedented, and obviously designed to enable the *British Medical Journal* to underbid other periodicals, and, by cheapening the first annexation of a member, to attract those who don't now care enough for the Association to spend a pound upon it. One other notice confirms the authority, assumed to exist hitherto, to stop the issue of the *Journal* to a member in arrear for his subscription, but nevertheless to continue charging him with its cost. This has been already attempted in some cases, but the members were found to cherish the notion that if they did not receive the goods of the Association they should not be asked to pay for them. We shall be surprised if any vote of the Council, or, in other words, of the *Journal*, will make them do so.

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SCOTLAND.

EDINBURGH.

ON Wednesday last the University Athletic Club sports were celebrated before a brilliant assemblage of spectators. The prizes were presented by Lady Grant, and the successful competitors were addressed by Principal Sir Alexander Grant, Bart.

GLASGOW.

ANDERSONIAN UNIVERSITY.—The endowment of the Chair of Technical Chemistry has now been completed, and M. Bischoff, of Bonn has been appointed to the Professorship. Five scholarships of £50 each have been established in connection with the Chair. The number of students attending the University during the past year was 2,640.

Literature.

TRANSACTIONS OF THE PATHOLOGICAL SOCIETY OF LONDON.*

IT has been our lot to notice many of the volumes issued by this Society; but on no occasion have we done so with greater pleasure than on the present one. The extent to which proceedings of this nature are now carried out is becoming greater and greater; and there is scarcely now any city of even moderate size which has not its pathological society; and all this has occurred, we may say, within the last twenty-five or thirty years. The first society of the kind had its origin in Dublin; and it admits of no doubt that a great value attaches to them all. The very first men in the Profession attend them; and this in itself proves their value. Whilst admitting all this, however, we must not forget that the results are not all that is to be desired. It admits of scarcely any doubt that pursuits of this kind may lead to error, if not kept in their proper place. The mind is very apt to connect the symptoms, which appeared during life, with the morbid states found after death; but whilst admitting that is quite correct, it is to be observed it is only so in part. For everyone knows that, on the one hand, the same state of morbid parts does not, by any means, necessarily produce the same symptoms during life; and, on the other hand, there is scarcely a disease of which all the symptoms may not be absent, though the disease itself is in full force. But, what is stranger still, while all the symptoms may present themselves, the disease may not exist at all. With such facts before us, it behoves us to be slow in giving too much value to the union of morbid parts with the symptoms which existed during life. That there is a certain amount of connexion, and therefore, value between them, we admit. If this union, however, be looked upon as constant, it will surely lead us into error. But this point cannot be more enlarged upon here.

As on other occasions, we will now proceed to notice, in the briefest way, some of the more striking cases in the several divisions of this volume. The first part is on "Diseases of the Nervous System;" and the first case is by T. Smith, and illustrates the fact that the sac in spina bifida may be double. This occurred in a child of fourteen months, and was congenital—being at first the size of a cricket ball, and translucent; but it grew much larger. No. 3, by J. Andrew, M.D., is entitled "Tumour of Pons and of upper part of Medulla Oblongata." It occurred in a boy of eleven years of age; always irritable, but becoming much worse within three months of his death. He was liable, at this period, to severe attacks of vomiting, becoming at same time paralytic, and weak in mind; besides a large effusion into ventricles, a tumour occupied the place of the pons. It was very hard; but the author offers no opinion as to its nature. Having seen cases of a similar kind, we would pronounce it to be strumous. No. 4, also by J. Andrew, M.D., is worth noticing, being an example of "Cysticercus in fourth Ventricle." It was met in a man, of thirty-two, who had been healthy to a certain day, when vomiting set in, followed by pain in the nape of the neck, and a tendency for the head to fall forwards. This, again, was followed by weakness of the legs, a convulsive fit, and coma. Besides a quantity of clear fluid found in the ventricles, a cysticercus was found protruding from fourth ventricle. No. 5, which includes two cases, by J. T. Dickson, M.B., affords examples of great thickening of the dura mater found in lunatic patients. No. 7, by E. Crisp, M.D., is entitled "Large Serous Effusion into the Ventricles of the Brain, with small Inflammatory Tubercle in the fourth

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* Transactions of the Pathological Society of London. Volume Twenty-first, comprising the Report of the Proceedings for the Session 1869-70. London: Printed for the Society by J. E. Adlard, Bartholomew Close, 1870. Pp. 450.

Ventricle." It occurred in a girl of fourteen years of age, and the attack had been going on for fully two months before death. We cannot help observing that the treatment adopted seemed to us to have been very inert. No. 9 and 10, both by H. Webber, M.D., includes several examples "of the Connexion of Tubercular Meningitis and Tuberculosis of the other Serous Membranes, with the Presence of other Caseous Deposits in the Body." This is the interesting question now before the Profession, and with which the name of Niemeyer is so closely connected.* We have only time here to make one remark about it: we do not believe there is any such connexion as cause and effect between caseous matter and tubercles —we believe them both to be the result of a common cause. No. 11, by L. H. Down, M.D., is an example of "Paralysis with apparent Muscular Hypertrophy." This very interesting case occurred in a boy of eleven years of age. It was only some of the muscles were hypertrophied; but the case is too long for further notice here. No. 12, by the same author, is similar to the last. He states he has seen seven cases of a like kind; and in all the mind was feeble. No treatment seemed to be of any use. No. 14, by R. D. Powell, M.D., is entitled "Hæmorrhage into the Corpus Striatum, in a female of twenty-one years of age—Aneurismal dilatation of the Small Vessels of the Brain." The important fact that the vessels of the brain may, even in young persons, become so diseased as to cause death is of comparatively recent date. The sheath of the vessels becomes, in the first instance, thickened; then, possibly, thinned; and finally, if the disease progress, dilatations of the nature of aneurism form, and these may rupture, and so lead to death. This state has been met in patients of only eleven years of age. In the present case the patient was anæmic; suffered from severe headaches, and severe sickness occurring in the evening. She went to bed comparatively well; but was found the next morning with dilated pupils, unconscious, and with stertorous breathing; and died shortly after. The chief disease was found in the corpus striatum; but the vessels generally were diseased.

Diseases of the Organs of Respiration.

No. 1, by M. Mackenzie, M.D., is a curious example in which a member of our Profession, æt. thirty, succeeded in committing suicide by stuffing cotton wool into his larynx. No. 2, by W. Cayley, M.D., must also be considered a remarkable case. It is headed "Obstruction of the Larynx by Viscid Mucus, caused by entrance of Tobacco; sudden death." The patient, æt. fifty, was in the habit of chewing tobacco, a quid of which was found in his mouth after death, as well as some particles of same mixed up with very viscid mucus, and which filled up the glottis, extending as far as the second ring of the trachea. The death was very sudden, and seemed to arise from spasm. We next have several cases, by M. Mackenzie, M.D., of tumours in and about the epiglottis, of which most were removed during life. It may be observed here that the new way of examining the larynx has added immensely to our knowledge of diseases of this organ, and given us the means of treating these affections with a certainty which, otherwise, could never have been reached. We doubt if any special branch of medicine has advanced so much of late years as this one; and simply because the diagnosis has been rendered so perfect. No. 10, by H. M. Tuckwell, M.D., is a case of "Cast of the Bronchi, expectorated by a boy, the subject of Chronic Bronchitis." This occurred on several occasions, and was always preceded by urgent dyspnœa. The chest was deformed at the upper part; he never spat blood. No. 13, by C. De Morgan, is worth noticing, as being a case where there were, during life, anomalous symptoms; at least, when taken in connexion with the morbid changes found after death. The patient, æt. thirty-two, was admitted, suffering from morbid growths fringing the lower part of the vagina and labia; these had the look of syphilitic growths. They turned out, however, to be most probably—for there were doubts about it—of a cancerous nature. She then began to complain of pain in the head, from which she was never free, and this went on for five months; when, at last, one day she was found to be insensible, and so died. On examination, the brain presented nothing whatever abnormal; but the lungs, which seemed to act healthily during life, were found stuffed with tumours of the nature of cancer; one kidney was small and wasted; the os uteri presented the appearance of malignant disease. It is certainly difficult, in this instance to connect the symptoms present during life with the appearances after death. No. 14, by C. T. Williams, M.D., is entitled "Chronic Induration of Right Lung, causing Contraction of Right Bronchus." This occurred in a lady of sixty-six, who, after a chill, began to cough and expectorate. She suffered from pain in right chest, and, finally, great dyspnœa. After death a cavity was found in right apex, the walls of which were tough and indurated, and compressed the right bronchus and pulmonary vessels to about half their natural size.

Diseases of the Organs of Circulation.

In this section several of the first cases are examples of congenital malformation of the heart, not calling for any special notice. No. 7, by C. Kelly, M.D., is entitled "Disease of Mitral Valve during Intra-Uterine Life." We are somewhat at a loss to see the bearing of this case, or why the author takes this view of it. To us it appears to be an ordinary case of mitral disease. The patient had reached thirty-three years of age, and, until her last confinement, had never suffered from any serious illness. It is true that, when a child, she could not run about as well as other children without great palpitation coming on. But we would observe that such a state is by no means uncommon, and this without any organic disease existing. Every school affords examples of it, and that state of the system in which it exists continues through life. It is in such persons that palpitation and short breath become such distressing symptoms in adult life. It is well known that these cases may be nothing but functional disease. With such facts before us, we repeat that this case seems to us to be only an ordinary one of mitral disease which came on in adult life; and that it would be a violent straining of facts to consider the disease to have been congenital. No. 9, by P. H. P. Smith, M.D., is entitled "Suppuration of the Heart." The history of the case is only so far known as that the patient —an old man—suffered from bronchitis and the effects of dilated heart. The pericardium was adherent by a number of layers of organised tissue. Between these, and also in the substance of the organ, a number of small abscesses existed. The heart itself was hypertrophied, and much dilated; the valves healthy. A mass of fibrous structure involving the spleen, cardiac end of stomach, left kidney and supra-renal capsule was also found. The liver, too, and testes showed signs of disease. We have stated these points because from them the author thinks that they all show signs of the syphilitic poison; and that the suppuration in, and about, the heart may most probably be attributed to absorption from the breaking down of an old syphilitic gumma. The effects of this poison are, no doubt, very common on the internal organs; but we think the tendency to set down such changes as are here described to this special poison is being carried quite too far. Why may it not be due to the rheumatic diathesis? The state of the heart here described we have seen *per se*, and clearly due to rheumatism. In strumous cases, too, the same state may be met; and we cannot help thinking that the explanation offered by the author is very far fetched, though we cannot dwell longer on it here. No. 11, by A. Willshire, M.D., is a case of rupture of the heart in two places. Both were in the left ventricle, and one was complete—the other not so; the latter had begun from the outside, which we take to be a very rare occurrence. The patient was fifty-two years of age, and was found dead in bed. There is no account of the actual state of the heart itself, which we must set down to an oversight. It may be presumed, however, that its texture was degenerated. No. 13, by W. Moxon, M.D., is entitled "Hydatid of the Heart, Obliterating by its Pressure the Coronary Sinus." This is a very interesting case; but the details are of such a nature as not to admit of abbreviation. Cases 15 and 16, both by J.F. Payne, M.B., are examples of fibrous structure found existing in the left ventricle of the heart. We notice such cases here because it would seem as if this change were not very uncommon. To what exact symptoms it gives rise has not yet been determined; but it is not the less important that it should be known and investigated. Case 17, by W. Moxon, M.D., is entitled —"Case of Ulcerative Endocarditis of Right Heart, with Sloughing of Lungs." This state was met in a woman, who, one month previously, had been confined, and who presented purpuric blotches over the body. The point of interest in the case consists in the fact that a portion of the tricuspid valve was extensively diseased, as if by a large vegetation, and this, by the action of the heart, had so acted on the opposing surface of the ventricle as to form an ulcer. During life a distinct to and fro sound had been heard by Dr. Wilks. This case appears to us to be unique, and to open up new topics for investigation. No. 22, by Sydney Jones, M.B., is a rare example of two distinct diseases co-existing, viz., an aneurism of the arch of the aorta, with a malignant tumour coming forward below the clavicle, and causing fracture of the same bone. In a diagnostic point of view, this is really a very important case; but we must refer to the volume itself for the details. No. 23, by W. Cayley, M.D., is an interesting case, entitled "Aneurism of the Ascending Aorta communicating with the Pulmonary Artery." The sac was the size of a walnut, and lay directly between the two vessels. The opening in the pulmonary artery was circular and well defined, and a quarter of an inch in diameter. A double bellows murmur existed during life, though the aortic valves were quite capable of performing their functions. No. 26, by M. Mackenzie, M.D., consists of "Two cases of Aneurism of the Arch of the Aorta, involving pressure on high recurrent Laryngeal Nerve." We notice these cases on account of the effects of aneurism on the nerve; and this, in its turn, leading to atrophy of the muscles supplied by it. The cases prove the necessity of always looking deeply into cases of this kind—as, otherwise, great mistakes may be made. No. 27, by C. Heath, is a case entitled "Aneurism of the Aorta presumed to be innominate, for which ligature of the right subclavian and carotid arteries was performed four years before death." To surgeons this must be a very interesting case; and it is the more so as it occurred in a woman of only thirty years of age, whose habits were not too regular; for, had she been the contrary, the presumption is she would have lived longer. We must refer to the volume itself for the details. A good engraving is given of the appearances after death. No. 29, by C. Murchison, M.D., is entitled "Diffuse Aneurism of Thoracic and Abnormal Aorta, terminating in Chronic Peritonitis, with copious liquid effusion." We notice this case on account of its great complexity; nor do we think it possible that a correct diagnosis could have been made; but for the details we must refer to the volume itself. Cases No. 30, 31, 32, by Drs. Moxon and J. F. Payne, are examples of the form of disease known as "Embolism." It has always seemed to us strange that the opinion should be held that this state can only occur when there is some starting point from which lymph or pus is transferred to the pulmonary artery, and then becomes an embolus. We entirely agree with the Committee appointed to investigate one of these cases; for they distinctly state that, in their opinion, embolism may begin in the pulmonary artery: in other words, that there need be no transfer of disease from one part to another; and we think this is the rational way to look at the matter. No. 33, by John Gay, is entitled "Gangrene of portion of the Femoral Vein, with Perforation of the Artery after Ligature of the Saphena." In this case malignant disease of the groin existed, and, to give temporary relief, the diseased parts were removed; but in doing so, the veins were wounded, and had to be ligatured. This, in its turn, led to inflammation, sloughing, hæmorrhage, and finally, the artery itself gave way, and so the man died. We must say we have great misgivings as to any surgical interference in such a case; and we think we may add such would not have been attempted in Dublin. This section concludes with a case by C. H. Fagge, M.D., which we must say we do not understand. It is entitled "Cyst Communicating with a Large Branch of the Pulmonary Vein (varix of the vein)." Connected with the inner edge of the middle lobe of the right lung was a rounded body, very like an hydatid cyst. It lay quite external to the tissue of the lung, to which it was fixed only by loose tissue. On cutting into it, it was found to contain a clot, from which a long, slender process was given off, readily traceable into a canal which communicated with the cyst of a large aperture. This canal, of the size of a goose-quill, led directly into a main branch of a pulmonary vein, and so into the left auricle of the heart. It would have been well to have submitted this case to a committee.

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* Since this was written we regret to observe the announcement of the death of this able Physician.

(*To be continued.*)

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GOUT AND RHEUMATIC GOUT.[*]

THIS little work, the author says, has not been written to produce a scientific text-book, but it is addressed to the numerous sufferers from gout and rheumatic gout. Although the disuse of calomel and colchicum he says is an important first step in the cure of these diseases, the patient is never in a position to judge for himself what effect the continuance of the use of these drugs may have on the constitution, and only a medical man, whose practised eye is accustomed to the indication of medical results, can prescribe for the sufferer the necessary remedies for his ultimate benefit. The author is very much opposed to the use of calomel, and relates cases where gouty patients have been taking nearly every night pills composed of calomel, extract of colchicum, and extract of colocynth, only varying the treatment by occasionally taking a five-grain dose of calomel put on the tongue when he had any extra pain in the joints. Such statements have the look of being made to scare patients, and if the book as professed is for the public, we do not think them capable of judging of the matter. Nor does the author fairly represent the practice of rational men in the present day. He thinks that colchicum taken to ease the pain, does not cure the disease, but only throws it inwards and that it is now called a remedy. We quite agree with the denunciations of the writer against the abuse of mercury, and have been interested in the experiments on himself and on dogs, detailed in Pages 31 and 32. He uses rhubarb and castor-oil as purges instead of mercury, and magnesia also he approves greatly. Altogether, the treatment of gout recommended by the writer is sound and rational, and much to be preferred to the heroic plans of some of the old school of routine practitioners. This book seems to have been much read, as it has attained to the dignity of a second edition.

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DIGEST OF THE RETURN, &c.[†]

THOUGH we have read this pamphlet through, we must say we are somewhat at a loss to make out the object of the writer. We believe, however, that he wishes to prove that phthisis is more common in Melbourne and neighbourhood, than what has been generally supposed. Indeed, from what we ourselves have heard of the climate, we believe that phthisis is a very common disease there. The vicissitudes are very great, and therefore trying to the constitution. It would seem too, that the disease is very apt to be engendered there. In other words many go out quite healthy, and remain so for years ; but then signs of phthisis appear, and, in the majority of cases, runs its course in about one year and a-half. If there were no other facts than this one, we would say the climate was not suited for phthisical patients, for we believe that in Great Britain and Ireland, the majority of cases live much longer than this ; probably three years. We think the author has done good service by calling attention to this particular point.

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[*] "Gout and Rheumatic Gout." By J. W. Foakes, M.D. 1871. G. Philips, 32 Fleet street. 8vo. p. 85.

[†] "Digest of the Return, ordered by the Legislative Council, of all the deaths (2,143) from Phthisis in Melbourne and Suburbs, during the years 1865-1869, and first half of 1870, forming a Sequel to the Essay on Phthisis, &c. &c." By William Thompson, L.R.C.S., Edin., Melbourne: Stillwell and Knight, 78 Collins street, East, 1871. Pp. 42.

SPECTROSCOPE AND SPECTRUM APPARATUS.

Just now that spectroscopy is attracting so much attention, we may mention Mr. John Browning's pamphlet describing the apparatus made by him, with directions for use. The illustrations in a recent number to Dr. Letheby's paper show some of his instruments, and the pamphlet figures some fifteen others. Mr. Browning made the apparatus for Mr. Gassiot, Mr. Huggins, Mr. Lockyer, Mr. Sorby and others.

STREET'S INDIAN AND COLONIAL DIRECTORY FOR 1871.

We have lying before us this excellent guide to India and the Colonies, and can pronounce most favourably upon it. As its name implies it has nothing in common with medical literature, but to those of our friends whose relatives reside in British Possessions abroad, whether in or out of the profession, the work will be found invaluable. There is also much useful information as to the productions, population, and means of inter-communication in, and with, each colony. The book is nicely got up, though somewhat extravagant in price, but when the difficulties of obtaining information from remote quarters for the compilation of such a work is considered, the cost of 20s. vanishes in the thought.

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Correspondence.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—At Southampton, and possibly in other places, circumstances are rendering small-pox in relation to vaccination more and more peculiar. My inquiries demonstrate that where evidence of *effective* vaccination can be discovered there no small-pox can manifest itself, but, possibly, in an infinitesimal number of instances, something which certain practitioners will not hesitate to designate "as mild *modified small-pox*."

Every possible obstacle has been thrown in the way of my obtaining the information every medical man should have the assistance of the authorities in *exacting*. I, therefore, confess that narrow local influences have, in a measure, defeated me in dealing with a great question in detail to the extent I desired, however I will yet do my best. The number of deaths from small-pox in Southampton this week, ending 4 p.m., (Saturday June 17th), *sixteen* as compared with *twenty-six* the preceding week.

So far as I can glean the disease appears in a measure to have exhausted itself in the defectively vaccinated parts of the town proper, but manifests an increase amongst the same class of persons in the suburbs. I have gleaned that my efforts have been perverted in a periodical, styled *the Chemist and Druggist*, perhaps you will permit me to reply that they may waste upon me their whole vocabulary of abuse without offending or eliciting a reply.

Yours faithfully,

Edwin Hearne, M.B., F.R.C.S.

Southampton, June 17th, 1871.

THE POSSIBILITY OF ALWAYS SECURING GOOD USE OF THE TRICEPS MUSCLE AFTER EXCISION OF THE ELBOW-JOINT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In the Medical Press of the 7th of June, an account was given of some remarks before the Medical Society of London, by Mr. Maunder, "On the possibility of always securing good use of the Triceps Muscle after excision of the Elbow." He advocated the preservation uncut of those fibres of the triceps, which, passing forward between the point of the olecranon and the external condyle are continuous with the fascia of the forearm. The plan is not a new one as it has long been performed by some surgeons. You will find in Spences's "Surgery," page 699, in speaking of the principles of excision of the upper extremity the following : "We require to plan our incisions so that they may avoid division of muscles or tendons," * * * "with this view our incisions should be parallel to the axis of the limb," * * * "this is specially important in the case of excisions of the elbow, but the principle is applicable to all excisions of the upper extremity. So far as possible, complete transverse division of the muscles or tendons should be avoided, by making our section of fibres more or less oblique, so that the divided fibres may unite more readily and with less loss of power. For example, in dividing the triceps in excising the elbow, I divide it freely, from and on either side of the olecranon, by two oblique incisions uniting alone at an acute angle, so as to form an inverted Λ, instead of cutting it across as is often done." For further description of the operation, see page 723.

I am, Sir, your obedient servant,

Medicus.

Edinburgh, June 1871.

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OBITUARY.

DEATH OF DR. J. H. CLARKE, M.B.

We regret to announce the death of Dr. John H. Clarke, of Kilkeel, county Down, formerly of Rostrevor, which took place on June 4th, from innominate aneurism, under which disease he had suffered for about two years. He was a man wholly absorbed in his profession, and of much higher ability in it than is usually the case among country practitioners. Though little known to the public, his medical brethren near Rostrevor valued his opinion, as a consultant, more highly than that of any other practitioner within forty miles. In early life he had travelled much, and had practised for some time at Manilla. To a cultivated mind and extensive research he added a sympathy for his patients, which caused him to be no less highly valued as a friend than as a physician. His loss will be deeply felt alike by the rich and poor in his vicinity.

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Medical News.

Clark v. Buchanan.—This case, arising out of the sale of a medical practice at Staines, came before Mr. Justice Hannon at Westminster, on Tuesday week, and was ordered to be referred to Dr. Baxter Langley as arbitrator, with full powers and costs at his discretion. The costs of legal proceedings up to date to follow upon his award.

The Order of the Bath.—The Queen has been graciously pleased to give orders for the appointment of Alexander Armstrong, M.D., Director-General of the Medical Department of the Navy, to be K.C.B. ; of Inspector-General of Hospitals and Fleets Charles Abercromby Anderson, M.D., and Deputy-Inspectors Richard Denton Mason and David Lloyd Morgan, to be C.B., of the military division ; and Deputy Inspector-General of Hospitals, William Campbell Maclean, M.D., Professor of Military Medicine in the Army School at Netley, to be C.B., of the civil division of order.

Epidemiological Society.—At the annual meeting of this Society, held on the 14th instant, the following gentlemen were elected office-bearers for the Session 1871-2.—*President*—Robert Lawson, Esq., Inspector-General Royal Army. *Honorary Vice-Presidents*—The Earl of Shaftesbury, K.G.; Lord Lyttelton; The Rt. Hon. W. Cowper-Temple, M.P.; Edwin Chadwick, Esq., C.B. *Vice-Presidents*—Alexander Armstrong, M.D.; Henry W. Acland, M.D., D.C.L., F.R.S.; William Farr, M.D., D.C.L., F.R.S.; Sir. W. Jenner, Bart. M.D., D.C.L., F.R.S.; Sir Thomas G. Logan, M.D., K.C.B.; Sir J. Ranald Martin, C.B., F.R.S.; Gavin Milroy, M.D.; John Simon, Esq., D.C.L., F.R.S.; Sir Thomas Watson, Bart., M.D., F.R.S.; Benj. W. Richardson, M.D., F.R.S.; Edward C. Seaton, M.D. *Treasurer*—George Buchanan, M.D. *General Secretary*—W. H. Corfield, M.B. *Secretary for Navy*—A. E. Mackay, M.D., Deputy Inspector-General R.N. *Secretary for Army*—T. Crawford, M.D., Deputy Inspector-General. *Foreign and Colonial Secretaries*—Waller Lewis, M.B.; Hermann Weber, M.D.; W. Daniel Moore, M.D.; J. J. L. Donnet, M.D., R.N.; John Jackson M.D.; John Macpherson, M.D.; W. Dickson, M.D., R.N.; W. R. E. Smart, M.D., C.B., Inspector-General R.N. *Other Members of Council*—F. J. Burge, Esq.; E. Haward, M.D.; H. Letheby, M.B.; J. F. Marson, Esq.; H. H. Massy, M.B. C.B., Deputy Inspector-General, Royal Army; J. N. Radcliffe, Esq.; J. Burdon Sanderson, M.D., F.R.S.

North London Consumption Hospital.—The annual dinner in aid of the funds of this institution took place at Willis's Rooms on Wednesday last, presided over by the Marquis of Bute, who was supported by Drs. G. Timms, Johnston, Dudley, Drysdale, Prosser James, Lomas, and Brown, &c. After the usual loyal and patriotic toasts had been duly honoured, the Chairman made an earnest appeal on behalf of the charity for increased support, which was responded to by subscriptions to the amount of £800.

Uromelanine,

A BLACKISH brown powder, void of form and colour—is as interesting to the pathologist as its congener is to the physiologist. It owes its name and quantitative analysis to Dr. Thudichum. This observer obtained it in large quantities by the chemolysis and physiolysis of urine. He gives it the very complex formula, $C_{36}H_{43}N_7 O_{10}$. Dr. Smith believes there is very little doubt that this substance is identical with the pigment of the skin in health and disease, and that when an excess of the compound from which it is derived exists in the blood, a parallel excess of this, or rather of an intermediate substance, will occur in the urine. If this be so, all morbid pigmentations of the skin are to be classed in two divisions.

1st. Pigmentation is due to temporary excess of uromelanoid pigment or pigment-forming substances in the blood.

2nd. Pigmentations due to the abnormal attraction of the normal pigment, or the pigment-forming matter to the skin.

Of the first division he knows of one example only. The morbid pigmentation of the skin, which is the accompaniment and consequence of the accumulation of pigment in the spleen that occurs in some cases of malarious fever—a phenomenon described by Frerichs, in his section on pigment liver, and before him described by Addison. Parenthetically, he would like to know whether it is on record that, in cases of *melanotic cancer*, pigmentation of the skin has been observed. It seems possible that these tumours might act as reservoirs of pigment, just as the spleen has been shown to act; in this case a second example might be added to the first division.

Of the second division very many examples suggest themselves, viz.: lentigo, or freckles; ephelis, or tanning; nævi materni; chromidiosis, a disease mentioned by Hardy; the pigmentation which accompanies long continued dermatoses; the pigmentation of the nipples of pregnant women; the pigmentation following epigastric applications; the bronze skin of morbus Addisonii.—*Medical Record.*

Amputations without Flaps.

DR. POPAGE, of Peru, Ind., reports several minor operations on the feet and hands where flaps could not be made. The bones were covered in a short time by granulations, and terminated in good recoveries.—*Indiana Journal of Medicine.*

Epithelioma of the Uterus.

DR. WILLIARD, of Wilmington, Illinois, reports a case of cauliflower excrescence of the neck of the uterus successfully removed by the écraseur with a perfect recovery.—*Chicago Medical Examiner.*

Tea Leaves for Burns.

DR. SEARLES, of Warsaw, Wis., reports the immediate relief from pain, in severe burns and scalds, by the application of a poultice of tea leaves.—*Chicago Medical Examiner.*

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NOTICES TO CORRESPONDENTS.

NOTICE TO MEMBERS OF THE IRISH MEDICAL ASSOCIATION.—This being our "Index number," we are prohibited by Post-office restrictions from issuing the weekly official Supplement of the Association. Subscribers will receive their copies intact, as usual, next week.

MR. JACKSON, Camberwell.—Not finding your name upon "The Register" or in the "Medical Directory," we must decline.

OUR old friend, Dr. Charles Kidd, of London, has, after the lapse of some two years or more, again faveured us with a communication upon "The Theory *versus* Practice of Chloroform." After the abuse he heaped upon Proprietor, Editors, and Publisher of this Journal, both in private and public, because it was deemed by them advisable to refuse insertion to his frequently absurd and sometimes dangerous communications, we scarcely expected and certainly hoped that we should not have again been favoured with Dr. Kidd's patronage. However, as our readers are aware, we are not disposed to treat our opponents in an illiberal spirit; and if Dr. Charles Kidd will keep his temper, write sense, make no personal attack upon brother professionals—(on ourselves it is immaterial)—we shall be happy to accord him the same privileges as to our other correspondents.

To the Editor of "The Medical Press and Circular."

SIR,—In your note of to-day on the "North London Consumption Hospital," you state that Institution, at its anniversary festival, held to-day, is the first to invite ladies to sit down to dinner with the gentlemen.

I remind you that the charity I represent has, for the last ten or eleven years been in the habit of arranging for the ladies to dine with the gentlemen at the festival dinner; and our experience proves that the custom is very pleasant so far as the evening itself is concerned, and most profitable to the funds of the Hospital.

I am, Sir,
Your very obedient servant,
CHAS. L. KEMP,
Secretary to the Council.

The Royal Hospital for Diseases of the Chest,
June 21st, 1871.

THE BRITISH MEDICAL ASSOCIATION.

As we are going to press, Mr. Sampson Gamgee has favoured us with a copy of the correspondence which has passed between him and the president-elect of the British Medical Association, with reference to the present mismanagement and future government of the association. As the matter came to hand so late, and is somewhat lengthy, we are unable *to promise* the desired spase in our columns.

OCCURRENCE OF COPPER IN A VESICAL CALCULUS.

To the Editor of "The Medical Press and Circular."

SIR,—Whilst lately examining for Dr. Curran, Staff-Major, a large collection of vesical calculi, I detected in one of them a minute but decided quantity of copper. I showed this calculus to my friends Dr. Fleming and Professor Davy, and demonstrated the existence of copper in it in their presence. Biliary calculi frequently contain copper, but I have never heard or read of the detection of this metal in bladder calculi.

CHARLES A. CAMERON, M.D.

SOUTHAMPTON MEDICAL SOCIETY.

IN reference to our enquiry about this Society addressed to the editors of the Southampton newspapers, one of them has politely forwarded a copy of his paper in which, after a quotation of our remarks we find the following:—

> "It may be observed that the name of Aldridge is far from uncommon. Now is it not possible for a second person of that name to be associated with a Medical Society at Southampton since it is not many months ago this same Medical Society denounced a resident professor of homœopathic principles as a quack, and declared that professional intercourse with such a person could not be entertained. A Dr. Aldridge had proposed at a meeting of the Governors of the Southampton Dispensary that the homœopathic doctor in question was an eligible candidate for the medical appointment then vacant! Can this be the identical person a Southampton Medical Society is now sympathising with, under the trying circumstances which confronted him on the 11th May last, and can the Drs. Griffin and Lake be the veritable doctors who then favoured the community with an abundance of rigmarole on homœopathy? A reply to the foregoing queries will amuse, surprise, or excite feelings of indignation in accord with preconceived opinions and prejudices."

THE TRANSMISSIBILITY OF INTELLECTUAL QUALITIES IN ENGLAND.

AT a recent meeting of the Statistical Society of London, Mr. Hyde Clarke read a short paper upon this subject. As one kind of test of intellectual exertion he took the statistics of the writers of books in the "Biographia." Of 2,000 authors, 750 were born in country districts

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END OF THE ELEVENTH VOLUME.

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